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

Quarterly Report

1 April 2000–30 June 2000

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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)**

July 2000

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ANNEX A: Matrices of MNH Activities According to Plan - Third Quarter FY2000

ANNEX B: Meetings & Conferences Attended by MNH Staff

B

ABBREVIATIONS AND ACRONYMS

ACNM	American College of Nurse Midwives
ANC	Antenatal Care
APMS	Automated Program Monitoring System
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BCPC	Basic Care in Pregnancy and Childbirth
BDC	Basic Delivery Care
BDD	Bidan di Desa [means "Midwives" in Bahasa]
BPP	Birth Preparedness Package
CA	Cooperating Agency
CBOH	Central Board of Health
CCP	Center for Communication Programs
CEDPA	The Centre for Development and Population Activities
CSS	Clinical Skills Standardization
CTS	Clinical Training Skills
DFID	The Department For International Development (formerly ODA)
DHS	Demographic and Health Surveys
EMNC	Essential Maternal and Neonatal Care
EOC	Essential Obstetric Care
FHD	Family Health Division
FIGO	International Federation for Gynecology and Obstetrics
FP	Family Planning
GOI	Government of Indonesia
GNC	General Nursing Council
G/PHN	Global/Population, Health and Nutrition
HMG	His Majesty's Government of Nepal
IBI	Indonesia Association of Midwives
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
JHU	Johns Hopkins University
LRPs	Learning Resource Packages
MCH	Maternal & Child Health
MCHW	Maternal Child Health Workers
MCPC	Managing Complication in Pregnancy and Childbirth
M&E	Monitoring and Evaluation
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCTN	National Clinical Training Network
NGO	Nongovernmental Organization
NPERCHI	National Package of Essential Reproductive and Child Health Interventions
NRD	National Resource Document
NSMP	Nepal Safe Motherhood Project

PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PDO	Program Development Officer
PMU	Program Management Unit
PIM	Program Implementation Management
PNP	Policies, Norms and Protocols
POGI	Indonesia Ob/Gyn Society
PTC	Provincial Training Center
QAP	Quality Assurance Project
RGHS	Reproductive and Child Health Section
RCQHC	Regional Centre for Quality of Health Care
RFP	Request For Proposal
RH	Reproductive Health
RHCC	Reproductive Health Coordinating Committee
RM	Registered Midwifery School
RRAP	Review, Recommendations and Action Plan
SM	Safe Motherhood
SMSC	Safemotherhood Subcommittee
TBA	Traditional Birth Attendant
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)
WHO	World Health Organization
WRA	White Ribbon Alliance
ZIHP	Zambia Integrated Health Project

1. OVERVIEW

This quarterly report documents the activities of USAID's G/PHN's Maternal and Neonatal Health (MNH) Program for the quarter 1 April 2000 to 30 June 2000. The activities detailed in this report follow those outlined in the Maternal and Neonatal Health Year Two Workplan (January 14, 2000) for the representative quarter. Annex A provides the matrix of activities, as included in the annual workplan, with areas highlighted to indicate activities initiated and/or completed. As projects advance it is anticipated that reporting will shift to provide a broader picture of the impact and results of activities rather than on the specific activities themselves.

Development and implementation of country program activities advanced during this reporting period. The MNH Team continues to draw heavily on the resources of incountry offices (JHPIEGO, CEDPA, JHU/CCP and PATH) and remains in constant contact with cooperating agencies (CAs) and donors working in maternal and neonatal health and nutrition. As project activities accelerated over this reporting period, the need for rapid technical response also increased. We continue to draw on the midwifery expertise of the American College of Nurse Midwives (ACNