



**MATERNAL AND NEONATAL  
HEALTH (MNH) PROGRAM**

**Quarterly Report**

**1 October 2000–31 December 2000**

**Submitted to:**

**United States Agency for International Development (USAID)  
under Cooperative Agreement #HRN-A-00-98-00043-00**

**Submitted by:**

**JHPIEGO Corporation in collaboration with  
The Centre for Development and Population Activities (CEDPA)  
Johns Hopkins University Center for Communication Programs (JHU/CCP) and  
Program for Appropriate Technology in Health (PATH)**

**31 January 2001**

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**TABLE OF CONTENTS**

**ABBREVIATIONS AND ACRONYMS**

1.	EXECUTIVE SUMMARY .....	1
2.	PROGRAM DEVELOPMENT AND MANAGEMENT.....	2
3.	TECHNICAL PROGRAM COMPONENTS .....	3
3.1	IR 1: Increased collaboration among organizations working to promote maternal and neonatal survival .....	3
3.2	IR 2: Improved Essential Maternal and Neonatal Care .....	4
3.3	IR 3: Improved Policy Environment for Maternal and Neonatal Care .....	7
3.4	IR 4: Increased Demand for Quality Maternal and Neonatal Services at all Levels .....	9
3.5	Monitoring, Evaluation and Research.....	10
3.6	Information Dissemination .....	12
4.	COUNTRY AND REGIONAL PROJECTS	
4.1	Asia	
4.1.1	Indonesia.....	14
4.1.2	Nepal .....	18
4.2	Latin America	
4.2.1	Bolivia.....	21
4.2.2	Guatemala .....	23
4.2.3	Honduras .....	28
4.2.4	Peru .....	31
4.3	Africa	
4.3.1	Burkina Faso .....	32
4.3.2	Guinea.....	34
4.3.3	Tanzania.....	35
4.3.4	Zambia .....	36
4.3.5	Regional Centre for Quality Health Care-Makarere University .....	38
5.	BUDGET .....	39

Annex A: Matrices of MNH Activities According to Plan – First Quarter FY2001

Annex B: Meetings & Conferences Attended by MNH Staff

## ABBREVIATIONS AND ACRONYMS

ANM	Auxiliary Nurse-Midwife
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BDC	Basic Delivery Care
BDD	Bidan di Desa [means "Midwives" in Bahasa]
BKKBN	National FP Coordination Board
BP	Birth Preparedness
BPP	Birth Preparedness Package
CA	Cooperating Agency
CBOH	Central Board of Health
CCP	Center for Communication Programs
CDC	Center for Disease Control
CEDPA	Centre for Development and Population Activities
CR	Complication Readiness
CST	Curriculum Strengthening Team
CTS	Clinical Training Skills
DEPKES	Indonesia Ministry of Health
DFID	The Department For International Development (formerly ODA)
DHMT	District Health Management Team
DHS	Demographic and Health Surveys
EMNC	Essential Maternal and Neonatal Care
EOC	Essential Obstetric Care
ESA	East and Southern Africa
FCHV	Female Community Health Volunteer
FHD	Family Health Division
GHC	Global Health Council
GOB	Government of Bolivia
GNC	General Nursing Council
G/PHN	Global/Population, Health and Nutrition
IAG	Inter-Agency Group
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IP	Infection Prevention
IPC/C	Inter-Personal Communication/Counseling
IPT	Intermittent Presumptive Treatment
IR	Intermediate Result
JHU	Johns Hopkins University
JICA	Japanese International Cooperation Agency
MCH	Maternal and Child Health
MCHW	Maternal Child Health Workers
Meneg-PP	Ministry for Women's Empowerment
MER	Monitoring, Evaluation and Research
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health

MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NMR	Neonatal Mortality Rate
NSMP	Nepal Safe Motherhood Project
PAC	Postabortion Care
PAHO	Pan-American Health Organization
PATH	Program for Appropriate Technology in Health
PBC	Patan Birthing Center
PI	Performance Improvement
POGI	Indonesia OB/GYN Society
PQI	Performance and Quality Improvement
QAP	Quality Assurance Project
RCHS	Reproductive and Child Health Section
RCQHC	Regional Center for Quality of Health Care
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa
RM	Registered Midwifery School
RPM	Rational Pharmaceutical Management
SIDA	Swedish International Development Agency
SM	Safe Motherhood
TA	Technical Assistance
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TRH	Training in Reproductive Health
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital (Zambia)
WCA	West and Central Africa
WHO	World Health Organization
WRA	White Ribbon Alliance
ZIHP	Zambia Integrated Health Project

## 1. EXECUTIVE SUMMARY

As USAID's flagship activity in support of G/PHN's Strategic Objective 2, the Maternal and Neonatal Health Program continues to strive to increase access to, demand for and use of appropriate maternal and neonatal health care services in Latin America, Asia and Africa. Recognizing that work to date has established the foundation for integrated programming at the country and regional levels, the MNH Program is committed to a sustained push toward broad-based implementation in year three. Based on the understanding that success in year three will lead to sustained program impact, the MNH team has aptly coined the term "*Active management of the third year of the MNH Program.*"

The MNH Program team is committed to the Global Leadership agenda and country level programming as outlined in the Year Three (FY 2001) Work Plan. The team will continue to work with international partners to set the technical standard for maternal and neonatal health care; mobilize commitment and strengthen coordination and collaboration among national and local leaders, multilateral and bilateral institutions and other stakeholders; build on lessons learned; identify, disseminate and scale up cost-effective interventions; and, identify global research and evaluation needs in support of improved maternal and neonatal survival.

The MNH Program will continue to mobilize resources for field based implementation and will ensure the field presence of technical experts in service delivery, behavior change/social mobilization, policy and monitoring and evaluation.

Active participation in international, regional and national fora remain central to the Program's ability to advance the Safe Motherhood agenda through technical exchange, information dissemination, and the identification of promising practices.

Highlights during this quarter include:

- MNH Program participation in the development of the Healthy Newborn Partnership which includes participation from Save the Children, WHO, UNICEF and the World Bank;
- Initiation of the Africa regional training in Advances in Maternal and Neonatal Health knowledge update and skills standardization;
- Publication of the White Ribbon Alliance field guide "*Awareness, Mobilization and Action for Safe Motherhood;*"
- Completion of the Birth Preparedness and Complications Readiness (BP/CR) Matrix;
- Development of a verification list to evaluate utilization of national protocols for management of hypertensive illness during pregnancy, childbirth and postpartum period for use in two national hospitals in Honduras; and,
- Completion of the National Maternal and Neonatal Health Plan in Bolivia.

## **2. PROGRAM DEVELOPMENT AND MANAGEMENT**

During the first quarter, the MNH Program management team continued to provide strategic and technical support to the country teams; pursue global partnerships as evidenced by the initiation of the Healthy Newborn Partnership and continued participation in the Malaria and Pregnancy Working Group; and, respond to USAID requests for technical support to various international fora such as the upcoming UNICEF West and Central Africa Regional Symposium on Reducing Maternal and Neonatal Mortality.

The Team continues to respond to various missions requesting information about the program. In the 1<sup>st</sup> quarter information about the program was sent to Paraguay and the MNH Program continued to dialogue with USAID/Guinea about potential future involvement there.

Throughout the 1<sup>st</sup> quarter the MNH Program management team worked with a variety of partners to identify potential for collaboration. These included: Family Care International, the SARA Project, Management Sciences for Health/RPM, UNICEF, and WHO/Rollback Malaria Initiative.

The management team also held a one-day strategic planning meeting with MNH Program partners (CEDPA, PATH and JHU/CCP) as well as JHPIEGO staff involved in implementing the program. In the meeting, participants created core management teams for each country and identified programming priorities including the finalization of the WHO/JHPIEGO manuals and related training materials, continued support for the White Ribbon Alliance globally and in at least five program countries; and, using the Performance Improvement process and social mobilization to build the capacity for multi-sectoral approaches for implementation of safe motherhood interventions.

The MNH Program held a meeting with CEDPA, JHU/CCP and Path to discuss programming issues. Participants in this meeting discussed strengthening program linkages between the BCI and service delivery components, the need to establish consultant databases, the importance of speaking with one voice as the MNH Program particularly at the country level; and, human resource needs to ensure adequate support for implementation.

### 3. TECHNICAL PROGRAM COMPONENTS

The range of activities implemented in the first quarter of FY01 are indicative of the MNH Program's commitment to advancing both the global leadership agenda and country level implementation. Please refer to Annex A—Matrices of the MNH Program Activities According to Plan, 1<sup>st</sup> Quarter FY2001—for detailed information regarding activity level implementation.

#### 3.1 IR 1: Increased collaboration among organizations working to promote maternal and neonatal survival

The MNH Program continues to pursue partnerships at the global, regional and national levels in support of improved maternal and neonatal survival. Key partnerships include WHO, UNICEF, the World Bank, DFID, ministries of health in all program countries, teaching hospitals as well as local and international confederations and associations, and local and international NGOs.

In the 1<sup>st</sup> quarter, UNICEF approved the manual *Managing Complications of Pregnancy and Childbirth*—the final approval required before the document could be printed. UNICEF support for the document is key to the eventual dissemination and use at the national level. WHO is currently printing the document in English. It is expected that it will be available for distribution in the 2<sup>nd</sup> quarter of FY01. The MNH Program will disseminate the document in all program countries and will work with WHO to ensure distribution of the document globally. The MNH Program is receiving requests for the document from a variety of partners including Columbia University. PAHO is supporting the Spanish translation and has stated that it will be ready in March 2001. WHO is supporting the French translation and expects to have the translation completed by June 2001.

Over the past few months, the MNH Program has been working with a variety of USAID Cooperating Agencies, including the SARA Project, Population Reference Bureau, and Advance Africa, to support UNICEF's conference *Vision 2000: A Regional Maternal and Neonatal Mortality Reduction Forum* scheduled to be held in Bamako, Mali from 7-9 May 2001. At USAID's request, the MNH Program will support the development of the technical agenda for the conference and will provide financial support to UNICEF for participants, technical presentations and information dissemination, such as a conference report.

In support of the policy agenda, the MNH Program is actively supporting a number of activities with the International Confederation of Midwives (ICM). Throughout the 1<sup>st</sup> quarter, the MNH Program worked closely with ICM leadership to outline the agenda for a joint meeting—*International Technical Consultancy of Midwifery Leaders*. This meeting will be held in the Hague in early February 2001 and will include midwives from more than twenty countries. Further discussion of this activity is included under IR 3.

The MNH Program has also been working with ICM to outline program support for their Triennial Conference in Harare, Zimbabwe in March 2001. Through extensive dialogue, the MNH Program has agreed to support the costs associated for thirty participants. In response to a request from the Malaria and Pregnancy Working Group, the MNH Program worked with ICM to include a technical session on this topic at the meeting. Over the 1<sup>st</sup> quarter, the MNH Program has been working with CDC, WHO and USAID/AFR/SD to arrange a panel

presentation and will support the participation of Dr. Peter Kazimbe, the Head of the Malaria Committee from Malawi, as a member of the panel.

The MNH Program has also actively collaborated with Save the Children in the development of the Healthy Newborn Partnership. The partnership includes WHO, BASICS, UNICEF, the World Bank and others and is committed to increasing awareness about neonatal survival and promoting interventions both in the mother and newborn to promote improved neonatal survival.

At the regional level, the MNH Program participated in the Centro Latinoamericano de Perinatología y Desarrollo Humano (CLAP) meeting held in Montevideo, Uruguay in late November 2001. From this, the MNH Program was able to link CLAP to a knowledge update and skills standardization course in Guatemala City held in early January. Prior to the update and skills standardization, the MNH Program sponsored an Evidence-Based Clinical Practices workshop that was facilitated by two colleagues from CLAP. The representatives from CLAP were very excited about linking the concepts of evidence-based courses with practical training in maternal and neonatal health skills. Other areas for collaboration with CLAP are being explored.

In West Africa, the MNH Program supported the participation of seven professors of Ob/Gyn, five Ob/Gyns and 45 midwives to the Societe Africaine de Gynecologie et Obstetriciennes (SAGO) conference held in Burkina Faso in December 2001. At this conference, two doctors who participated in the Uganda regional training sponsored by the MNH Program, presented the *Managing Complications in Pregnancy and Childbirth* manual. The manual was received with broad enthusiasm and requests for copies both in English and French. The MNH Program will explore potential support for formal regional dissemination of the guidelines once available in French.

There are a number of examples of effective collaboration with partners at the national level. Work in Burkina Faso with UNICEF, Plan International and Mwangaza, a local NGO focusing on community mobilization, is moving forward. In Bolivia the Ministry of Health completed the National Maternal and Neonatal Health Plan in collaboration with the MNH Program, other cooperating agencies such as BASICS, and the World Bank. In Nepal, the MNH Program continues to provide support to the Safe Motherhood Subcommittee (SMSC). The SMSC benefits from the participation of nine stakeholders including GTZ, UNFPA, USAID and the Family Health Division from the MOH. In Zambia, the MNH Program has been working with the General Nursing Council, clinical midwifery faculty and trainers, and Ob/Gyn staff from the University Teaching Hospital and two other hospitals to review and finalize the clinical protocols that were developed in the 4<sup>th</sup> quarter of FY00.

### **3.2 IR 2: Improved Essential Maternal and Neonatal Care**

One of the MNH Program's strategies to promote maternal and neonatal survival is an extensive effort to provide additional training in updated maternal and neonatal health care practices and clinical training skills for healthcare professionals. To accomplish this, knowledge, skills and attitudes which reflect current evidence-based practice will be developed among a core group of twenty trainer-leaders in each of three key regions: East and Southern Africa, Asia and Latin America. These trainers will then update, train, and provide clinical support to additional clinicians within their region in both the inservice and preservice arenas. They will serve as

resources for both JHPIEGO's MNH Program as well as other organizations and institutions active in improving the quality of maternal and neonatal healthcare.

As the first step in this development process for the East and Southern African region, an Advances in Maternal and Neonatal Health knowledge update and skills standardization was held for a group of key, influential midwife and physicians from seven African countries—Kenya, Uganda, Zambia, Burkina Faso, Tanzania, Malawi and Ghana. While twenty-two participants successfully completed the knowledge update, nine of the midwives and nine of the physicians completed the rigorous clinical skills standardization as well.

The Africa regional training in Advances in Maternal and Neonatal Health knowledge update emphasized the scientific evidence for specific practices, presented evidence against unnecessary interventions and outlined current advances in maternal and neonatal health. Topics which were presented and enthusiastically discussed included refocused antenatal care, including birth preparedness and complication readiness; malaria and anemia in pregnancy, hypertensive disorders of pregnancy, bleeding in pregnancy, nutrition and micronutrients, HIV in pregnancy, care during labor including the partogram, care during delivery, care during the immediate postpartum period, infection prevention, unsatisfactory progress in labor, rapid assessment and management of shock, postpartum care and complications, care of the normal newborn, managing low birthweight and sick newborns, improving provider performance and quality of maternal and neonatal care

Although the participants came from various country backgrounds and represented distinct cadres of skilled birth attendants, they shared from their own experiences and were eager to expand their own knowledge even when current evidence clashed with their traditional and current practices. Individual plans were drawn up and commitments made to implement change in various areas of their own clinical situation prior to the first follow-up site visit by a trainer.

In order to provide the clinical attention, client interaction and clinical experience needed to standardize clinical skills, the group of participants was divided into two groups for the clinical component of the course. Following the knowledge update, twelve participants participated in the Clinical Skills Standardization component of the Advances in Maternal and Neonatal Health, 30 October – 10 November and six returned for their clinical component 3-15 December, 2000. Two clinical training sites had been prepared. St Joseph's Nsambya Hospital and the Midwifery Unit of Upper Mulago Hospital, the government teaching hospital. Both sites had been prepared so that the care being provided was consistent with the care being taught and advocated.

Participants were receptive to new ideas and approaches, and were amazingly enthusiastic about trying and advocating for new practices, such as support for the woman throughout labor, use of partograph, encouraging food and drink throughout labor, allowing position of woman's choice for labor and birth, avoiding unnecessary interventions, e.g. episiotomies and AROM. Participants spontaneously began making plans for sharing knowledge and skills with colleagues in their home institutions. Plans were formalized prior to the end of the course. These plans will be included as part of the regular follow-up support visits.

The *Managing Complications During Pregnancy and Childbirth Manual* was central to this training program and will continue to be used in other MNH Program trainings. Other reference

manuals that are in development and also informed the Uganda regional training activity are: *Basic Care in Pregnancy and Childbirth* and *Care of the Sick and Low Birth Weight Newborn*. Both manuals are expected to be complete in the 3<sup>rd</sup> quarter of FY2001. CLAP will assist the MNH Program and WHO with the technical review of the *Care of the Sick and Low Birth Weight Newborn Manual*. In conjunction with the manuals, the development of learning packages (both inservice and preservice) was initiated. The preservice learning package will include job aids, presentation slide sets of the manuals, materials for the learners, models, a video describing how to use the packages and other useful materials.

In December, the document "Implementing Global Maternal and Neonatal Health Standards of Care" was finalized and will be used as part of the formal dissemination of the Managing Complications manual.

Interventions designed to improve essential maternal and neonatal care in program countries are underway. In Guatemala, the MNH Program team worked with TBAs, community leaders and members in four communities to identify traditional practices that are preferred and those that are rejected. This information will be used to promote the incorporation of culturally accepted and non-harmful practices into MNH Program-supported service delivery sites.

Recognizing the importance of developing an enabling environment at the clinical level, the MNH Program is using performance improvement and site accreditation in a number of program countries to ensure that services provided meet quality standards. In Burkina Faso, a five-day performance improvement analysis was conducted with the District Health Management Team (DHMT) in the program's focal district, Koupela. Focusing on actual practice as compared to established standards, facility conditions and the level of quality performance considered acceptable, this analysis will inform the facility/provider quality assurance process.

In Zambia, the MNH Program worked with the General Nursing Council to update, standardize and prepare the midwifery Curriculum Strengthening Team (CST) to review the midwifery curriculum and develop learning materials for faculty.

In Indonesia a Basic Delivery Care (BCD) training video was finalized. DIII preservice midwifery education materials were pretested and are being revised. Birth practices and outcomes are being monitored in a cohort of midwives in East and Central Java following clinical training in BDC. Preliminary results from 832 births by 87 midwives trained to prevent postpartum hemorrhage are encouraging. Performance of active management of the 3<sup>rd</sup> stage of labor is at 94% of all births, incidence of retained placenta at 1.2% and incidence of atony at 2.4%.

In support of the Rollback Malaria Initiative (RBM), the Maternal and Neonatal Health Program has been working closely with USAID/Washington to support the Agency's work in malaria and pregnancy. During the 1<sup>st</sup> quarter of FY01, the MNH Program worked with CDC, WHO, USAID and others to begin outlining possible areas for collaboration in program implementation. MNH Program activities in Zambia, Burkina Faso, Tanzania and the Regional Centre for Quality Health Care at Makerere University in Uganda include malaria components. At the request of USAID/W, the MNH Program will outline an expanded program of assistance in support of malaria and pregnancy drawing upon lessons learned in Malawi and Kenya. Focus

countries for USAID's malaria initiative are Uganda, Senegal and Zambia. The Program will partner with USAID cooperating agencies such as MSH/RPM, BASICS and the Environmental Health Project to ensure a coordinated response at the regional and country levels. Possible program interventions include support for the promotion of Intermittent Preventive Treatment (IPT) using SP through regional information dissemination and support for policy dialogue at the country level; promotion of the use of insecticide-treated materials, particularly bednets, among pregnant and postpartum women; and, the development and distribution of guidelines, teaching aids and job aids for the health care provider in the antenatal setting. Efforts will be made to monitor the effectiveness of program interventions particularly as related to improved neonatal outcomes.

### **3.3 IR 3: Improved Policy Environment for Maternal and Neonatal Care**

Based on USAID's formal approval of the MNH Program's policy and health finance agenda in late 2000, the MNH Program moved forward with implementation of a number of related activities. Most immediate, is the successful collaboration with the International Confederation of Midwives on the joint conference "International Technical Consultancy of Midwifery Leaders." The overall purpose of this effort is to assist ICM to strengthen the leadership role of midwives to improve the quality of midwifery care and ensure skilled care at birth in order to reduce maternal and perinatal morbidity and mortality. The meeting, scheduled for early February 2001, will focus on addressing priority issues as identified by international midwifery leaders. Issues include, but are not limited to, policies, standards and collaboration with other health professionals and organizations. Ultimately, the need to raise the profile of midwifery worldwide is based on supporting women's access to and control of appropriate health care for themselves and their families. This undertaking will serve to strengthen a range of institutions, particularly ICM, involved in midwifery and serve as a starting point for orienting midwifery leaders to the importance and role they can play in affecting policies related to maternal and neonatal health—in their countries as well as regionally and internationally. The workshop will bring approximately forty midwifery leaders from more than twenty countries around the world. Opportunities for further collaboration with ICM as per this initiative will be explored and promoted.

The MNH Program is also working with ICM to explore collaboration in education and training. ICM has requested support from both USAID and the MNH Program to field test their *Provisional, Essential Competencies for Basic Midwifery Practice* in a number of African countries. The MNH Program is working with ICM to more fully understand their position on the active management of the third stage of labor, as this concept is central to the international standards being promoted by the Program, WHO, USAID and others.

During the 1<sup>st</sup> quarter, the MNH Program worked closely with UNICEF, Family Health International, USAID, the SARA Project and other cooperating agencies to outline a program of support for UNICEF's regional meeting *Vision 2000: Reducing Maternal and Neonatal Mortality in West and Central Africa (WCA)*. This meeting will be held in May 2001 in Bamako, Mali and will include high-level representation from approximately fifteen West and Central African countries. The meeting will focus on building an advocacy base for improved maternal and neonatal care in the region. The MNH Program hopes to support panel presentations on the

new guidelines; social mobilization; reproductive health policy and legislation in WCA; and neonatal health issues and interventions.

With the completion of the Managing Complications manual and the development and finalization of the *Implementing Global Maternal and Neonatal Health Standards of Care* document in the 1<sup>st</sup> quarter, the policy team will play a central role in the formal launch of these manuals. Discussions with the Global Health Council organizing committee are underway regarding using this international forum to launch these manuals and others currently under development. The MNH Program expects to sponsor a session on the manuals highlighting their critical role in setting an international standard for the use of evidence-based practices towards improved maternal and neonatal survival. The policy team will work to identify opportunities for regional and national dissemination and will work with other USAID partners including the Policy Project to outline policy interventions needed for formal adoption at the country level.

During the 1<sup>st</sup> quarter, the MNH Program's policy team actively pursued discussions with the SARA Project and others regarding the integration and use of the REDUCE Model in MNH Program countries. Support for the model across the CA community is evident. The MNH Program hopes to work to support further development of the model and its eventual dissemination and use in select program countries. USAID/AFR/SD and the SARA Project are taking the lead to outline the strategic approach for the use of the REDUCE Model to frame implementation of the model and to maximize its effectiveness as a tool for policy dialogue and advocacy at the country level.

Over the past few months, the policy team has also reviewed and worked with the country teams to outline potential areas for policy support. Country level policy work includes:

- Indonesia: technical assistance for the development of the Safe Motherhood Strategy
- Burkina Faso: analysis of the strategic dissemination and adoption of the Policy, Norms and Procedures National Clinical Guidelines
- Bolivia:
  - Analysis of the introduction of active management of the third stage of labor
  - Policy analysis for acceptance of midwifery curricula into nursing schools

Active documentation and dissemination of policy activities are central to efforts to scale up program interventions. During the 1<sup>st</sup> quarter, the policy team identified a number of activities that can be documented and shared broadly in the safe motherhood community. These include: the ICM conference in February, the development and use of the birth preparedness package in Nepal, the adaptation of the Proquali model in the context of safe motherhood in Guatemala, the development of the mapping tool used to select priority districts for program intervention in Bolivia, the development of the National Safe Motherhood Strategy in Guinea and the use of the performance improvement process in Burkina Faso.

Throughout the 1<sup>st</sup> quarter, the MNH Program worked with a number of partners to begin to outline the health finance agenda. The policy team worked closely with the MNH Program in Nepal and Development Alternatives Inc. (DAI) to outline DAI's support for the health finance component of the birth preparedness package (BPP). The DAI team will be in Nepal in early 2001 and will work to identify community-based health finance tools that can be incorporated into the BPP for testing in April. The MNH Program also expects to work with DAI in Burkina

Faso as part of their district-based efforts to improve access to maternal and neonatal health care services.

Dialogue was also initiated with MSH regarding costing certain MNH interventions. The MNH Program expects to work with RPM+ to finalize the list of interventions to be costed and will focus particularly on those interventions that have drug and health commodities implications, such as syphilis testing, IPT for malaria during pregnancy and the management of the major causes of maternal morbidity and mortality such as hemorrhage and hypertensive disorder.

### **3.4 IR 4: Increased Demand for Quality Maternal and Neonatal Services at all Levels**

Behavior change interventions, including social mobilization and behavior change communication, are central to improved maternal and neonatal health through promoting appropriate care seeking behaviors, community involvement to ensure the availability of quality services at the community and facility level; and, the development of accredited, client-friendly facilities. Birth preparedness and complication readiness in both the community and at the facility level constitute the overall focus of the BCC approach. In the 1<sup>st</sup> quarter, the BCI team in collaboration with representatives from the service delivery and monitoring/evaluation teams, finalized the Birth Preparedness and Complication Readiness (BP/CR) matrix. The matrix outlines the desired behaviors that critical groups—providers, community groups, family members and pregnant women—should practice to ensure that they are prepared for a normal birth and ready in cases of complications. Supplies and equipment needs are also articulated for the facility level, taking into consideration that the enabling environment is key to supporting BP/CR. Explanatory notes and definitions accompany the matrix. The matrix will be used in MNH Program countries to articulate interventions appropriate to BP/CR.

The MNH Program continues to support the development and strengthening of multisectoral coalitions to build a sense of community and commitment to saving the lives of mothers and newborns. The White Ribbon Alliance (WRA) is a global social mobilization strategy that has gained significant momentum over the past year. Throughout the 1<sup>st</sup> quarter, the MNH Program continued to support the development of the White Ribbon Alliance and contributed to the finalization and production of the *Awareness, Mobilization and Action for Safe Motherhood* field guide. The MNH Program also supported the French translation of the document and will work with NGO Networks for Health to disseminate the manual globally.

The manual will be used in Indonesia to advance the BCI work there particularly as related to the expansion of the White Ribbon Alliance to provincial and district levels. In the 1<sup>st</sup> quarter, a core team was identified for the WRA and included organizations with networks in target program communities.

Despite the complexities inherent in social mobilization and behavior change, a number of country level activities in the 1<sup>st</sup> quarter demonstrate continued success with this component of the MNH Program. In Bolivia, the MNH Program reached agreement with the PROCOSI regarding the implementation of the community networks in El Alto. The MNH Program is working with NGO partners to implement the community networks in each of the seventeen districts. The agreement with PROCOSI defines the NGOs who will be implementing social

mobilization and BCI activities in those two districts. This is central to the overall program in Bolivia as the MNH Program is coordinating implementation efforts of a number of partners.

In Nepal, the MNH Program and the National Safe Motherhood Program (NSMP) co-sponsored the "Speaking with One Voice: Prioritizing Behaviors for Improved Maternal and Neonatal Survival" Workshop which was hosted by the Family Health Division in November. The goal of the workshop was to reach consensus on a set of priority life-saving behaviors that can be promoted in Nepal among identified critical audiences. Consensus reached during this workshop will inform the development of the Ministry of Health's national Safe Motherhood IEC strategy. The MNH Program will continue to work with NSMP in message development and dissemination at the national and local levels.

The MNH Program team in Guatemala worked this past quarter to develop a preliminary guide for the development of life-saving plans and supported the involvement of community leaders in the program activities, including workshops and participatory video encounters.

The MNH Program BCI team is also supporting the development of job aids to be used among service providers at both the community and facility levels.

### **3.5 Monitoring, Evaluation and Research**

The Monitoring/Evaluation and Research (MER) team continues to pursue the development of frameworks that accurately reflect program interventions and expected impact. Because there are many factors that contribute to maternal and neonatal morbidity and mortality, defining expected impact is complicated. Program interventions also vary from one country to another so it is difficult to find indicators that can be measured across all programs. However, the team has developed and is finalizing the global framework for the MNH Program and is outlining indicators that will be measured at the strategic objective and intermediate result levels. Frameworks for Nepal, Guatemala, Zambia, Honduras, Indonesia and Burkina Faso have been developed and are expected to be finalized within the 2<sup>nd</sup> quarter. Framework development for Tanzania, Peru and the Regional Centre for Quality Health Care is in process.

In support of the global framework, measurement strategies for birth preparedness have been developed and include a series of indicators looking at knowledge, intention and behavior of women, family, community and facilities in order to prepare for stages of pregnancy and delivery. The verification list to evaluate management of hypertensive disease in pregnancy was developed and implemented in the two program hospitals in Honduras in the 1<sup>st</sup> quarter. The MER team also established a working group to look at how to evaluate essential maternal and neonatal care training programs.

In October, the MNH Program and the MEASURE/Evaluation Project held a two-day meeting in Lima, Peru on the use of the national population census for the measurement of maternal mortality in Latin American countries. Representatives from seven Latin American countries—Honduras, Guatemala, Bolivia, Peru, Paraguay, Colombia and El Salvador—and a number of representatives from international agencies (including PAHO, US Bureau of the Census) participated. The purpose of the meeting was to openly discuss the advantages and disadvantages of this approach and to promote dialogue between Ministries of Health and

statistical offices on this issue. As a result of this activity, the government of Bolivia has added questions to measure maternal mortality to their national population census scheduled for May 2001. MNH Program assistance for this activity is under discussion.

In Guatemala, focus group discussions were conducted in five communities in Totonicapan and El Quiche on community perceptions of quality of care. Community members listed accessibility to good care as a priority as well as being treated respectfully, and felt that it is essential to have competent providers, that TBAs be allowed to stay with the women throughout labor and delivery; and that the facility be clean, well equipped, and affordable. This information will be incorporated into the performance improvement assessment tools so that quality, as defined by the client, becomes the desired standard at each target facility.

Qualitative research findings from community-based research about the use of Bidan di Desa (BDD) were disseminated in Indonesia. Research focused on men and women's as well as community leaders' perceptions of BDDs and their role as service providers. Information gathered will be used to inform programmatic decisions and message development.

The MCHW training findings were disseminated in Nepal. Recommendations for future training include the following: include a minimum of eight cases for normal labor and child birth (NLCB), five for newborn care (NCB), five for post-partum care (PPC) and seven for antenatal care (ANC) to ensure that each participant achieves competency on each module; focus training on NLCB and NBC as these skills were the weakest among all MCHWs; address caseload limitations by strengthening the modules on maternal complications—post-partum hemorrhage (PPH), pre-eclampsia/eclampsia (PE/E), prolonged labor (PL); develop training course guidelines for trainers in order to standardize the implementation of the district level learning package (DLLP); and, reduce the number of assessment and evaluation forms. Findings will be used to develop the national in-service training strategies for MCHWs.

Discussions were held with representatives from the Columbia School of Public Health's Averting Maternal Deaths and Disabilities Program to initiate collaboration on social networking research with respect to women's perceptions and use of recently improved obstetric care facilities. Initial discussions were held regarding conducting the research in Bangladesh.

### **MNH Program Research**

#### **1) Dissemination of information on improved quality of services using social networking techniques**

In Nepal the MNH Program will conduct research on the spread of information regarding perceptions of the quality of obstetric care in three upgraded district hospitals using social networking techniques. There is evidence to show that when clinical services are poor, women will not seek these services. An unspoken assumption of Safe Motherhood is that if services are improved, women will come. There is, however, little evidence to support or challenge this assumption. Very little is known about how knowledge regarding perceptions of the quality of obstetric services is transmitted in the community. The data collected will be utilized in developing behavior change interventions to increase the use of the upgraded facilities for emergency obstetric situations. Similar research will be conducted in Indonesia as part of the formative research to develop behavior change messages in order to look at regional similarities/differences.

## **2) Validation of studies of the variable “trained birth attendant”**

The MNH Program also plans to validate studies of the variable “trained birth attendant” in a number of countries. The variable will be validated from the perspective of female respondents in a household-based survey. Ultimately, the MNH Program plans to collect data in several dissimilar countries.

## **3) Tools to measure process and impact of social mobilization**

In Indonesia, the M&E team is working with MNH Program partners to develop tools to measure the capacity of the White Ribbon Alliance. These tools will then be adapted for use in other countries with strong social mobilization components.

## **4) Community-based distribution of misoprostol to decrease PPH**

Discussions have been initiated with the Indonesian Society of OB/Gyns (POGI) to finalize a proposal for prevention of postpartum hemorrhage: safety, acceptability, feasibility and program effectiveness of Misoprostol for births in areas with a large proportion of unattended births. A memorandum of understanding has been drafted between the Ministry of Health and MNH Indonesia and is currently under review. The protocol is under development and along with the proposal, will be further discussed at USAID and at JHPIEGO/MNH.

## **5) Health financing tools in Nepal**

Discussions were initiated with DAI regarding work on the development of health financing tools as part of the Birth Preparedness Package (BPP) in Nepal. DAI will initiate work on this in the 2<sup>nd</sup> quarter of FY01 and will provide information to the MNH Program in Nepal regarding useful community-based health finance tools. As part of the BPP, this information will be used by female community health volunteers aimed at mobilizing women, families and communities to plan financially for childbirth.

### **3.6 Information Dissemination**

The dissemination of information, sharing lessons learned, engaging in technical discussions and adding to the body of knowledge regarding programming for improved EMNC are central to the MNH Program strategy. Throughout the 1<sup>st</sup> quarter, MNH Program representatives participated in a variety of fora focusing on improved maternal and neonatal health. These included APHA where representatives for the program in Honduras gave a presentation entitled “Hospital Maternal Mortality in Honduras: The Role of Providers and the Health System in Maternal Death.” The presentation was well attended and fostered critical discussion among attendees, and raised awareness of the important interventions taking place in Honduras to improve the pregnancy outcomes for women and newborns in facility-based settings.

Program representatives also attended the Conference 2000: Findings on Reproductive Health of Refugees and Displaced Populations. The conference was sponsored by the Refugee Reproductive Health Consortium and included participants from around the world as well as the U.S. State Department, Columbia University, UNFPA, USAID, UNHCR, FHI and a variety of other international NGOs. Topics discussed included the special needs of adolescents, improving refugee women’s health during pregnancy and delivery, sexual and gender based violence and using data to plan reproductive health programs. MNH Program representatives

distributed information on the White Ribbon Alliance and discussed potential use of MNH Program tools in refugee reproductive health programs. For a complete listing of meetings attended by MNH Program representatives see Annex B.

The MNH Program Director of Social Mobilization attended a national WRA event in India to raise awareness and increase diverse stakeholder participation to promote saving women's lives. A key part of the event was disseminating information on the critical problem of maternal mortality in India and working to garner government support; build resource commitment from communities, local and international NGOs; and, broaden media coverage around this issue.

At the 3<sup>rd</sup> Yale Conference on Women's Health and Fitness, held 26-28 October 2000 in New Haven Connecticut, the MNH Program Director and Social Mobilization Director presented in the plenary session the paper "Overcoming Barriers to Accessing Maternal Health Care" which outlined the challenges inherent in reducing maternal mortality and the strategies that the MNH Program has developed in response. Social mobilization strategies and the White Ribbon Alliance were highlighted. There were approximately 200 people in attendance.

Participation in meetings such as the Malaria and Pregnancy Working Group and the Healthy Newborn Partnership offer valuable opportunities to exchange information about proven strategies and new interventions that are being tested. Opportunities for program collaboration are explored and a number of valuable partnerships have been developed. The MNH Program consistently attends meetings with partners at the country level as well as those housed in the U.S.

The MNH Program's electronic newsletter was published in October, November and December. In October, the *MNH Update* featured the workshop "Implementing Global Maternal and Neonatal Health Standards of Care." The November issue highlighted country activities and in December the Program's approach to social mobilization was described. The mailing list has grown to 280 recipients.

The MNH Program website continues to provide MNH Program staff, partners, policymakers, other CAs and MNH Program managers information on the Program as well as current information on maternal and neonatal health. The site contains MNH programmatic information including descriptions of the technical strategies, country activities and best practices, MNH worldwide statistics as well as links to related websites. Resources and news on maternal and neonatal health are also available on the site. The Reproductive Health Online (ReproLine) website offers reproductive health and training information tailored for international healthcare professionals, faculty and trainers.

A number of meetings were held in the 1<sup>st</sup> quarter to discuss the further development of these websites and information appropriate to each site. The team also discussed potential links to other partners and dialogue was initiated with PATH regarding collaboration in information dissemination.

## **4. COUNTRY AND REGIONAL PROJECTS**

### **4.1 Asia**

#### **4.1.1 Indonesia**

The MNH Program in Indonesia is divided into five components:

- Advocacy and Policy
- Performance and Quality Improvement (PQI)
- Behavior Change Interventions (BCI)
- Monitoring, Evaluation and Operations Research (MEOR)
- Planning and Program Support (PPS)

Accomplishments for this 1<sup>st</sup> Quarter Report are presented by component with an overview of the country office restructuring.

#### **Country Office**

The change in leadership of the country program has been planned and implemented with a transitional leadership put in place. Terry Padgett is filling the role of Country Director and Kim Wheeler is filling the role for technical leadership of the program. Transitional leadership arrangements have been communicated to counterparts in the government and other organizations. Internally, the handover of responsibilities has been agreed upon and finalized.

One of the key implementation vehicles is the subagreement mechanism. The program team is working to take a more developmental approach to subagreements with the Indonesia Society of Obstetricians and Gynecologists (POGI) and the Indonesian Midwives Association (IBI). Over LOP, the Program is working to develop these professional organizations to achieve the goals of the program through the subagreement process. At this point the Program has worked with these two groups to define and plan the process for finalization of subagreements and organizational development. The program team is also exploring opportunities for subagreements with other organizations such as hospitals in the private sector to enable them to become training centers. In an effort to reduce duplication of effort within the subagreement process, the MNH Program team is working with the STARH Program team in Indonesia to avoid overlap.

#### **Advocacy and Policy**

The Advocacy and Policy component focuses at both the national and provincial/district level. At the national level, DepKes, the advocacy and policy component was asked to submit a discussion paper for a review of safe motherhood policy for Indonesia. This was linked to the Making Pregnancy Safer (MPS) initiative from WHO. Indonesia is one of the ten target countries for this work with a launch by Dr Gro Harlem Brundtland in October 2000. The initial phases of implementation of MPS include the development of a national strategy that will link all activities and approaches. The Policy Advocacy team leader has been invited to join the working group to provide technical advice on this work.

At the district and province levels the MNH Advocacy and Policy Team has mounted an effort to increase capacity to analyze policy. The team is working with the leaders in the province and district to review the current strategic initiative for community health services. The focus of this

work is to review the economic arguments for the Village Midwife or Bidan di Desa (BDD) program. Two initiatives—information on options for alternative mechanisms for the delivery of community based maternity services, and political and policy implications—will be reviewed and policy guidelines will be formulated. The aim is to ensure that all avenues of information are explored to create robust policy. The program anticipates that this process will be completed by the end of the next quarter.

Decentralization can be viewed as a threat and an opportunity for the development and growth of revenue streams for maternity services. Increasing capacity to advocate for funding is an area that needs strengthening and development. Plans are being set up for the next quarter to review options for training of district level planners in business planning and message development. The business planning approach will provide them with another means of advocating for funding for the continuation of the current funding levels.

This component also includes activities related to the strategic approaches to development of the Maternal and Neonatal Health (MNH) updates and the Pocket Guide. The program team will be working with WHO in the next quarter to reduce duplication of effort in standards development and dissemination of materials.

The MNH updates are being utilized in many different parts of the program approach. The communications materials and radio programs will focus on delivering these messages to begin the expansion of the "alertness" campaign to the midwives working in the community and the social mobilization team will be providing this information to communities. The Policy and Advocacy component is actively involved in facilitating this linkage within the program by facilitating the development of a Technical Working Group (TWG) for the key messages.

### **Performance and Quality Improvement (PQI)**

Technical assistance for the MNH pocket guide is being provided to the country team that has been established to decide on content and format. This work will proceed in the next quarter. The completion date for this work is the end of July 2001. At that time a dissemination strategy will also have been developed and implemented.

The PQI team has been working to assess and prepare sites for in-service and pre-service activities. The team has developed assessment documentation and reporting frameworks. The assessment and preparation process was carried out at a private hospital in Jakarta (Rumah Sakit Budi Kemuliaan - RSBK) and is planned for implementation at Rumah Sakit Hassan Sedikin in the next quarter. The assessment and preparation process has highlighted some significant issues in the quality of services and these are being managed with the hospital managers. This process will continue into the next quarter.

In this quarter, the management of bleeding in early pregnancy strategy (formerly post abortion care, or PAC) was agreed upon and an implementation plan developed. Opportunities to work with WHO in this area were also discussed. The initial approach to targeted hospitals has been completed. In the next quarter the assessment of sites will be completed and a plan for implementation at these hospitals will be developed.

In-service training has continued this quarter with a focus on the preparation of trainers. This is a continuation of work initiated in previous quarters for East and Central Java and for the midwives of RSBK.

In pre-service education, the DIII curriculum units (antenatal, intrapartum and postnatal, and newborn) have been reviewed and clinical instructors have been oriented to them.

The PQI team began planning to work with JHU/CCP in order to review training materials for Interpersonal Communication and Counseling (IPC/C). IPC/C training will be implemented by JHU/CCP as part of the extension of the "alertness" campaign. Also, the team has been working with the behavior change component to provide technical advice on the MNH updates for the communications component.

### **Behavior Change Interventions**

Over the 1st quarter the BCI team worked to develop and plan for the contribution of Pita Putih (PP) to the program. A national meeting was held that drew broad representation from across the NGOs that are currently involved in PP. The theme of the meeting was discussion of social mobilization and planning for events and community level activities to increase birth and emergency preparedness.

A core team was established as a result of this meeting. In the next quarter they will be working to develop a detailed plan for social mobilization at the community level. Key organizations will be identified and they will participate in the development of messages and the dissemination of information to communities based on the MNH updates.

During this quarter, the formative research was implemented. The preliminary qualitative results are available. The final quantitative results will be available in the next quarter. These results will be used to develop the quantitative questionnaire. The combined results will then be used to provide guidance for the development of the communications messages.

Preparations to the re-launch of the "alert" husband (Suami SIAGA) campaign under the MNH Program began in the 1st quarter. The launch is planned for the 2nd quarter. This will be extended to "alert" midwives (bidans), families (keluarga) and communities (masyarakat) over the life of the program.

### **Monitoring, Evaluation and Research (MER)**

The MER team continues to focus on establishing the baseline information data collection system for the program. Technical assistance has been provided from the MNH Global Program for the finalization of the evaluation framework for the program.

Continuing into this quarter, much of the framework was assessed and systems have now been set up to enable the implementation of the collection of the baseline data. In addition, the MER team has completed the TOR and scope of work (SOW) for a health economic evaluation of current expenditures on maternal and neonatal health within the program focus districts in West Java. This study will be implemented in the next quarter. Peer review has also begun in East and Central Java and the MEOR team completed training with peer reviewers early in the quarter. The data from the peer review is currently being collected.

In the next quarter the data collection will begin for the BDD baseline survey. This will provide the program with information on the current status of midwife knowledge before training is implemented.

### **Planning and Program Support**

At the national level the program successfully in held the first of the quarterly Program Management Unit (PMU) meetings. The PMU is made up of a representative from DepKes, BKKBN and Meneg-PP, and USAID. For the next quarter efforts will be directed to strengthen these linkages. To this end, the definition of Terms of Reference (TOR) for this group will be discussed and disseminated in the next quarter. Additionally, there is a need for very targeted discussions on the relative responsibilities of the PMU in relation to the rest of the operating structures within the SOAG.

Over the last quarter, the focus of the Planning and Program support component at the province and district level has been working with the Districts (Kabupaten Cirebon, Kota Cirebon, Kabupaten Kuningan) and the Province (West Java) to develop a log frame-based approach to work planning. The work plans arising from that meeting will be finalized in the next quarter.

The team has also held discussions this quarter with the province leadership to address defining new districts for “roll-out ” and scaling up of the program. Draft criteria have been developed to facilitate the decision-making process. The base criteria are that the district is big enough to sustain the scale and scope of the interventions planned, that there is an opportunity for overlap with other programs being implemented such as the Healthy Start program, and that there are hospitals and health services linked to current training systems.

### 4.1.2 Nepal

The Nepal Maternal & Neonatal Health Program (MNH/Nepal) has three primary objectives:

- Improved policy environment and collaboration;
- Improved quality of services; and
- Increased access to and demand for services.

Accomplishments during the first quarter are presented in this section by objective and illustrated in the attached table.

#### **Policy and Collaboration**

MNH/Nepal continues to provide support to the Safe Motherhood Subcommittee (SMSC). During this quarter, the SMSC membership was finalized and includes one representative from nine stakeholders (FHD, NSMP, UNICEF, GTZ, USAID, WHO, SM Network, MNH and UNFPA). MNH/Nepal has one representative on the SMSC. Monthly meetings were held on 3 October for October and 31 October for November (No SMSC meeting in December due to SM planning workshop and continue small group work for follow up of the workshop). Topics addressed included: process indicators for the national SM Programme; information on behavior change communication; report presentation by MDGP training core group; the IAG Skilled Attendance at Birth conference in Tunisia; and the Regional Technical Assistance (RETA) ADB meetings in December.

Objective and format of the Safe Motherhood newsletter were drafted with the SM Unit of FHD, SMSC staff and JHU/CCP and will be presented at the next SMSC meeting to be held on 16 January 2001. This newsletter will be produced trimesterly. The MNH/Nepal will sponsor the publication of the first year's issues of the newsletter. Thereafter, it is expected that the SMSC will be able to sustain the production of the newsletter in collaboration with the other SM stakeholders. The support to the SM component of the UNFPA funded RH resource center (yet to be established), at the FHD, is still under discussion.

During this quarter MNH/Nepal R&E technical assistance has focused on the two USAID/Washington's Asia Near East (ANE) Bureau projects: formative research to design, develop and pretest tools to help pregnant women, families and communities plan financially for birth and obstetric and neonatal complications if they occur; and a study on the role of community volunteers to support SM—particularly workload, motivation and retention issues of FCHVs. Development Alternatives, Inc. (DAI) has been identified to provide technical assistance with community-level tools for financial planning, and Judith Justice will provide technical assistance as the PI for the volunteerism study. In the next quarter, fieldwork will be initiated for both activities.

In support of an improved policy environment, the MNH/Nepal team continued its participation in the RETA ADB activity to develop a 15-year national SM strategy for Nepal. Following on the August workshop in Malaysia, a follow-on workshop was held in December in Kathmandu. Four members of the MNH/Nepal team attended the workshop, and two of them participated in working groups to refine the draft strategy outlined in the workshop

Collaborative efforts of note include:

- Collaboration with NSMP on Behavior Change Interventions (BCI), including joint sponsorship of the “Speaking with One Voice: Prioritizing Behaviors for Improved Maternal & Neonatal Survival” Workshop; joint assistance to NHEICC for the development of a SM IEC strategy
- Work with the Safe Motherhood Network (SMN) on the White Ribbon Alliance activities and technical support of the SMN presentation at the NGO Networks Chiang Mai conference
- Meetings with UNICEF to discuss the AMDD project and work on TBA/FCHV materials
- Discussions with Saving Newborn Lives (SNL) on ways to build on each other’s projects, including technical review of the MCHW training materials
- Review of the breastfeeding components of the MCHW training materials by Linkages
- Collaboration with NHEICC, FHD, NSMP and other stakeholders of SM to develop National SM IEC strategy
- Collaboration with NSMP for MNH Research (Baseline and Evaluation)
- Collaboration with NHEICC, NSMP on developing a way forward for the localization of Safe Motherhood messages in districts throughout Nepal

#### **Improved quality of services**

In November, MNH/Nepal disseminated the field test results of the MCHW DLLP training package to local stakeholders in the NHTC MCHW training consensus workshop 1-3 November 2000. A presentation of the findings was made to the group on the first day, and MNH/Nepal participated in the full 3-day event. Follow up after the workshop included the formation of a technical working group to gather the feedback and revise the training package. The training package will be finalized in the second quarter, as well as the MNH/Nepal and NSMP field test report.

In preparation for the national SM training strategy workshop in January 2001, a summary of strategic directions was drafted for inclusion in the RETA ADB workshop paper. The workshop will be organized by NHTC and IOM with support from MNH/Nepal.

In addition, discussions have continued with Patan Birthing Center to strengthen the training capacity of the center. A Memorandum of Understanding (MOU) with Patan will be developed to formalize MNH/Nepal’s relationship with PBC before activities begin. In preparation for work with PBC, the prototypic MNH clinical site assessment forms have been revised to be appropriate for Nepalese settings particularly PBC and work has been initiated on training materials for staff nurses and ANMs based on the WHO document “Managing Complications in Pregnancy and Childbirth” and existing staff nurse/ANM curricula and materials. It should also be noted that the development of job aids for MCHWs has been added to this year’s workplan.

#### **Increased access to and demand for services**

MNH/Nepal and NSMP co-sponsored the “Speaking with One Voice: Prioritizing Behaviors for Improved Maternal & Neonatal Survival” Workshop which was hosted by FHD, from 6-10

November in Kathmandu. The goal of this workshop was to reach consensus on a set of priority life-saving behaviors that can be promoted in Nepal among identified critical audiences. The workshop was structured as a behavioral analysis of the delays in reaching and receiving care. Its main objectives were to identify behaviors that can reduce those delays and to articulate among which audiences the identified behaviors were key. The workshop team formed a technical working group (TWG) to refine the behaviors identified during the workshop by ensuring they are phrased as behaviors. The TWG will review the behaviors and prioritize them with respect to a timeline based on feasibility from a program perspective as well as other criteria the TWG agrees on. This work will be completed in preparation for the message development from January to March. Once developed, the messages will be disseminated at the national and district levels. Most of the identified behaviors from this workshop will be incorporated into the BPP—and particularly those related to financial planning for birth and complication readiness. Materials will then be adapted as necessary.

Following on the “Speaking with One Voice” workshop, NHEICC—in collaboration with MNH and NSMP—will develop a national SM IEC strategy in support of the 15-year national SM strategy from the RETA ADB workshop and consistent with the behaviors identified and prioritized. Collaboration with NSMP will continue through the message development and dissemination activities at the national and local levels.

Review of the IEC materials for the four components of the BPP (pregnancy care, financial planning, planning for delivery and emergency plan) has been completed in preparation for development of prototypes for field testing. Requests for proposals have been developed and sent out to relevant agencies for artistic input and pilot testing of BPP tools. A presentation of progress with the BPP will be made to the SMSC in January and SMSC members will be requested to take part in components workshops that will finalize the contents of each of the tools. The next quarter activities will include development of the BPP for field testing with assistance from stakeholders, DAI consultants and local research organizations and artists.

### **Other accomplishments**

The M&E framework and its indicators will serve as the foundation of the baseline data collection activity to be conducted in MNH/Nepal program areas in 2001. Local R&E technical expertise from research firms and consultants have been identified and will be contracted for all research and evaluation activities planned by MNH/Nepal in collaboration with NSMP.

The MNH/Nepal team is expanding. In the first quarter, a MNH Program Officer at JHPIEGO was hired. At CEDPA a new Program Officer started work. In the second quarter, a MNH Program Manager will begin work. Also, an additional MNH Program Officer at JHU/CCP and the replacement SMSC Coordinator will be identified and hired.

## 4.2 Latin America

### 4.2.1 Bolivia

#### Policy Initiatives

The MNH/Bolivia team—Proyecto de Salud Materno Neonatal/Bolivia (PSMN/B)—in cooperation with the Health Reform Project (World Bank), provided technical assistance to the MOH and other key stakeholders to develop and complete a National Maternal and Neonatal Health Plan. PSMN/B will provide technical and financial assistance for the printing and dissemination of the Plan during the second quarter of FY01. PSMN/B has recently submitted “Vigilancia Epidemiologica de la Mortalidad maternal, 1995-1999: Informe sobre su Situacion y Perspectivas” (Maternal Mortality Surveillance from 1995-1999, a Situational Analysis) to the MOH. This document assesses the maternal mortality surveillance strategy from 1995-1999 and provides technical guidance for using this system to follow up maternal deaths in Bolivia.

In addition, the MOH adopted a mapping tool that determines priority districts for maternal and neonatal health programming. The tool will serve as the national standard to guide donors, cooperating agencies and NGOs in setting program priorities. The MOH, USAID/Bolivia and PSMN/B advocated for and assisted in the development of the mapping tool in collaboration with BASICS, GTZ, PROSIN and Health Reform (World Bank). The document will be printed and disseminated with technical and financial assistance from PSMN/B during the second quarter of FY01.

Finally, following a MNH Program and MEASURE/Evaluation-sponsored regional workshop in Lima, the Government of Bolivia (GOB) decided to include questions on maternal deaths in their 2001 census. The May 2001 census will be the first time that maternal mortality will be measured by a national census in Latin America. It should be noted that the MMR estimate provided by the census will not be directly comparable to the DHS estimate due to methodological and calculation differences in the studies. However, it will provide the GOB with valuable information regarding maternal mortality in Bolivia, including geographic and urban/rural variations in mortality.

Since census forms had to be rewritten, reprinted and retested. The MNH Program will provide funding and technical assistance to the National Statistics Institute (INE) and MOH to create the census forms that will include questions on maternal death. A study is being discussed in which a small proportion of the maternal deaths identified in the census will be followed up by in-depth interviews. These interviews will better determine cause of death and gather additional information regarding the circumstances under which the woman died. This information will assist the MOH, donors, cooperating agencies and the NGO community to promote maternal survival and tailor their programs to achieve maximum impact.

### **Maternal and Neonatal Health Services Networks (EMNC)**

PSMN/B has coordinated and facilitated interagency initiatives related to safe motherhood. Emergency maternal and neonatal care (EMNC) training activities are ongoing with BASICS. MNH/Bolivia continues to provide technical assistance to the National Safe Motherhood Committee to strengthen its organizational and institutional capacity. In future quarters, the MNH Program will assist the Committee to identify opportunities to leverage resources from other donor organizations and other existing programs.

In addition, a series of knowledge updates on EMNC was conducted for a group of in service MOH trainers and for physicians, nurses and nurse auxiliaries from all sixteen districts. These activities were jointly conducted by BASICS. BASICS staff and consultants conducted the section on the neonate during these training activities. The maternal health component of the updates focused on problems identified by the knowledge questionnaires described below: normal childbirth, management of shock and pre-eclampsia/eclampsia. In order to conduct these updates, three chapters of the draft WHO/JHPIEGO manual "Managing Complications in Pregnancy and Childbirth" were translated into Spanish by PSMN/B staff. These chapters have been shared with the other MNH country programs in the LAC region and with MNH/Baltimore in order to facilitate complete translation of this manual. Skills updates for the trainers and providers whose knowledge has been updated will be conducted later this fiscal year. Workshop(s) to train physicians and nurses in IPC/C are also planned.

Finally, health services and provider knowledge and motivation in fourteen of sixteen priority districts have been assessed using checklists and questionnaires respectively. The checklists assessed the status of equipment, drugs and supplies, and human resources in priority districts. The questionnaires evaluating provider knowledge of EMNC and provider motivation indicated significant problems in these areas. Due to an agreement with the MOH, two districts, Uyuni and Camargo, have not yet been assessed.

### **Community Networks and Social Mobilization**

No community networks and social mobilization activities were listed in the USAID/Washington work plan for the first quarter of FY01. However, activities are ongoing with PROCOSI , a network of 24 reproductive health NGOs, and COPI, Italy's foreign assistance agency. Under an agreement with PROCOSI, the MNH Program conducted a workshop to define collaboration in two districts in El Alto. In addition, initial agreements between municipal authorities and NGOs have been reached regarding the implementation of the community networks and social mobilization activities in Cochabamba, Quillacollo and Camargo.

## 4.2.2 Guatemala

### **Policy/Collaborative Advocacy**

MNH/Guatemala—Proyecto de Salud Materno Neonatal/Guatemala (PSMN/G)—has participated and promoted the formation of a Consultative Counsel for the implementation of the Natal Maternal Mortality Reduction Plan. This consultative group is integrated with SIMNA (the Division of Integrated Women, Children and Adolescent Health of the MOH), SIGSA (the HIS system), Epidemiological Surveillance, PMSS, UNICEF, USAID/G, PAHO, the bilateral Calidad en Salud, and PSMN/G. MNH/Guatemala participates in the periodic Counsel meetings. A maternal health strategy group has also been formed and has been making strides to reduce maternal mortality. PSMN/G supported a discussion on MNH indicators, presented a plan to measure the accreditation model, and introduced a maternal mortality estimation study methodology.

The MNH/Guatemala team has also participated in periodic meetings of the Executive Division of Integrated Women, Children and Adolescent Health (SIMNA). The team has been particularly active regarding the dissemination of norms, protocols and guidelines. PSMN/G has participated in six managerial meetings. They have supported the incorporation of EMNC activities in MOH plans, developed matrices with activities and inputs for the Maternal-Perinatal program, created indicators that relate to these activities, and participated in the modification of these activities for MNH that will be supported with MOH matching funds. MNH/Guatemala has also participated in the Department Counsels of Health, Technical Units, Municipalities and Local Counsels for the implementation of EMNC interventions. EMNC interventions are included in local action plans.

PSMN/G also participated in a multisectoral meeting and Women's Forum in Solola where it was determined that a safe motherhood strategy would be implemented. It supported the consolidation of safe motherhood committees in ten municipalities of Solola (which comprises 60% of Solola), and oriented the Social Security health services (IGSS) to the strategy. Finally PSMN/G coordinated meetings with CARE (8), SHARE (1), CRS (1) and INTERVIDA (1) to replicate the MNH plan.

### **Maternal and Neonatal Health Care**

Meetings were held with the technical coordination group to review the national norms, WHO protocols, PAHO Mother-Baby Package, Safe Motherhood Initiative, and complications manuals from IMPACT, WHO, UNICEF, UNFPA, and JHPIEGO. Relevant pieces will be incorporated for the revision of ENMC materials. Concurrently, PSMN/G reviewed the norms, functions and protocols of the Mother-Baby package and the MOH so that they were standardized in EMNC knowledge. Together with the MOH they defined and drafted the functions and components of EMNC by level of care. These components form the accreditation/assessment instruments.

### *Accreditation and Performance Improvement*

The program is actively promoting and adopting a performance improvement and accreditation model for EMNC services. This accreditation model has been reviewed, defined and presented to the MOH's technical coordination group. The PI and accreditation model for EMNC has also been discussed at various meetings with different departments of the MOH, NGOs and other CAs. In the previous quarter, PSMN/G sponsored an exchange visit for MOH officials to Brazil

to observe the Proquali model of accreditation. Verbal authorization was received from the Vice Minister of Health to operationalize the PI approach in Guatemala, in accordance with the health reform.

In addition, MNH/Guatemala, with Health Reform, PAHO, bilateral Calidad en Salud and Univ Rafael Landivar, is developing management training in EMNC. PSMN/G provided an orientation to the PI and Accreditation model; representatives from various groups (divisions of the MOH and Health Reform, UNFPA, UNICED, PAHO, Calidad and Salud, technical representatives from the seven Health Districts) participated in the definition of 'service networks' within the model. The University Rafael Landivar and University del Valle have been in negotiations with PSMN/G to initiate postgraduate programs in MNH.

Criteria were established to develop accreditation instruments. PSMN/G supported the review of functions and standards and held working meetings to unify criteria and define standards. MNH/Baltimore supported this activity through external support. To these ends, draft instruments have been finalized for all levels of the health service network (health post, health center, community maternity, district hospital). The instruments will be tested over the next quarters.

In order to use the accreditation instruments services to be accredited will be identified and a chronogram developed. To initiate the accreditation process, thirteen health service networks have been defined and prioritized in the seven health districts where PSMN/G works in conjunction with the SIGSA (HIS) and the Division of Strategic Planning. This prioritization is based on MNH indicators from the situational analyses in health posts, health centers, community maternities and hospitals. Baseline data will be presented after the instruments are used in the thirteen service networks as well as appropriate job aids. Negotiations for a local accreditation team are being held with the MOH.

Timely stock of supplies and equipment needed for EMNC will be part of the accreditation process. Necessary supplies and equipment that are included as part of the assessment tools will be assessed at each facility, and appropriate interventions will be implemented to address the timely stock of these items for EMNC.

MNH/Guatemala is coordinating with the Department of Regulation and Control of Pharmaceuticals to ensure the availability of supplies and equipment needed at each level for the provision of ENMC. Supplies, resources and equipment necessary for EMNC provision at all levels of the health service network, in accordance with the Mother-Baby Package, were included in 2001 MOH Action Plans. PSMN/G supported the revision and modification of the Action Plans with corresponding funding allocations.

Currently, MNH/Guatemala is working to identify and change practices in services that have been culturally rejected. Traditional practices have been identified, and the process of implementation of 'culturally appropriate hospitals' has begun in Totonicapan, Solola, El Quiche and Suchitepequez. Participatory video 'encuentros' (meetings) took place in communities of La Parroquia Lancetillo de Uspantan, Quiche and Momostenango of Totonicapan, with participation of TBAs, leaders, women and men. This information served to provide PSMN/G with the traditional practices that are preferred and those that are rejected. To these ends,

MNH/Guatemala will promote the incorporation of culturally accepted and non-harmful practices into MNH services. This promotion will take place as part of accreditation process. Culturally accepted and non-harmful practices that were included as part of the assessment tools will be assessed at each facility, and appropriate interventions will be implemented to address the incorporation of those practices into MNH services.

### ***Curriculum Revision***

MNH/Guatemala is committed to adapting curricula to incorporate competency-based training that ensures quality EMNC for nurses. PSMN/G has held meetings with the Director of the Nursing School in Coban Alta Verapaz, the Nursing School Coordinators in Quetzaltenango and Guatemala, and nursing tutors at the University Rafael Landivar about introducing EMNC into their curricula. Work with auxiliary nurses is also critical. PSMN/G supported meetings to familiarize PAHO, authorities from the registry office for auxiliary nurses, and the Human Resources division of the MOH with the following issues: safe motherhood, EMNC, updates in management of complications of the newborn. PSMN/G participated in a workshop to define required competencies for auxiliary nurses in EMNC. PSMN/G has conducted a needs assessment for auxiliary nurses in order to assess which modules of the curriculum require adaptation.

### **Monitoring and Evaluation**

Simplified tools and training supervision processes that support the accreditation of EMNC were developed and pretested. These tools and procedures to strengthen compilation, registry, tabulation and decision-making processes for EMNC at all levels have been developed. A situational analysis in each project hospital in the areas of epidemiological surveillance, verbal autopsy, clinical history and monitor registry were conducted. The situational analysis has supported the municipalities' priorities. As a result of the analyses the following intervention sites were identified: Santa Maria Chiquimula and Momostenango in Totonicapan; Concepcion Tutuapa y La Reforma in San Marcos; Uspantan and the Ixil area for El Quiche; San Carlos Sija and Coatepeque for Quetzaltenango; San Lucas Toliman and Solola for Solola; Chicacao and la Maquina for Suchitepequez; San Andres Villa Seca and Champerico for Retalhuleu. PSMN/G supported the revision of the SIGSA (MOH's HIS) to implement in the situational analyses in Totonicapan, San Marcos, Quetzaltenango, Solola, Retalhuleu, Suchitepequez, and Quiche (Uspantan Zona Reina). MNH/Guatemala continues to strengthen and support the situational analyses in hospitals through surveillance protocols and analysis of case management. These initiatives support the identification of the causes of maternal and neonatal mortality.

Instruments and information systems in EMNC have been adapted and incorporated into the official MOH registry. PSMN/G has supported the revision of instruments and has recommended the use of a monitoring book. A revision of the monitoring book took place jointly with the SIMNA and SIGSA depts. This revision resulted in the incorporation of the information that will allow for the construction of the met need indicator.

MNH/Guatemala has developed indicators and evaluation methodologies in accordance with the results framework and operational plan in coordination with the MOH. The monitoring plan was structured by outcomes and components on a yearly basis. PSMN/G supported an inter-institutional coordination effort to review, define, and propose indicators related to process, access and use of services that support the measurement of maternal mortality. A local

monitoring team was formed and PSMN/G developed their first draft of the monitoring plan (structured based on the components of Service Delivery, Demand Generation and Institutionalization, and the USAID/G results framework). Each section corresponds with outcomes and lists progress toward those outcomes per year. This monitoring plan, developed with support from MNH/Baltimore staff, was shared with the MOH, SIMNA, Consultative Group, SIGSA and the Health District authorities. The document includes the met need indicator, as well as the indicator for births attended by skilled personnel and expected outcomes listed per year.

The program was also active in other measurement/policy activities. PSMN/G coordinated with GSD/Measure in the birth registry study for Totonicapan, El Quiche and San Marcos. Representatives from PSMN/G and the MOH/Guatemala participated in the globally funded international workshop on measuring MM through the census, held in Lima, Peru. PSMN/G sponsored a conference on the estimation of MM in Guatemala to determine the utility of the under-reporting methodology. Finally, PSMN/G provided TA to SIMNA to review, discuss and present the various indicators to MOH counterparts.

### **Community Networks, Behavior Change and Social Mobilization**

The IEC and social mobilization component of PSMN/G has been integrated into the technical inter-institutional group, and MOH personnel of the seven health districts are integrated into the communication and social mobilization process. PSMN/G has participated in six of the inter-institutional group meetings and has presented the PSMN/G activities and strategies to the group coordinator. Also, fifteen MOH representatives from the seven health districts participated in the workshop sponsored by PSMN/G on participatory methodology.

PSMN/G is reviewing a variety of documents to help define mobilization and community participation. Documents include: community mobilization strategies; IEC, behavior change and advocacy strategies from JHU/CCP; emergency plans from Doctors Without Borders and the Red Cross; the MOH decentralization process; PAHO's methodology for 'healthy municipalities;' and Safe Motherhood documents from WHO. PSMN/G has also reviewed lessons learned and successful experiences from both the national and international arenas, including Proyecto Puentes of Peru, la Carpa Lila of Bolivia, and Proyecto de Comunicacion Los Manitos of Bolivia. PSMN/G is also building upon strategies and materials utilized by the MotherCare Project, such as the radio spots, the Triple A methodology for community mobilization, and other produced materials.

Participatory audience investigations on the perceptions of health service provision were conducted in Momostenango, Totonicapan, La Parroquia Lancetillo, Uspantan and Quiche. PSMN/G has developed an initial draft for the client perspectives of standards required for accreditation, and an initial draft for the life saving plans (to be further developed over the year). While preparing for the investigations, PSMN/G negotiated with the MOH central-level to ensure participation of health personnel. PSMN/G also sponsored two workshops. The first introduced data collection methodologies to health personnel from the health districts (social workers, community leaders, Project HOPE, rural health technical personnel). The second covered participatory research with the PSMN/G team, health personnel, NGOs and contracted facilitators for Health Districts in El Quiche, Totonicapan and Solola. Moreover, PSMN/G developed instruments for the 'encuentros,' and worked with MOH District- and municipal-level

officials to orient them to the PSMN/G plan with emphasis on participatory investigation. Eight participatory video encounters were conducted.

Since the eight participatory video encounters are finalized, the next step is to hold meetings with the community members to develop a community mobilization strategy. PSMN/G has developed a preliminary guide for the development of life-saving plans and has supported the institutionalization and involvement of community leaders in the PSMN/G activities (workshops, fora, encounters and participatory video encounters). PSMN/G held an induction workshop for leaders, mayors, municipalities and NGOs in the municipalities of Chichicastenango, Quiche, for the implementation of the 'municipalities promoting health and peace' strategy.

As part of the behavior change strategy, meetings to outline a strategic BCI plan were held. PSMN/G members of the inter-institutional IEC/community participation technical group met with the MOH's Department of Communication, Promotion and Social Participation, APROFAM, Calidad en Salud, Project HOPE, CARE, SHARE, USAID/G, Population Council, and PCI to define objectives, positioning, messages and monitoring and evaluation. The methodology utilized in the participatory video encounters was also presented to the IEC inter-institutional group.

PSMN/G is also working to involve decision-makers, community leaders and residents in the MNH program. First, it introduced the White Ribbon Campaign strategy to the IGSS, Ob/gyn residents of IGSS, and at a separate workshop with 75 participants. Second, it has contacted traditional, religious and institutional leaders for meetings to discuss participatory research in Momostenango, Totonicapan, Zona Reina Uspantán, San Lucas Tolimán, and Solola.

#### **Other Successes to Note**

- Negotiations have taken place with officials in Uspantán, Quiche
- Physical space has been donated by the community for the construction of maternities in La Tana and La Parroquia
- PSMN/G has coordinated with health committees to supply local materials and labor toward the construction of the maternities.
- There are two maternities in progress in La Parroquia and La Tana, Zona Reina, Uspantán. There are three maternity site committees in La Parroquia, La Tana of Zona Reina, Uspantán, and Chuiquila, Solola.
- One maternity in Chuiquila, Solola will be inaugurated in the next quarter.

#### **Global/Regional Activities**

- During the last quarter of FY00, the Advances in MNH Workshop (MNH knowledge update) took place in Guatemala, with participants from Peru, Bolivia, Honduras and Guatemala (PSMN/G staff, MOH, AID/G).
- During 1<sup>st</sup> quarter of FY01, PSMN/G and the MNH Program have held negotiations with Hospital Roosevelt and two maternity hospitals to establish agreements that these sites can be used for training purposes in developing regional clinical experts.

- During 1<sup>st</sup> quarter of FY01, a PSMN/G and MOH staff person were standardized in EMNC skills with the assistance of MNH staff and consultants.

### 4.2.3 Honduras

#### Service Delivery

In support of the development of the Honduran EMNC service delivery system, the MNH Program team in Honduras and a local consultant conducted visits with hospital personnel in the program's two target hospitals to discuss the development of job aids.

Coordination meetings with URC and JHU/PCS representatives to share plans for developing job aids and to ensure standardization of materials were also held. Over the previous quarter, the MNH Program team was accompanied by Dr. Norma Ali of URC/QAP on a visit to the Hospital Comayagua Santa Teresa where Quality Assurance Project (QAP) is currently working in Honduras. This visit allowed the MNH Program team to speak with hospital representatives and understand the interventions that had taken place to foster a series of changes in service delivery. Over this quarter, the MNH Program's local consultant, Dr. Flerida Linares Flores, was in communication with URC local representatives to discuss interventions and areas for potential collaboration.

Dr. Linares has been in communication with Jose Victor Aguero, Country Representative of JHU/PCS, who is coordinating efforts on the national safe motherhood communication campaign in conjunction with the MOH.

The MNH Program team also worked in the 1<sup>st</sup> quarter to develop verification lists to review the process of application of the supplemental protocols. A verification list to evaluate utilization of national protocols for management of hypertensive illness during pregnancy, childbirth and postpartum was developed. The design and content were discussed with Chief of Ob/Gyn at Hospital Mario Catarino Rivas in San Pedro Sula, Dr. Abdu, and Ob/Gyn from Hospital Escuela in Tegucigalpa, Dr. Ochoa. In addition, the instrument was pre-tested and validated by the MNH Program team, consisting of Miguel Espinoza, Flerida Linares Flores and William Terry, during maternity ward rounds using patient charts. Changes were made based on these conversations and validations. Changes were approved by hospital staff.

During the next quarter, a baseline study will be undertaken. This study will examine compliance with national protocols for the management of hypertensive illness during pregnancy, childbirth and post-partum before printed protocols and job aids were implemented in both hospitals. A local Ob/Gyn consultant, already identified, will be contracted to carry out this baseline study starting in the next quarter.

In addition, the verification checklists to evaluate utilization of national protocols for management of hypertensive illness during pregnancy, childbirth and post-partum have been implemented. In addition to providing measurement for the adherence to protocols, the verification lists have been used as a didactic tool for various levels of clinicians to review critical steps that are required in the provision of care for pre-eclampsia, a job aid to remind clinicians of these critical steps, and a quality assurance tool to allow the staff to identify weaknesses in the management process which lead to inadequate care.

## **Monitoring and Evaluation**

The MNH Program also provided follow up to both hospitals to ensure use of new data collection registers. During this quarter, the MNH Program contracted a local consultant to develop and implement computer programs for verification lists, the daily obstetric log, and the epidemiologic surveillance system. The consultant has been developing three separate computer programs to implement at each of the project hospitals. The first is for the daily obstetric log that is generated by the Gynecology Department at HCMR, the second is for databasing information gathered by the verification list, and the third is for the hospital surveillance of maternal complications and outcomes. The programmer will also develop and provide written instructions for the use of the programs and train hospital staff in their use. Finally, the programmer will be available for consultation for any issues or problems that arise.

Over this quarter, the MNH Program followed up on the implementation of hospital-based surveillance system for obstetric complications and mortality. Instruments were developed for use in hospital-based surveillance of deaths due to obstetric complications. After discussions with hospital staff and the regional health authorities, evolution of obstetric complications was incorporated into the instrument. The tool will be refined and finalized after further review by staff at both hospitals. In addition, the type and complexity of computer program needed for databasing and analysis were discussed and will be implemented by the computer programmer.

The MNH Program has encountered some challenges in finalizing the functioning of this epidemiologic surveillance system. Thus, over the next quarter, more conversations must take place to determine the exact form of the surveillance system. In order to ensure accurate and reliable data in a sustainable system, decisions must be made regarding personnel to implement it. The envisioned format of the system will allow for future updates to the type of data collected and will be useful for many types of information. In addition, it would replace the current, multiple, forms for information gathering. To correctly implement this, however, requires commitment of personnel to fill out the registries and to gather, input and analyze the data.

To address some of the challenges, over the next quarter the MNH Program will work toward establishing a collaboration with the Centers for Disease Control (CDC) in Atlanta. The CDC has a demonstrated expertise in the area of epidemiologic surveillance systems and has worked with the MOH in Honduras. The MNH team has communicated with two representatives from the CDC to discuss the importance of developing a surveillance system for maternal complications and mortality that is practical and sustainable, while still allowing for information that is useful and complete. Although at this time there is no system that has been developed that captures the information about evolution of maternal complications at the hospital level, the MNH Program and CDC will explore trying to find an "out of the box" computer program that could be adapted to the hospital setting.

The MNH Program and CDC are also exploring the possibility of jointly convening a workshop to inform and gain buy-in from key stakeholders (hospital epidemiological staff, maternal wards staff, MOH staff, regional staff). This type of workshop would serve to gain consensus on the importance of surveillance and data utilization, identify practical and sustainable system to use and personnel to implement, and also demonstrate both the utility and limitations of surveillance and data. At this time the MOH is already interested in creating a national surveillance system,

though they have been advised to begin in a smaller manner, with one or two conditions, and maternal issues may be one of great interest.

The MNH team met with Dr. Francisco Vallejo of Abt who works with PRIME and PHR Sector Salud II. Currently, Dr. Vallejo is providing direct technical assistance to the MOH, specifically in the area of the Dept. of Health Establishments (Regulacion Sanitaria/Depto. de Establecimientos de Salud). Dr. Vallejo discussed a potential collaboration with the MNH Program, given that PRIME is working with Dr. Kafati of HE in the establishment of licensing standards and the development of tools to measure actual performance against those standards (following a Performance Improvement model). Dr. Linares has already collaborated with Dr. Kafati in the initial design of these tools and will begin participating in regular meetings with Drs. Vallejo and Kafati to explore ways in which MNH could participate in this intervention.

Related to this work, the MNH team also met with representatives from JICA who are implementing a similar project in Olancho.

### **Information Dissemination**

In FY00, the MNH Program submitted an abstract to the APHA entitled, "Hospital Maternal Mortality in Honduras: The Role of Providers and the Health System in Maternal Death." This abstract was accepted for a paper presentation at the Annual Meeting held in November 2000 in Boston, Massachusetts. The presentation formed part of a panel entitled, "International Perspectives on Reproductive Health." Authors of the presentation were George J. Gilson, Anjou Parekh, Angel Coca, Benjamin Abdú, and Ricardo Ochoa Alcántara; representing the authors at the presentation was Ms. Parekh and Dr. Coca. The presentation was extremely well-attended and well-received, fostered critical discussion among attendees, and raised international awareness of the important interventions taking place in Honduras to improve the pregnancy outcomes for women and newborns in facility-based settings.

On a more global level, in November 2000, the MNH Program collaborated with URC in the submission of an abstract to the Global Health Council (GHC), to be held in Washington, DC in May 2001. The panel, entitled "Approaches to Managing Maternal Complications," will be moderated by a QAP representative. The MNH Program supported the submission of the abstract, prepared by Dr. Benjamin Abdu of HMCR, Dr. Ricardo Ochoa of HE, and Dr. Florida Linares of MNH. Other speakers on the panel include representatives from Nicaragua and PAHO/DC. The MNH Program will sponsor the three authors to attend the GHC Conference in May/June 2001.

#### 4.2.4 Peru

The Peru Ministry of Health received and reviewed the MNH Program and is in agreement with outlined activities. USAID/Peru is in “basic agreement” with the work plan and is sending comments to the MNH Program’s Peru office. Implementation of the work plan activities is scheduled to begin the 2<sup>nd</sup> quarter of FY01. There is a possibility that the Mission will increase funding to the MNH Program this year.

## 4.3 Africa

### 4.3.1 Burkina Faso

The MNH Program team continues to collaborate with the Ministry of Health, Plan International, UNICEF and Mwangaza towards improved maternal and neonatal care in Koupela District, Burkina Faso. In the 1<sup>st</sup> quarter, a three-day partners meeting was held to outline the plan of action and partners' roles and responsibilities.

The MNH Program team is housed with Plan International in Koupela District. A project vehicle was purchased enabling the team much greater access to program sites and a program officer was recruited.

A Memorandum of Understanding outlining MNH Program activities and mandate was developed among USAID/Family Health and AIDS—West and Central Africa Program, the Sante Familiale et Prevention du SIDA Project and the MNH Program.

#### **Policy and Advocacy to Address Key Maternal and Neonatal Health Issues**

In partnership with the Centers for Disease Control (CDC), the MNH Program in Burkina Faso has developed the protocol for the malaria and pregnancy study. The protocol has been reviewed with in country partners including the National Center for Research and Training on Malaria (CNRFP) and the Ministry of Health. Discussions with CNRFP for baseline data collection for the malaria and pregnancy study have been held and the scope of work for the Center's role in the study has been drafted.

#### **Quality and Performance Improvement for the Delivery of EMNC Services**

Two doctors from Burkina Faso participated in the regional training in Uganda--Advances in Maternal and Neonatal Health knowledge update and skills standardization. It is expected that they will participate in the next session of the course in the 2<sup>nd</sup> quarter of FY01. During the course the doctors developed a plan of action for their work in Burkina Faso. The plan focused on changes that they could affect in their clinical work and how they would disseminate the information learned to other service providers. Follow up visits to their sites will be held during the 2<sup>nd</sup> quarter of FY01. Action against the plans will be reviewed and discussed with the doctors. Both doctors also attended the SAGO meeting held in Ouagadougou in December and conducted a roundtable session on evidence-based practices and interventions for improved maternal and neonatal survival. The information was well received. Doctors present at the roundtable have requested copies of the Managing Complication manual and other relevant materials.

A five-day performance improvement assessment was conducted at four facilities in the Koupela District with the District Health Management Team. Information gathered from this assessment will inform programming at the district level and will be used to improve the delivery of quality services at target facilities.

A needs assessment for essential equipment was also conducted at these facilities. Equipment will be procured by UNICEF and the MNH Program to ensure that the facilities have the basic equipment needed to deliver essential maternal and neonatal care.

### **Monitoring and Evaluation**

Program monitoring and evaluation indicators for the MNH Program in Burkina Faso are under development. National partners including the District Health Management Team participated in the development of the M&E Plan throughout the 1<sup>st</sup> quarter. Discussions were also held with the Training and Research in Demography Unit (UERD) for the collection of baseline program data and the development of their scope of work.

### 4.3.2 Guinea

In late FY 2000, the MNH Program worked with the Guinea MOH and the national safe motherhood revision team to conduct a situation analysis of the maternal and neonatal health situation in Guinea. Preliminary results of the situation analysis were presented at a workshop with representatives from the MOH and national strategy team to define the strategic focus, formulate short and long-term objectives and identify activities needed to implement the revised strategy. Indicators and evaluation plans were discussed. The results of the workshop were used to revise the national Safe Motherhood program document.

Following review by the national revision team and development of a national action plan for the implementation of activities, the revised Safe Motherhood program document was validated in a national workshop and presented to the Guinea Ministry of Public Health for approval in November FY 2001.

The MNH Program will support the Guinea Ministry of Public Health to mobilize resources for implementation of the revised program during a national meeting, tentatively planned for March 2001.

The MNH Program has discussed with USAID/Guinea the possibility of supporting implementation of certain aspects of the new national Safe Motherhood Plan. Continued support for activities in Guinea, however, will require additional funding from USAID/Guinea.

### 4.3.3 Tanzania

During the 1<sup>st</sup> quarter of FY01, the MNH Program in Tanzania was gearing up for an antenatal care service and community needs assessment that was to be preceded by an antenatal care/performance improvement update for members of the assessment teams. Due to logistical issues with the Reproductive and Child Health Section of the Ministry of Health, these activities were postponed until the second quarter of FY01. The ANC/PI Update will take place in mid-January 2001 and the needs assessment will begin in late January.

One of the key challenges the Program faces in implementing the Tanzania program is the lack of in country presence. Program management of this activity has shifted to the JHPIEGO/Kenya office. It is expected that this will facilitate communications and timely implementation of activities.

#### 4.3.4 Zambia

##### **Policy**

In the last quarter of FY00, the MNH Program in Zambia began to review existing Zambian, regional and international guidelines for adaptation in Zambia. Draft Zambian National EMNH Clinical Guidelines were developed. This activity has continued through the 1<sup>st</sup> quarter of FY01. Completion is expected in 2<sup>nd</sup> quarter FY01. In July 2000, a team selected by the General Nursing Council, including representatives from the CBOH, the MOH, the GNC and the schools of midwifery, met to review a draft booklet of protocols developed in June 00. The protocols were revised, and learning guides were then prepared based upon the newly revised protocols. Copies of the protocols and learning guides were given to USAID/Washington and USAID/Zambia. These protocols will be used as a catalyst to develop national service delivery guidelines.

Meetings and workshops conducted with key stakeholders:

- Preliminary clinical protocols were developed during the 4<sup>th</sup> quarter FY00 in the course of the GNC midwifery activities, involving the GNC, clinical midwifery faculty and trainers, and Ob/Gyn staff from the University Teaching Hospital and two other hospitals (Ndola and Mufulira). These were under review during 1<sup>st</sup> quarter FY01.
- Initial discussions have been held with MOH and CBOH staff and local partners involved in policy development, and copies of other EMNC clinical guidelines from the region (Uganda) were provided to key partners for review. Activities to develop the guidelines were submitted to be included in the CBOH action plan for 2001.

All EMNH Guidelines activities have been shifted on the timeline, reflecting the need for consensus among government and partners on the need for clinical guidelines. The subject is caught up in a debate in country over producing integrated guidelines versus subject specific guidelines. JHPIEGO will work in coordination with the ZIHP partners to review, revise and harmonize national EMNH guidelines with the drafts in process as well as with the existing EMNH protocols developed in 4<sup>th</sup> quarter FY00.

##### **Essential Maternal and Neonatal Care Service Delivery**

The MNH Program in Zambia is committed to improving the skills of registered midwifery (RM) students and is working to ensure that students graduate with up-to-date MNH knowledge and skills. Following the completion of the site preparation activities and the MNH Knowledge Update and Clinical Skills Standardization and Clinical Skills Course, preparation for the review of the RM curriculum began in the 1<sup>st</sup> quarter of FY01. Formal review of the curriculum will take place at the Curriculum Review Workshop scheduled for early 2001. As the main counterpart to the Program's preservice education activities, regular meetings have been held with the General Nursing Council to move this initiative forward.

##### **BCI**

Social mobilization activities in Zambia have met with some unforeseen delays, primarily around the establishment of a secretariat for the network. Though there is definite and visible interest, the network itself must be more stable before project planning and activity implementation can effectively take place. The MNH Program in Zambia is working with a number of key partners,

including USAID and the Ministry of Health, to identify an appropriate organization to play the role of secretariat. At this point, the debate is over the question of whether the secretariat position of the network will move to the Medical Women's Association from NGOCC as initially planned. It is expected that the secretariat will be established in the 2<sup>nd</sup> quarter of FY01 to enable the development of the mobilization plan.

In the 1<sup>st</sup> quarter, the MNH Program provided TA to the ZIHP/MNH working group to create the midwifery counseling kit. This activity will run through the 2<sup>nd</sup> quarter as well.

### **Monitoring, Evaluation and Research**

Meetings were held throughout the 1<sup>st</sup> quarter to develop the M&E plan. With assistance from MNH/Baltimore, the Zambia team designed a country MNH Program M&E framework based upon planned activities. Methods to gather baseline and follow up data to monitor and evaluate program impact were developed. Meetings were also held with in country partners to identify areas of collaboration related to monitoring and evaluation. The framework will be finalized in the 2<sup>nd</sup> quarter of FY01.

### **4.3.5 Regional Centre for Quality Health Care—Makerere University**

MNH Program activities in Uganda with the Regional Centre for Quality of Health Care (RCQHC) continue to be dependent on the RCQHC's schedule of activities, staffing, and program priorities. Both the malaria advisor, supported by CDC, and the MNH advisor, supported by JHPIEGO, have been identified and recruited, and will join the Centre staff in March. An HIV advisor has also been identified, and the Centre is now in the final recruitment stage for that position as well. Since none of these new advisors will begin work at the Centre until March, many of the MNH Program activities have been postponed until Summer 2001.

As stated, the MNH Advisor was identified and hired in December 2000. Dr. Alice Mutungi is scheduled to begin work at the Centre the beginning of March 2001. In December, she participated in JHPIEGO's MNH Trainer Development program as a participant of the MNH Skills Standardization Course held in Kampala.

#### **A. Short course on maternal and neonatal health better practices**

The MNH short course has been rescheduled for 30 July to 3 August 2001 and will cover, along with the topics identified during the 9-10 August 2000 Expert Committee meeting, evidence-based MNH better practices.

#### **B. Short course on malaria better practices**

As a result of ongoing discussions with the Regional Centre and REDSO/ESA, and in consultation with AID/W, there is agreement to reorient the MNH Program activities and workplan, and replace the planned short course on malaria with other types of regional technical activities. This reprogramming affects all of the activities that had been planned in the development and delivery of the malaria short course. The emerging concept is for the Centre, with MNH Program support, to provide focused technical assistance to one or two countries, organized around a regional meeting or conference. This technical assistance would include preliminary assessment and programming work in-country, prior to the regional meeting, and focused technical assistance visits to support implementation of better practices after the meetings held at the Centre.

The current topic area under consideration is "Prevention and Case Management of Infectious Diseases in Pregnancy" focusing on Malaria, Syphilis, HIV/AIDS, Tuberculosis, Gonorrhea, and Chlamydia.

Discussions around the Centre's role as per the Rollback Malaria Initiative have been held with CDC, WHO, USAID/Washington, REDSO/ESA and the Centre. Given the increase in malaria funding for FY01, the MNH Program is developing a concept paper to outline interventions for East and Southern Africa. In initial discussions, all partners have agreed that the Centre can play a valuable role in the region to disseminate information and facilitate technical exchange at the regional and country level. The Centre's role will be more explicitly outlined over the next two quarters.

## 5. BUDGET

The MNH Program budget for the 1<sup>st</sup> quarter of FY01 is attached. Program expenditures across the board have increased markedly demonstrating the concerted effort to move implementation forward. Over the 1<sup>st</sup> quarter, the MNH Program Management Team reviewed the country budgets and worked with field teams to ensure that their budgets adequately reflect activities outlined for this fiscal year. MNH/Baltimore has also been working with field staff to prepare budget requests for the various USAID missions in which the Program is working.

## ANNEX A: MATRICES OF THE MNH PROGRAM ACTIVITIES ACCORDING TO PLAN – FIRST QUARTER FY2001

- “X” indicates the quarter in which the activity was originally planned to take place. The shading indicates when the activity was initiated and/or completed. Brief commentary on each of the activities listed for the October – December quarter can be found in the body of the report

### TECHNICAL PROGRAM COMPONENTS

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
<b>COLLABORATION</b>								
Increased global collaboration among partners	MNH Program provides technical input for the development of conference/symposium agendas	Agenda development for the UNICEF Regional Symposium in West and Central Africa	X					
		Provide support to ICM for a presentation on malaria and pregnancy at the ICM Harare conference	X	X				
		Work with the Global Health Council to set the agenda for the conference and outline the MNH Program’s supportive role	X	X				
	MNH Program technical team participates in conferences/workshops to build partnerships for action	Participation in the Centro LatinoAmericano Perinatologie (CLAP) conference in Uruguay	X					
		Participation in the UNICEF Regional Symposium meeting in Bamako, Mali		X				
		Participation in the Reproductive Health for Refugees conference	X					
		Sponsor participants from East and Southern Africa to attend the ICM Harare meeting	X		X			
		Participate at the Global Health Council Conference–panel presentation and launch of global guidelines			X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Participation in the Society for the Advancement of Reproductive Care (SARC) meeting—hosted by the Indonesian Society of Ob/Gyns		X				
		Participate at the APHA meetings in Boston	X					
	MNH Program team actively participates in technical networking	Participation on the Malaria and Pregnancy Working Group	X	X	X	X		
		Participation on the Healthy Newborn Partnership	X	X	X	X		
	MNH Program team actively dialoging with donor, NGO and other partners for program development	Ongoing donor, NGO and other partner dialogue	X	X	X	X		

42

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>ESSENTIAL MATERNAL AND NEONATAL CARE (EMNC)</b>								
Adoption of international standards and/or guidelines for EMNC to improve the quality of health provider performance	<ul style="list-style-type: none"> <li>• “Managing Complications in Pregnancy and Childbirth” finalized, printed and disseminated.</li> <li>• LRPs for complications developed, produced, disseminated and in use.</li> <li>• “Basic Care in Pregnancy and Childbirth Manual” finalized, printed and disseminated.</li> <li>• LRP “Basic Care in Pregnancy and Childbirth Manual” developed, produced, disseminated and in use</li> <li>• “Management of the sick or low birthweight newborn: guidelines for care at the first referral level” finalized, printed and disseminated.</li> </ul>	Develop MNH Clinical Training Materials: <ul style="list-style-type: none"> <li>• “Managing Complications in Pregnancy and Childbirth”</li> <li>• Complications Learning Resource Packages</li> <li>• “Basic Care in Pregnancy and Childbirth Manual”</li> <li>• Basic Care in Pregnancy and Childbirth Learning Resource Packages</li> <li>• “Management of the sick or low birthweight newborn: guidelines for care at the first referral level”</li> <li>• Review country FGC prevalence</li> <li>• Include FGC components / information in EOC curricula as appropriate</li> </ul>	X	X	X	X	2.2.2	
		Promotion of adoption of MNH clinical materials, guidelines and manuals	X	X	X	X	2.2.2	
	Assessment report and recommendations	Facility assessments	X				2.4.3	
	Clinical training site(s) prepared for EMNC training	Site(s) preparation, including equipment, materials, models, etc.	X	X			2.2.2	
Improvement of health care providers’ knowledge and skills to prevent leading causes of maternal and neonatal death.	Up to 20 healthcare providers in each MNH region with updated EMNC knowledge.	Conduct 3, 1-week MNHU workshops	X	X	X		2.4.3	
	Up to 20 healthcare providers in each MNH region with standardized EMNC clinical skills.	Conduct up to 6, 2-week Clinical Skills Standardization Workshops on managing normal pregnancy, childbirth and non-surgical complications.	X	X	X		2.4.3	

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
Strengthening of training systems (preservice and inservice) to improve health worker performance in EMNC skills.	Up to 20 candidate clinical trainers in each MNH region.	Conduct 3, 2-week CTS course		X	X	X	2.4.3	
	Up to 30 qualified clinical trainers in MNH regions.	Conduct Practica for MNHUs and CSSs			X	X		
	Up to 5 candidate clinical trainers for Managing Advanced Complications.	Conduct 1 CSS in Africa on Managing Advanced Complications				X		
Practical contributions made to the field of nutrition and maternal and neonatal health	Micronutrient, vitamin, food supplementation and other strategic nutrition interventions for MNH used in low resource setting	Strategy update paper completed	X					
		Review MNH country projects to determine areas for nutrition interventions		X				
		Appropriate interventions identified and designed			X			
		Nutrition interventions field tested				X		
Improvement of health care provider's knowledge and skills to prevent leading causes of maternal and neonatal health.	Reproline website materials for MNH incorporated, maintained and accessible. ReproLearn available for use.	MNH technical information incorporated and maintained on ReproLine website.	X	X	X	X	2.4.3	
		Computer based tutorials on MNH topics developed and distributed (ReproLearn)	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
<b>POLICY, ADVOCACY &amp; HEALTH FINANCE</b>								
Improve policy and financing environment for maternal and neonatal survival at the national level.	Evidence of use of international standards and guidelines.	Finalize international standards, guidelines and learning resource packages	X	X	X			
		Official launches of guidelines and materials			X			
		Conduct advocacy for the international standards and guidelines	X	X	X	X		
		Country level dissemination of standards, guidelines and materials	X	X	X	X		
		Work with WHO and others to facilitate the dissemination, adaptation, adoption and utilization processes for guidelines and standards		X	X	X		
	Meetings, conferences and other fora attended	Participation in networks and coalitions advocating for improved maternal and neonatal health	X	X	X	X		
		Global Midwifery Policy Workshop	X	X				
	Contribution made to the pool of knowledge and lessons learned for maternal and neonatal health policy programming and design of interventions	Two to five MNH countries identified for specific (additional) policy interventions	X	X				
		Explore use of appropriate policy tools as part of activities, e.g. political mapping, stakeholder analysis, performance improvement process		X				
		Provide TA as necessary to conduct policy-related activity		X	X	X		
		Document policy processes and lessons learned		X	X	X		
		Review current MNH program, materials and document for gender equity/sensitivity	X	X	X	X		
		Design gender interventions that can be integrated into programs			X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
		Analyze existing gender-related policies		X	X			
		Identify appropriate legislative changes			X	X		
		Strategic planning for improving access to and demand for services within the gender context		X	X			
		Review existing community-based finance programs and determine appropriateness for adaptation and adoption. Countries likely to conduct finance-related activities include: Nepal, Burkina Faso, Guatemala and Indonesia	X	X				
		Conduct / develop cost implications for scaling up specific maternal and neonatal health interventions.		X	X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>BEHAVIOR CHANGE INTERVENTIONS</b>								
Strengthen the capacity of communities (community around an issue, not a locale) and organizations to influence the quality of MNH services.	Awareness created at the global level through WRA and related campaigns.	Involvement with global WRA campaign and other large networks such as the CORE group.	X	X	X	X	2.3	
	Technical packages developed, translated and disseminated to communities, managers (NGOS, etc.) and policymakers	Use various approaches to raise awareness of maternal and neonatal health issues.	X	X				
		Technical packages adapted containing lessons learned and best practices.	X	X	X	X		
	Framework developed for use in developing social mobilization efforts for MNH programs.	Using case studies, develop new community mobilization approaches.		X	X	X		
Increase birth preparedness and complication readiness.	Matrix developed, shared and finalized.	Develop matrix of behaviors and practices for birth preparedness and complication readiness.	X					
		Launch review process and finalize matrix		X				
Capacity of countries to influence the quality of maternal and neonatal health services strengthened.	Tools to assess and monitor the skills and process for capacity building within communities.	Review existing resources on assessing community capacity for action.	X					
		Synthesize promising resources into a tool.		X				
		Develop adaptation framework.		X	X			
	Conference held and proceedings disseminated.	Conference to share experiences.			X			
Adoption of international standards and/or guidelines for maternal health and nutrition to improve quality of health provider performance.	Participatory and community models from other fields such as child survival built upon.	Participation in conferences that share timely participatory approaches to safe motherhood	X	X	X	X		
Informed demand for maternal and neonatal health services increased.	Informed demand and demanding individuals / communities defined.	Technical report produced, shared through a variety of channels and venues.				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
Increased community ability and willingness for financing BP and CR.	Community financing schemes developed in coordination with collaborating agency.	Develop community financing framework and participate in capacity-building workshop in selected countries.		X				

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>MONITORING, EVALUATION AND RESEARCH</b>								
System in place to acquire, process, report out and disseminate monitoring and evaluation data for MNH Program's global and country activities	<ul style="list-style-type: none"> <li>• MNH Program M&amp;E framework operationalized within country programs and at the MNH global level</li> <li>• Report developed and disseminated on MNH program monitoring and evaluation framework</li> <li>• Scaling-up defined and disseminated to partners and field offices</li> <li>• Program monitoring system finalized and MNH monitoring and evaluation framework integrated into system</li> <li>• In-country staff oriented to program monitoring system</li> <li>• Country-specific monitoring and evaluation plans established for every country project as it comes on line</li> </ul>	Develop and implement monitoring and evaluation mechanism for MNH <ul style="list-style-type: none"> <li>• Operationalize the MNH Program M&amp;E framework</li> <li>• Ensure that M&amp;E plans are incorporated into every MNH country project</li> <li>• Finalize MNH monitoring system</li> </ul>	X	X	X	X	2.1.4	
Indicators of progress in maternal health programming IDIED	<ul style="list-style-type: none"> <li>• MNH program research validating the variable "trained attendant at birth" implemented in Indonesia and at least one other country</li> <li>• MNH program research using social networking techniques implemented in Nepal</li> </ul>	<ul style="list-style-type: none"> <li>• Improve ability to measure progress in maternal and newborn health through operations research</li> <li>• Implement MNH research in selected countries and disseminate findings</li> <li>• Co-sponsor a Meeting with Measure/Evaluation Project</li> </ul>	X	X	X	X		
Lessons Learned and Best Practices developed based on research.	Technical Reports written on research activities undertaken.	Honduras Hospital-based Epidemiological Surveillance System (research).	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
		Nepal research study on Volunteerism		X	X			
		Burkina Faso research conducted on Intermittent Presumptive Treatment of malaria during pregnancy		X	X			
		Develop protocol for misoprostol study in Indonesia.	X	X				

52

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>INFORMATION DISSEMINATION</b>								
Provide resources to increase capacity for organizations promoting maternal and neonatal survival.	Improved organization capacity score using adapted 6 C's model (JHU/CCP)	Disseminate manuals, updates, newsletters, etc to organizations promoting maternal / neonatal health and related issues (ongoing).	X	X	X	X	2.1	
		Develop advocacy fact sheets.		X		X		
		Develop global EMNC poster.		X				
Contribute to the development and dissemination of resources for improved maternal and neonatal survival.		WHO and other manuals developed. (ongoing)	X	X	X	X	2.1	
		Resource Center materials incorporated into Popline.		X		X		
Increase global collaboration.		Participate in White Ribbon Alliance activities (ongoing).	X	X	X	X		
		Participation in conferences relevant to MNH.		X		X		
		Organize / attend conferences that further the causes and objectives of the MNH Program.	X		X			
		Produce monthly MNH Updates.	X	X	X	X		

## COUNTRY & REGIONAL PROJECTS: AFRICA

### 1. Burkina Faso

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
<b>POLICY</b>								
Improved policy environment	National Safe Motherhood policies and guidelines approved and disseminated	The MNH Program staff working in conjunction with MOH and collaborating parties on policies and guidelines for SM.	X					
	Effectiveness of IPT for malaria prevention during pregnancy evaluated	The MNH Program using revised guidelines for preparation of training and supervision materials.	X	X				
		The MNH Program working with CDC and CNFR on study of feasibility of IPT during pregnancy	X					
		The MNH Program and CNFR establish subagreement	X					
		Baseline data collected for IPT evaluation			X			
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
Improved quality of maternal and neonatal services	Model system established for training managers and service providers in EMNC using new service delivery guidelines	The MNH Program use a PI analysis to identify areas requiring improvement for EMNC services.	X					
		Strategic plan developed to prioritize needs at 4 clinical sites.	X					
		DHMT staff trained in PI process and assuming responsibility for determining causes/factors contributing to reduced quality of care.	X					
		Supervision tools adapted and tested.		X				

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Sites in model system prepared for training: SDGs reviewed with staff; equipment and supplies ordered as needed.		X				
		Core group of trainers trained in EMNC knowledge, skills and training skills		X				
	Service providers in model system sites using updated technical knowledge and skills	Learning materials adapted to reflect new service delivery guidelines (SDGs).		X				
		EMNC technical knowledge updates provided to service providers using the new SDGs.			X	X		
		Follow up visits post-training to ensure transfer of knowledge and skills.				X		
<b>BEHAVIOR CHANGE INTERVENTIONS</b>								
Increased community demand for and access to maternal and neonatal care	Role of CoGes clarified and understood by committee members and community	CoGes participate in PI process to identify areas for improved performance.		X				
		Strategic plans developed with CoGes focused on increasing the role of the community in improving access to, and quality of, maternal and neonatal health services.		X				
		CoGes involved with activities/interventions at the various health facilities.			X			
	Community and organizational networks strengthened or formed to organize special events and advocate for improved maternal and neonatal health care	Mwangaza working to foster a network of community groups, health providers, government entities and NGOs.			X	X		
		Resources pooled of combined groups to conduct special events and/or advocacy-related activities.				X		



LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Mwangaza working with CoGes, and other organizations, to improve capacity to serve as liaison between communities and health facilities.				X		
		The MNH Program and Plan International collaborate to work jointly with community agents (animators).			X	X		
		Areas requiring TA to improve function of CoGes identified such as bookkeeping, managing revolving loan funds, conducting advocacy activities.		X				
	Mechanisms developed by communities to address transport and financing needs	Mwangaza working with CoGes to determine feasible approaches for addressing emergency transport and funding issues.			X	X		
		Mwangaza provide technical assistance for instituting transport and financing mechanisms.				X		
<b>INFORMATION DISSEMINATION</b>								
Effective dissemination of tools and approaches in the West and Central Africa Region	Preservice curriculum finalized and disseminated in WCA region	Workshop in Kribi (Cameroun) to amend and adopt the curriculum. Conducted in collaboration with SFPS.		X				
		Preservice curriculum printed and disseminated.		X				
		National Safe Motherhood committee provide support for disseminating results, new tools, approaches, etc.				X		
<b>MONITORING &amp; EVALUATION</b>								
	Monitoring system to document changes in place and functioning	Indicators identified and agreed on by partner agencies	X					

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Monitoring and Evaluation plan developed	X					
		Baseline data collected		X				

## 2. Guinea

LOP Results	Outputs	Activities	FY00 -01				Link to G/PHN IR	Link to Country IR
			Jul-Sep	Oct - Dec	Jan - Mar	Apr - June		
<b>POLICY</b>								
Improved Guinea Safe Motherhood Policy	Revised Safe Motherhood Strategy	MNH Program team, representatives of the Guinea MOPH/ DSR, and the national safe motherhood revision team work together to conduct a situational analysis of the maternal and neonatal health situation in Guinea.	X					
		Review existing documents and conduct a series of interviews with key stakeholders in Guinea.	X					
		The national strategy team makes site visits to a number of maternal health centers.	X					
		Preliminary results of situational analysis presented at a workshop with representatives of the MOPH and national strategy team to define the strategic focus, formulate short- and long-term objectives, and identify activities needed to implement the revised strategy.		X				
		Discuss Indicators and an evaluation plan.	X				2.2.1	
		Information synthesized and results of the workshop integrated into a revision of the SM program document.	X					
		Draft Safe Motherhood strategy document, resulting from the precursor activities, reviewed by the national team.	X					
		After incorporating final suggestions by the national team, a workshop held to present the draft strategy document to the Guinea Ministry of Public Health for approval.		X				

LOP Results	Outputs	Activities	FY00 -01				Link to G/PHN IR	Link to Country IR
			Jul-Sep	Oct - Dec	Jan - Mar	Apr - June		
		Draft Safe Motherhood strategy document reviewed by the national team.		X				
	Approved Safe Motherhood Strategy	Following review by the MOPH, revisions will be incorporated as appropriate and the document finalized.	X	X				

5

### 3. Tanzania

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
Improved, cost-effective program approaches for maternal and neonatal health services evaluated and adopted.	ANC service and community needs assessed	Conduct one, 3-week performance analysis and needs assessment		X			2.4.2, 2.4.3	1.1
	Consensus reached by key MOH officials, DHMTs, USAID/Tanzania and other relevant CAS on ANC intervention strategy	Using the results of the performance analysis and needs assessment, facilitate one, 3-day meeting to disseminate assessment results, conduct a root cause analysis of ANC performance gaps and develop system an action plan		X				
Antenatal Care Services Improved	ANC support package finalized and printed	Develop and technically review the ANC Clinical Standards		X			2.4.2, 2.4.3	1.1
		Conduct one, 1-day ANC Clinical Standards finalization workshop		X				
		Adapt supporting ANC training materials and job aides to complete the ANC package			X			
		Conduct one, 1-day ANC materials finalization workshop			X			
		Pre-test ANC support package			X			
	Training system initiated and established	Select 3 zonal training institutions, orient staff and DHMTs to PI and the upcoming ANC initiative, and form PI implementation teams		X			2.1.2, 2.4.2, 2.4.3	1.2
	PI implementation teams with standardized knowledge in maternal and neonatal health	Conduct one, 1-week maternal and neonatal health update for PI implementation teams		X				
	PI implementation teams with ability to conduct performance and needs assessments	Conduct one, 1-week PI skills workshop for PI implementation teams		X				

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
	PI implementation teams with increased knowledge of reproductive health and infection prevention	Conduct one, 2-week RH/IP update				X		
	PI implementation teams with increased skills in ANC counseling	Conduct one, 1-week counseling workshop				X		
	PI implementation teams competent to provide ANC clinical services	Conduct one, 1-week ANC skills standardization course				X		

#### 4. Zambia

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
<b>POLICY</b>								
A network of organizations and agencies functioning to advance the advocacy agenda in the target area	Assessment report of current practices and attitudes related to childbirth and care seeking produced and disseminated	Assessment of key behaviors and attitudes among women, families and providers conducted	X				2.3.3	
		Assessment reviewed by key stakeholders		X				
	Assessment report of community and NGO capacity produced and disseminated	Meetings held with key stakeholders to foster collaboration among groups			X			
National EMNC Clinical Guidelines implemented	Draft of revised Zambian National EMNC Clinical Guidelines developed	Existing Zambian, regional and international guidelines reviewed and adapted, taking into consideration the financial implications of EMNC procedures	X	X			2.2.2	
	Stakeholders updated on EMNC better practices as well as key EMNC clinical skills	Meetings held with key stakeholders to draft and adopt national EMNC clinical guidelines			X			
	Draft EMNC Guidelines' appropriateness, usefulness demonstrated through field testing	Draft Zambian national EMNC clinical guidelines tested in RM schools and clinical settings				X		
	A network of public and private stakeholders established.	Meetings conducted with key stakeholders		X	X			
		Maternal and neonatal health mobilization events will be sponsored				X		
	Sections of the Guidelines prepared and orientation package developed for dissemination	Workshop conducted for NGO representatives to increase understanding of guidelines and prepare orientation package				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
Registered midwifery students graduate with up-to-date maternal and neonatal health knowledge and skills and quality maternal and neonatal health services being provided at health centers and hospitals in target areas.	Providers in target area equipped with knowledge and skills to provide quality maternal and neonatal health services  The maternal and neonatal health teaching materials developed and disseminated	The maternal and neonatal health knowledge and skills training conducted for staff from service sites acting as practicum sites for RM program, including IPC/C training			X	X	2.4.2	
		RM curriculum reviewed	X	X				
		Curriculum Strengthening Team (CST) formed with representatives from the GNC	X	X				
		RM curriculum revised and harmonized with revised EMNC Guidelines		X	X	X		
		Pilot test of revised curriculum conducted				X		
		TA provided to ZIHP working group to create midwifery education kit	X	X	X			
		Midwifery education kit orientation			X	X		
Registered midwifery clinical and classroom faculty maternal and neonatal health knowledge and skills updated at three RM schools	RM training for clinical and classroom faculty conducted			X	X			
GNC sensitized to need for preservice curriculum review and strengthening	Regular meetings held with GNC through RM curriculum strengthening process	X	X	X	X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
<b>BEHAVIOR CHANGE INTERVENTIONS</b>								
Communities enabled to identify solutions to maternal health problems that can be addressed at their level; and community plans for activities to increase prompt use of maternal health services in place and operational	Strategic plan for maternal and neonatal health mobilization activities developed	Participatory assessments conducted (Activity begun in FY00)	X				2.1.1	
		Meetings held with key stakeholders (Activity begun in FY00)	X	X	X	X		
		Safe motherhood network established and meeting regularly	X	X	X	X		
		Community mobilization project plan developed and approved (Activity begun in FY00)	X					
		Advocacy/mobilization training workshop conducted		X				
	BCI Activities initiated	Formative research initiated to identify appropriate messages and audiences utilizing qualitative and quantitative techniques	X	X			2.3.3	
		Incountry or regional training in mobilization and communication strategies organized	X	X				
		Materials needed for development identified	X	X				
	Links strengthened between service providers and communities	EMNC messages incorporated into media		X	X	X		
		Activities conducted to strengthen advocacy and communication skills within NGOs				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
Increased birth preparedness among community members around three RM schools	Pilot proposals and concepts developed to strengthen referral and finance systems	Meetings conducted to assist communities and NGOs in strengthening referral and finance systems			X	X	2.3.1	
	NGO proposals for strengthening birth preparedness developed	Meetings conducted on improving birth preparedness			X	X		
<b>MONITORING, EVALUATION &amp; RESEARCH</b>								
Monitoring and evaluation plan operationalized	Monitoring and evaluation plan developed	Meetings conducted to develop a M&E plan including: <ul style="list-style-type: none"> <li>• defining indicators to be monitored for each project component</li> <li>• identifying existing data collection tools and additional tools needed</li> </ul>	X				2.1.4	
	Monitoring and evaluation plan revised	Monitoring and evaluation needs assessed and plan reviewed				X		2.1.4



5. REDSO/ESA

LOP Results	Outputs	Activities	FY2000				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	Jul-Sept		
Better practices in maternal and neonatal health being provided in the region	Short course on maternal and neonatal health better practices developed and tested	Identify intended audience for MNH Better Practices short course	X				2.1.3	
		Needs assessment for the MNH Better Practices short course	X	X				
		Develop MNH Better Practices short course			X			
		Pilot test MNH Better Practices short course				X		
	Output according to TA provided	TA provided by MNH advisor	X	X	X	X		
	Information on malaria and pregnancy shared in ESA	Conferences, networking opportunities identified emphasizing skill-building for malaria and pregnancy.	X	X	X			

# ASIA

## 1. Indonesia

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>COMPONENT 1: ADVOCACY AND POLICY</b>								
National standards for essential maternal and neonatal health accepted, disseminated	West Java province and district MOH, BKKBN, medical faculty and midwifery educators, POGI and IBI representatives oriented to NRD-MNH/Pocketguide and MNH Updates	Advocacy workshops to disseminate MNH Pocketguide and Updates			X	X	2.2.2	1 2
	Protocols from program standards and guidelines endorsed by professional organizations	PocketGuide launch				X	2.2.2	2
		Advocacy and dissemination of PocketGuide				X	2.2.2 2.2.4	1 2
Stakeholders working together to support SM activities and awareness	<ul style="list-style-type: none"> <li>• Technical advisory group (TAG) established and coordinates policy recommendations from TWGs to government, provincial, district level policy makers</li> <li>• TWG topics identified, groups convened, and recommendations given to MOH and other stakeholders</li> <li>• Approval of TWG recommendations and new initiatives are endorsed by policy makers</li> </ul>	Semi annual TAG meetings		X		X	2.2.3	1
		TWG meetings		X	X	X	2.2.3	1

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
District planners have increased skills to advocate for inclusion of and local funding for key elements of an essential package of maternal and neonatal health services	Targeted districts negotiate and advocate for Safe Motherhood services budgeted for in the annual workplan	Advocacy and training events		X		X	2.4.2	1 2
<b>COMPONENT 2: PERFORMANCE AND QUALITY IMPROVEMENT (PQI)</b>								
Maternal Health Service Centers (MSC) (includes the satellite clinics) have strengthened capacity to implement essential maternal and neonatal services and training	<ul style="list-style-type: none"> <li>MSCs upgraded to strengthen capacity in MNH services</li> <li>Staff demonstrated skills in selected emergency obstetric care or postabortion care</li> </ul>	Participatory site assessments and consensus on standards and packages	X				2.4.2	2
		Training in maternal perinatal audits, quality assurance, case review (MPA/QA/CR)			X	X	2.4.2 2.4.3	2
		Training in Normal Pregnancy, Basic Emergency Obstetric Care and CTS for staff of MSC and satellite clinics as necessary	X	X	X	X	2.4.2	2
		Definition of basic EOC/PAC package for each site		X			2.1.1	2
		Training and follow up in EOC/PAC where needed			X		2.4.2	2
		BDC, EOC, and IPC/C courses for providers	X		X	X	2.4.2	2
		Depending on status at the beginning of the year, activities may include instructional design, pretesting, editing/revising, production or dissemination	X	X			2.4.2	2
Reference and training courseware materials available for MNH activities/services, partners and stakeholders	Basic Delivery Care (BDC), Clinical Training Skills (CTS), Advanced Training Skills course (ATS-adapted for CTS/BDC), Emergency Obstetrical Care (EOC), Interpersonal Communication Counseling (IPC/C) course package/materials MNH updates, Modcal developed	Provision of educational materials, equipment and technical assistance		X	X		2.4.2	2
		Preservice curriculum content units revised based on August 2000 pretest	X	X			2.4.2	2
	Compilation of results from pretest and document revisions	X	X			2.4.2	2	

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
Quality of community-based services and performance of providers improved and sustainable	<ul style="list-style-type: none"> <li>• System for peer review of midwifery practice in place</li> <li>• Peer review system self-sustaining</li> <li>• Knowledge and skills of providers increased due to implementation of national standards and guidelines (NRD-MNH, Pocket Guide, MNH Updates)</li> </ul>	Peer review tools preparation and field tests, visits to providers	X	X	X	X	2.4.2	2
		Fundraising courses for IBI midwives			X		2.3.2 2.4.2	2
		MNH Pocketguide accepted and available in program areas institutions (hospitals, health centers, and village midwives)				X	2.2.2	1, 2
Preservice education at DIII Midwifery schools strengthened to teach classroom and clinical aspects of core midwifery content	<ul style="list-style-type: none"> <li>• Preservice education upgraded in selected sites</li> <li>• Teachers and clinical instructors providing effective instruction and clinical coaching at selected sites</li> </ul>	Participatory assessments and development of plans to integrate CCU into curriculum with orientation to revised curriculum	X	X	X		2.4.3	2
		Plans developed to include D4 program in preservice activities	X				2.4.3	2
		Clinical and Training Skills courses conducted for faculty and instructors with post-training followup			X	X	2.4.3	2
<b>COMPONENT 3: BEHAVIOR CHANGE INTERVENTIONS</b>								
Birth and emergency preparedness strengthened among women, their families and community members	SIAGA campaign material spots aired on radio and TV	Development and testing of expanded SIAGA messages and materials and analysis of results finalized		X	X		2.1.1 2.3.1	3

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
	Radio vignettes based on MNH updates broadcast on local radio and discussed in weekly meetings of community midwives	Vignette development, pretesting and revision. Broadcast plan development and implementation			X	X	2.4.2	2
		Group facilitation skills courses for senior midwives			X		2.4.2	2
		Weekly meetings held with <i>bidan di desa</i> to discuss radio vignettes				X	2.4.2	2
	Capacity of community-based organizations (CBOs) strengthened to facilitate group discussions and mobilize for birth and emergency preparedness	Strategic planning workshop and field visits by PP member organizations	X	X			2.3.2	3
		Group facilitation and social mobilization workshops			X	X	2.3.2	3
		Mobile unit visits to communities to show Suami SIAGA video and hold group discussions			X	X	2.3.4 2.3.1	3
	Community emergency and logistical preparedness (CEP) plans developed	Review options for community based financing plans		X			2.3.2 2.3.3	3
		Workshops held with <i>Bupatis</i> and other local leaders to develop CEP guidelines			X		2.4.2	3
		Village contest				X	2.3.3	3
Communities aware and collective action taken to improve maternal and neonatal survival	White Ribbon Alliance expanded to provincial and district levels	Visits to and orientation meetings with provincial and district community groups; quarterly national meetings, bimonthly visits from national level to province and districts	X	X	X	X	2.4.2	3
	Capacity of CBOs strengthened to mobilize for collective action	Organizing committee formation and meetings, networking to organize events, community action around MNH updates topics		X	X	X	2.2.1	3

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>COMPONENT 4: MONITORING, EVALUATION &amp; OPERATIONS RESEARCH</b>								
Program indicators monitored and functioning as an ongoing system of feedback to inform programming and strategic planning	<ul style="list-style-type: none"> <li>Indicators refined</li> <li>Systems for data collection, collation and analysis established</li> <li>Systems for feedback to program implementation established</li> </ul>	•Finalize indicators	X				2.1.4	1 2 3
		Data sources review and monitoring tools development		X			2.1.4	1 2 3
		Meetings structured around review of indicators and feedback to program on trends and results		X	X	X	2.1.4	1 2 3
Monitoring of BDC trained <i>Bidan di desa</i> (BDD) midwives gives service delivery outcome results	Study design implemented in East and Central Java	Collection, data entry and analysis of completed partographs and other tools	X	X	X	X	2.4.3	2
	Study design modified and implemented for West Java	Adaptation of study protocol for West Java and collection of baseline data	X	X			2.4.3	2
Community behavior change for birth and emergency preparedness monitored and evaluated	Formative research conducted to assess baseline knowledge and skills of women and their families regarding maternal health care needs	Data collection, field work, including interviews and focus groups, data analysis and results written	X	X	X	X	2.3.1	3
New interventions to prevent and manage hemorrhage defined and implemented in hard-to-reach areas of West Java	Review of possible interventions conducted and options documented	Desk review		X				2
	Intervention areas defined	Meetings with Provincial stakeholders		X				2
	Tools for intervention developed	Adaptation of clinical and research tools			X	X		2

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>COMPONENT 5: PROGRAM PLANNING AND SUPPORT</b>								
Develop, review and disseminate strategy for MNH interventions	Program workplan reviewed and updated every 12 months	Meetings with stakeholders at national, provincial and district level to develop programmatic strategies.	X	X	X	X	2.1.1	1 2
	MNH team and partners integrated and working towards a common goal	Strategic and integrated planning activities with CA partners, MOH/MPP, other donor organizations	X	X	X	X	2.1.1	1 2
Effective collaboration on MNH issues functioning between units and among related ministries, NGOs and donors	Collaboration on workplans, activities, and strategies	Quarterly MNH coordination and management meetings: SOAG, PMU, PIM, etc	X	X	X	X	2.1.1 2.2.1	1
Decentralized district budgets contain essential MNH components	Targeted district's workplans have Safe Motherhood and/or essential package of maternal and neonatal services budgeted with local funding for MNH activities	Participation in development of annual workplan with district stakeholders	X				2.4.2	2

## 2. Nepal

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>POLICY</b>								
Advocacy and political commitment for Safe Motherhood strengthened through partner collaboration.	Safe Motherhood subcommittee with resource center established and functioning.	Safe Motherhood Subcommittee (SMSC) meetings organized and conducted to improve coordination on key SM issues.	X	X	X	X	2.2.1	2.2
Collaboration and coordination among Safe Motherhood players established.		Organization directory and database moved to the SM Unit of FHD and updated every six months.	X	X		X	2.2.1	2.2
		SM Resource Center established and updated.	X		X		2.2.1	2.2
Policies and regulations supporting Safe Motherhood adopted and implemented.	Policy-relevant research conducted and disseminated.	Desk reviews will be conducted to support ANE Bureau-funded research on community health finance issues and volunteerism.	X				2.2.1	2.2
		Field work (Quantitative and Qualitative Studies) will be conducted.	X	X			2.2.1	2.2
		Data will be analyzed, and draft report will be written for each study.		X	X		2.2.1	2.2
		Study findings will be disseminated to key stakeholders, and report will be finalized.				X	2.2.1	2.2
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
National Safe Motherhood training strategy developed and implemented.	Safe Motherhood strategy disseminated.	Safe Motherhood training strategy draft will be reviewed by key stakeholders.	X	X			2.4.3	2.2
		Safe Motherhood training strategy will be approved by FHD.		X			2.4.3	2.2
Training taking place according to approved safe motherhood training strategy for all cadres given SM responsibilities.	Safe Motherhood training strategy drafted and finalized.	Assistance will be provided to NHTC to manage safe motherhood training.		X	X	X	2.4.3	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
SNs, ANMs, MCHWs providing increased quality maternal and neonatal health services.	Safe Motherhood curricular components for inservice training of MCHWs developed and finalized.	Consensus will be reached on a single standardized MCHW inservice training curriculum, training package and implementation plan.	X					
		National MCHW and ANM inservice training will be coordinated with key stakeholders.	X	X			2.4.3	2.2
		MCHW inservice DLP package will be finalized based on field test conducted by NSMP and printed in sufficient quantities to meet training needs.	X	X			2.4.3	2.2
	Safe Motherhood curricular components for inservice training of SNs and ANMs developed.	SN and ANM inservice training materials will be adapted.		X			2.4.3	2.2
		SN/ANM inservice training materials will be fieldtested, revised and finalized.		X	X	X	2.4.3	2.2
	SN and ANM SM curricular components of CTEVT preservice education assessed.	A 4-day Maternal Health Update will be conducted for 40 faculty members at Proficiency Certificate Level (PCL) Nursing and ANM schools.			X		2.4.3	2.2
	CTEVT preservice SN and ANM teachers and clinical trainers updated on SM clinical and training issues.	Two 10-day SM Clinical Skills Standardization Workshops will be conducted for 20 faculty members from PCLN and ANM schools.			X	X	2.4.3	2.2
District-level training centers established and functioning within 3 district hospitals.	Service providers updated in safe motherhood clinical skills and competent in clinical training in 3 NSMP districts.	Additional clinical skills standardization and facilitation skills training will be conducted for clinical training staff at NSMP sites.	X	X			2.4.2	2.2
		Monitoring and evaluation system set up to gather data from training and followup.		X	X		2.4.2	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR	
			Oct - Dec	Jan - Mar	Apr - June	July- Sept			
One Kathmandu-based safe motherhood clinical training center strengthened.	Birthing center financial sustainability plan developed based on training capacity.	A strategic plan will be developed by PBC/Patan Hospital to set training and service delivery goals, including capacity-building and financial sustainability issues.	X	X	X	X	2.4.2	2.2	
	Service providers updated and standardized in safe motherhood clinical skills and competent in clinical training at Patan Hospital.	Needs assessment will be conducted		X				2.4.2	2.2
		Hospital-wide infection prevention training will be conducted at Patan to update and standardize IP practices.			X			2.4.2	2.2
		Maternal health update will be conducted for staff.			X			2.4.2	2.2
		One 2-week clinical skills standardization workshop will be conducted for key clinical staff to standardize clinical knowledge and skills.			X			2.4.2	2.2
		Clinical Facilitation Skills workshop will be conducted to prepare candidate clinical trainers for training.				X		2.4.2	2.2
<b>BEHAVIOR CHANGE INTERVENTIONS</b>									
Safe Motherhood Behavior Change Communication (BCC) messages standardized and dissemination strategy finalized.	National SM BCC life saving behaviors agreed on and messages developed.	A November 2000 workshop will be held to achieve consensus on a set of life saving behaviors.	X				2.1.1	2.2	
		Behaviors agreed on during November workshop will be approved by policymakers.	X				2.1.1	2.2	
		National SM messages, based on approved behaviors, will be developed and pretested.		X	X		2.1.1	2.2	
	SM BCC dissemination strategy developed.	SM BCC dissemination strategy will be developed to support the RH IEC Strategy based on message development activities.			X		2.1.1	2.2	
		SM BCC dissemination strategy will be reviewed and agreed on by key partners.			X		2.1.1	2.2	
		Draft SM IPC Training Kit will be developed.			X		2.1.1	2.2	

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
Birth preparedness package (BPP) which provide action oriented information to families, communities and providers regarding key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	BPP developed and field-tested.	Selected IEC materials for BPP will be developed and/or adapted.	X				2.3.1	2.2
		BPP will be assembled and pre-tested.		X			2.3.1	2.2
		Sites will be selected where BPP baseline survey will be introduced and conducted.			X		2.3.2	2.2
		BPP will be field-tested in 1 district.			X	X	2.3.1	2.2
Advocacy skills of FCHVs improved (identify and refer women to appropriate health worker/facility for care before, during and after pregnancy).	Strategy and plan of action in place to revise FCHV training curriculum and integrate SM training as well as a module on implementation of the BPP.  FCHV curriculum developed and field tested.	FCHV curriculum will be developed and/or revised inclusive of MNH responsibilities based on findings from volunteerism study.		X	X	X	2.3.2	2.2

## LATIN AMERICA AND THE CARIBBEAN

### 1. Bolivia

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>POLICY</b>								
Maternal and neonatal health policy environment strengthened at the national level.	National MNH Plan launched.	Participation in national and international meetings on maternal and neonatal health care and related topics.		X	X			
		Working with the MOH and other involved parties, draft/develop a National Maternal and Neonatal Health Plan.	X	X				
	National Safe Motherhood Committee strengthened and interinstitutional participation and coordination improved.	Identify, coordinate and help facilitate interagency initiatives related to safe motherhood.	X	X	X	X		
		Provide technical assistance to the National Safe Motherhood Committee to strengthen its organization and institutional capacity.	X	X	X	X		
	Integrated service and community networks with increased/sufficient resources.	Identify opportunities to leverage resources of other organizations, programs, donors, etc.	X	X	X	X		
		Conduct meetings to facilitate/develop increased coordination of activities.	X	X	X	X		
<b>COMMUNITY NETWORKS &amp; SOCIAL MOBILIZATION</b>								
Community networks comprised of local organizations working to improve maternal and neonatal care at home, in communities, and at the health services levels, functioning in MNH Districts.	Community networks providing beneficial MNH practices and serving as a resource to women, families and communities.	Community maternal and neonatal health and mortality surveillance tools developed and tested.		X				
		Local organizations trained to use surveillance tools.			X	X		
		Using community-based organizations, recruit and train up to 1,200 volunteer community health promoters.		X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>MATERNAL &amp; NEONATAL HEALTH SERVICE NETWORKS (EMNC)</b>								
Maternal & Neonatal Health Service Networks operational in 16 MNH districts.	Physicians and nurses with updated and strengthened EMNC and IPC/C knowledge and skills.	Workshop(s) conducted to train / update physicians and nurses in essential maternal and neonatal health care practices.	X	X	X			
		Workshop(s) conducted to train physicians and nurses in IPC/C.	X	X	X			
		Provide obstetric models to medical and nursing schools.		X	X	X		
	Epidemiologic surveillance system functioning in MNH districts.	MOH epidemiologic surveillance tools revised and system improved.		X				
		Information on improved epidemiologic surveillance system disseminated.			X	X		
	Network of facility-based transportation and communications systems functioning in MNH districts.	Analysis/assessment conducted to determine how to design efficient transport and communications systems.		X				
		Report / recommendations on analysis/assessment drafted.			X			
		Implementation of recommended activities to establish the transport and communications systems carried out.			X	X		
	Increased use of MNH services and increased number of complications treated at facilities.	Lessons learned and best practices in MNH care disseminated at regional and national levels.			X	X		
		Technical documents identified and /or developed.			X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>MATERNAL &amp; NEONATAL HEALTH SERVICE NETWORKS (EMNC)</b>								
Maternal & Neonatal Health Service Networks operational in 16 MNH districts.	Physicians and nurses with updated and strengthened EMNC and IPC/C knowledge and skills.	Workshop(s) conducted to train / update physicians and nurses in essential maternal and neonatal health care practices.	X	X	X			
		Workshop(s) conducted to train physicians and nurses in IPC/C.	X	X	X			
		Provide obstetric models to medical and nursing schools.		X	X	X		
	Epidemiologic surveillance system functioning in MNH districts.	MOH epidemiologic surveillance tools revised and system improved.		X				
		Information on improved epidemiologic surveillance system disseminated.			X	X		
	Network of facility-based transportation and communications systems functioning in MNH districts.	Analysis/assessment conducted to determine how to design efficient transport and communications systems.		X				
		Report / recommendations on analysis/assessment drafted.			X			
		Implementation of recommended activities to establish the transport and communications systems carried out.			X	X		
	Increased use of MNH services and increased number of complications treated at facilities.	Lessons learned and best practices in MNH care disseminated at regional and national levels.			X	X		
		Technical documents identified and /or developed.			X	X		

2. Guatemala

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>POLICY</b>								
Policies and Norms: Strengthened policies and norms implemented to sustain an adequate provision of EMNC services	EMNC policies strengthened and norms reviewed and updated	Dialogue with decision-makers in different levels of health service to assure that sectorial and local policies prioritize, support and promote EMNC		X	X		2.2.1, 2.2.2, 2.2.3	2.2, 3.1, 3.2, 3.3
		Participate and promote the formation of a Consultative Counsel in the implementation of the Natal MM Reduction Plan	X					
		Participate in periodic Counsel meetings and provide followup	X	X	X	X		
		Participate in periodic meetings of the Executive Division of Integrated Women, Children and Adolescent Health for the presentation in the political level (decentralization, UPE, etc.) of interventions directed toward the dissemination of norms, protocols and guides	X	X	X	X		
		Promote and organize National Meetings on strategies for the expansion of EMNC services		X				
		Participate in the Dept Counsels of Health, Technical Units, Municipalities and Local Counsels for the implementation of EMNC interventions	X	X	X	X		
		Promote the discussion and adoption of a Performance Improvement and Accreditation model for EMNC services at levels of health provision	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
Management Systems: Management systems strengthened to assure the sustained provision of EMNC services	Sectorial planning in EMNC strengthened	Develop, pretest and adapt tools based on updated information that support the prioritization of interventions and the allocation of resources for EMNC (mapping, stratification, algorithms, etc.)		X	X	X	2.2, 2.4.1, 2.4.2	2.2, 2.4, 3.1, 3.2, 3.3
		Conduct working meetings with local- and central-level MOH officials for the development of EMNC instruments		X	X	X		
		Conduct field visits to pretest and verify adaptation			X	X		
	Evidence-based decision-making related to EMNC strengthened	Develop of tools and procedures to strengthen the process of compilation, registry, tabulation and decision-making by levels of provision of EMNC	X	X	X	X	2.2, 2.4	2.2, 2.4, 3.3
		Participate in the implementation of the situational analysis in each project hospital (epi surveillance, verbal autopsy, clinical history, monitor registry)	X	X	X	X		
		Strengthen the functioning of the situational analyses in hospitals through promotion of surveillance protocols, analysis of case management	X	X	X	X		
		Train and participate in the strengthening of the decision-making process	X	X	X	X		
		Adapt and incorporate instruments and information systems in EMNC incorporated into the official MOH registry (hospital, health center and health post monitoring system)	X	X	X	X		
		Supervision and monitoring in EMNC functioning adequately	X	X	X	X	2.1, 2.4	2.2, 2.4, 3.3
	EMNC evaluation functioning adequately							



LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
		Develop and pretest simplified tools and training supervision processes that support the accreditation in EMNC	X	X	X	X		
	EMNC logistics functioning adequately	Coordinate with the Dept of Regulation and Control of Pharmaceuticas to ensure the availability of supplies, medicines and equipment needed at each level for the provision of EMNC	X					2.1
		Coordinate with the Health Reform, PAHO, bilateral Calidad en Salud and Univ Rafael Landivar to develop support activities and management training in EMNC to strengthen managerial systems	X	X				2.2, 3.3
Preservice Education: Preservice institutions with competency-based curricula in EMNC and adjusted to match the occupational and epidemiological profile	Graduate doctors competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X			1.3
		Train professors in competency-based training skills, in cluding monitoring systems and decision-making			X	X	2.4	1.3
	Graduate nurses competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X		2.4	1.3
		Train professors in competency-based training skills, in cluding monitoring systems and decision-making			X	X		1.3
	Graduate nurse auxiliaries competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X			
		Train trainers in competency-based training skills, in cluding monitoring systems and decision-making			X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
	E.P.S. graduates in ob/gyn and pediatrics competent to provide EMNC services according to their occupational and epidemiologic profile, monitoring and decision-making and clinical training skills	Standardize clinical skills based in EMNC, including the management of monitoring systems and decision-making		X	X			
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
Quality EMNC: Network of services with problem-solving capacity, technologically and culturally adapted to provide quality EMNC accredited	EMNC components, functions and standards defined by levels of health service provision	Revise EMNC materials	X				2.1, 2.4	1.3, 1.4, 2.1, 2.4
		Conduct internal workshop to prepare meeting to discuss EMNC, performance improvement, competency-based methodologies, and problem-solving capacity with MOH	X					
		Develop draft outline of EMNC functions and components by levels of care	X					
		Discuss draft outline of EMNC functions/components with MOH central and Area-level officials, MOH human resources officials, training division, health reform division and medicine/nursing schools	X					
	Accreditation process institutionalized	Establish local accreditation team	X					
		Establish criteria and develop accreditation instruments	X					
		Validate instruments	X					
		Identify services to be accredited, and develop chronogram	X					

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
		Prepare accreditation teams		X				
		Implement accreditation		X	X	X		
		Prepare, analyze and present results as baseline data	X	X				
		Develop and followup action plan based on results		X				
	Providers competent in EMNC	Prepare program (contents, methodology)		X	X	X		
		Review and prepare job aids (posters, flipcharts, pocket guides)	X	X	X	X		
		Prepare training site (competency-based) near UDRHIS			X	X		
		Prepare training plan (how many, who, when) and followup plan			X	X		
		Select trainee group, define profiles, etc.			X	X		
		Conduct EMNC technical update			X	X		
		Conduct Clinical Skills Training (of trainers) in training methodology			X	X		
		Conduct three workshops to train TBA facilitators (ambulatory physicians)			X		2.3.1, 2.3.2, 2.3.3, 2.3.4	1.1, 1.2, 1.3, 1.4
		Develop a followup plan to TBA training			X	X		
	EMNC providers sensitized, motivated and acting appropriately in intercultural environments	Conduct "encuentros de comadronas" between TBAs and hospital-level providers		X	X	X		
		Implement TBA exchange visits to health services		X	X	X		
		Design strategy to promote exchange between providers and community		X				
		Review anthropological materials and studies	X					

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
		Adapt BCI strategy for health providers		X	X	X		
		Develop BCI plan for health providers		X	X	X		
		Execute BCI plan		X	X	X		
		Design a motivation/incentive strategy for health providers		X	X	X		
		Select and design job aids		X	X	X		
	EMNC services culturally adapted and with basic resources available	Identify and change practices in services that are culturally rejected	X	X	X		2.2, 2.4	1.3
		Promote the incorporation of culturally-accepted and non-harmful practices into maternal and neonatal health services	X	X	X			1.3
		Ensure timely stock of supplies and equipment needed for EMNC	X	X				2.1
	Epidemiologic surveillance system established	Strengthen situational analyses	X	X			2.1	2.2
		Strengthen maternal mortality committees	X	X				2.2
	<b>BEHAVIOR CHANGE INTERVENTIONS</b>							
Informed Demand: Use appropriate to the level of accredited community and institutional services increased	Repositioned image of accredited MNH services	Conduct review of pertinent bibliography	X				2.4.1, 2.3.3,	1.3, 1.4, 2.3, 3.2
		Conduct audience investigation: perceptions of health service provision, quality dimensions and expectations	X					
		Conduct strategic planning for BCI program: definition of objectives, positioning, messages, mass media, monitoring and evaluation	X					
		Implement plan	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
	Existence of a favorable attitude at the community level with regard to the use of MNH services	Conduct dialogue meetings between the community, services and local influentials	X	X	X			
		Develop joint action plans	X	X	X			
		Develop materials	X	X	X			
		Implement plans			X	X		
	Services that are offered at each level of accredited services are identified	Define strategies of educative group work (check translation)		X	X			
		Define educative contents		X	X			
		Select materials (radio, video, popular theatre, print materials)		X	X			
		Produce and validate materials			X	X		
		Implement strategy				X		
	Clients and community personnel informed about the selection of MNH services based on level (and in accordance with danger signs)	see previous outputs						
		Develop a community mobilization strategy (a) identify service providers, NGOs, community groups, and (b) define work methodology	X	X			2.3	1.1, 1.2, 1.3, 1.4
		Develop a White Ribbon Campaign strategy	X	X				
		Coordinate with the MOH Division of Service Provision I	X	X	X	X		
		Strengthen situational analyses at the local level		X	X	X		
		Decision-makers involved in action	Define involvement plans of decision-makers and community leaders (see above activities)	X	X	X	X	2.2, 2.3

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
	Life-saving plans active and implemented	Identify MNH committees	X					
		Promote MNH committees at the community level	X	X				
		Implement life-saving plans		X	X	X		
Advocacy/social norms: Social and individual norms with respect to personal worth and protection of maternal health accepted and consolidated on the community and personal level	Personal rights to life and health identified and validated	Develop an MNH advocacy strategy		X	X		2.2, 2.3	1.1, 1.2, 2.3, 3.2, 3.3
		Identify natural, religious and spiritual leaders (such as bisaches or sajorin)		X				
		Develop, implement and followup advocacy plans at the local level			X	X		
	Actions promoting MNH included in the Municipal agenda	Develop competencies among municipal leaders with regard to MNH and community development			X	X		
		Develop municipal action plans for the reduction of MM			X	X		
	Commitment and actions in favor of MNH existent in the national political agenda	Identify leaders in opinion, decision-making and others who are in favor of safe motherhood		X	X			
		Organize discussion fora for leaders and decision-makers in MNH		X	X	X		
		Conduct advocacy at the national and municipal level for the implementation and support of processes and activities in favor of the reduction of MM			X	X		

85

### 3. Honduras

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/H IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>POLICY</b>								
Ob/gyn component of preservice education strengthened in medical and nursing schools	UNAH personnel updated in EMNC knowledge	Conduct EMNC Knowledge Update (anticipated as Latin America regional activity)			X		IR 2.2.1, 2.2.2, 2.4.2, 2.4.3	IR 3.4.4
	UNAH personnel standardized in EMNC skills	Conduct EMNC Skills Standardization (anticipated as Latin America regional activity)			X		IR 2.2.1, 2.2.2, 2.4.2, 2.4.3	IR 3.4.4
<b>ESSENTIAL MATERNAL AND NEONATAL CARE</b>								
Management of obstetric complications standardized through implementation of national protocols and norms	Job aids for management of obstetric complications, based on national norms, developed to reflect current evidence-based practices and to assist in the implementation of new standards of care.	Meet with hospital personnel to discuss development of appropriate job aids	X	X	X	X	IR 2.2.2, 2.4.1, 2.4.2, 2.4.3	IR 3.4.4
		Conduct coordination meetings with URC and JHU/PCS representatives to share plans for developing job aids and to ensure standardization of materials	X	X	X	X	IR 2.2.2, 2.4.1, 2.4.2, 2.4.3	IR 3.4.4
	Verification checklists for management of obstetric complications, based on national protocols, developed	Develop verification lists for review of the process of application of supplemented protocols	X	X	X	X	IR 2.1.4, 2.2.2, 2.2.3, 2.4.1, 2.4.2	IR 3.4.4
		Implement verification checklists	X	X	X	X	IR 2.1.4, 2.2.2, 2.2.3, 2.4.1, 2.4.2	IR 3.4.4
<b>BEHAVIOR CHANGE INTERVENTIONS</b>								
Technical assistance provided to JHU/PCS in the MOH's Integrated Women's Health Campaign in the areas of maternal and neonatal health	Integrated Women's Health Campaign (IWHC) includes technically appropriate safe motherhood messages	Review materials and messages prepared by JHU/PCS to ensure technical accuracy		X	X	X	IR 2.1.1, 2.3.1, 2.3.2, 2.3.4	IR 3.1
		Provide recommendations to JHU/PCS		X	X	X	IR 2.1.1, 2.3.1, 2.3.2, 2.3.4	IR 3.1

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/H IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>MONITORING, EVALUATION &amp; RESEARCH</b>								
Hospital-based epidemiologic surveillance systems improved and utilized for decision-making at the facility level	National workshop on hospital epidemiologic surveillance held with key stakeholders	Conduct workshop with MOH and hospital officials to discuss importance and utility of hospital-based surveillance system		X			IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Local hospital-based workshop held to establish surveillance system and train staff	Conduct workshops with hospital personnel to establish desired functioning of epidemiologic surveillance system			X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Conduct training in data collection, analysis and implementation for decision-making for key hospital personnel		X	X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Hospital maternal mortality committees strengthened	Work with Depts of Ob/gyn and Epidemiology to strengthen hospital maternal mortality committees		X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Consensus on operation of surveillance system reached; monitoring of surveillance system established and responsibilities of key personnel and departments identified	Develop a plan with concerned departments at both hospitals to improve the recording and reporting of maternal deaths and obstetric complications		X	X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Provide followup to both hospitals to ensure use of new data collection registers		X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Provide followup to both hospitals to ensure use of new data collection registers	X	X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4

87

#### 4. Peru

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/P IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
<b>POLICY</b>								
PNSMP decision-making at different levels of the health system improved	Information needs and data sources identified	Identify information needs for managerial purposes at different levels of the maternal and perinatal health delivery system	X	X			IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Identify currently available data sources and information subsystems on maternal and perinatal health in place	X	X			IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
	Information-based decision-making model designed, pretested and implemented	Design a proposed information-based decision-making model, including processes and tools, for maternal and perinatal health program management		X	X		IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Pretest the model for decision-making			X		IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Implement the model through training and institutional coordination activities			X	X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
	Supervision process developed and disseminated	Develop a supervision process to ensure continuous functioning of the system			X	X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Disseminate the model				X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4

**Annex B: Meetings & Conferences Attended by MNH Staff  
1 October 2000 - 31 December 2000**

<b>Attendee(s)</b>	<b>Topic/Name of Conference/Meeting</b>	<b>Dates</b>
B. Kinzie, J. Robb-McCord	Malaria and Pregnancy Technical Working Group, USAID, Africa Bureau, Washington, DC	10 Oct 00
MNH: B. Kinzie, H. Sanghvi JHPIEGO: N. McIntosh	PAC Working Group: Discuss the role of Misoprostol in PAC settings and in prevention of PPH, PHN Center, Washington, DC	12 Oct 00
A. Parekh	Meeting with FANta to discuss potential areas for collaboration between MNH Guatemala and FANta and the Title II PVOs	12 Oct 00
A. Moran, W. Terry	Workshop on Maternal Mortality Epidemiological Surveillance, sponsored by PAHO and CDC, Washington, DC	16-17 Oct 00
J. Anderson (Consultant)	Open Forum on Dual Protection: to raise awareness and improve programming to increase condom use for dual protection, USAID, Washington, DC	18 Oct 00
T. Gryboski, N. Russell, C. Stanton	Evaluation of the White Ribbon Alliance "Technical Reading Package", PRB, Washington, DC	19 Oct 00
A. Allison, N. Russell	3 <sup>rd</sup> Yale Conference on Women's Health & Fitness, New Haven, Connecticut	26-28 Oct 00
L. Damon	Presentation and discussion jointly organized by Africa/SD and Global/PHN on the REDUCE model, Washington, DC	31 Oct 00
G. Metcalfe (consultant)	International Conference on the Humanization of Childbirth, Fortaleza, Ceara, Brazil	2-3 Nov 00
A. Adrienne, K. Curran, A. Parekh, S. Thaddeus	APHA 128 <sup>th</sup> Annual Meeting, Boston, MA	12-16 Nov 00
B. Kinzie, H. Sanghvi	Safe Motherhood: Saving Lives: Skilled Attendance at Childbirth, Tunis, Tunisia	13-15 Nov 00
A. Allison	"Female Genital Mutilation: A Woman's Choice" Washington, DC	16 Nov 00

<b>Attendee(s)</b>	<b>Topic/Name of Conference/Meeting</b>	<b>Dates</b>
C. Stanton	Presented a 3 hour seminar "Issues in Evaluating Safe Motherhood Programs" (part of the series on issues in the design and evaluation of reproductive health Programs) at the Tulane School of Public Health and Tropical Medicine, New Orleans, Louisiana	20 Nov 00
N. Russell	NGO Network for Health Workshop: "Safe Motherhood - Achieving More Together", Chiang Mai, Thailand	20-24 Nov 00
B. Kinzie	Infant Survival in the New Millennium, AED, Washington, DC	28 Nov 00
W. Terry	NGO Networks for Health Approach to Network Development, Washington, DC	29 Nov 00
A. Allison, A. Arinez, O. Cordon, M. Espinoza, E. Necochea, J. Smith (consultant),	Meeting with CLAP to discuss potential areas and mechanisms of CLAP/MNH collaboration, Montevideo, Uruguay	29-30 Nov 00
M. Pons	International Conference on "Health Systems Financing in Low-Income African and Asian Countries", CERDI, Auvergne, France	30 Nov - 1 Dec 00
J. Robb-McCord	Reproductive Health for Refugees Consortium: Findings on Reproductive Health of Refugees and Displaced Populations, Washington, DC	5-6 Dec 00
A. Moran	The Population and Reproductive Health Thematic Group: "Skilled Attendance at Birth", The World Bank, Washington, DC	11 Dec 00
J. Robb-McCord	UNICEF WCA Regional Symposium on Reducing Maternal Mortality Planning Meeting, Washington, DC	13 Dec 00
J. Robb-McCord	Malaria and Pregnancy Working Group, USAID/W/AFR, Washington, DC	13 Dec 00
B. Kinzie, R. Johnson, J. Lawn (consultant), H. Sanghvi	Newborn Interest Group meeting, Save the Children, Washington, DC	13 Dec 00

Attendee(s)	Topic/Name of Conference/Meeting	Dates
J. Robb-McCord	Meeting with Family Care International to discuss potential program collaboration and support for the UNICEF Regional Symposium	14 Dec 00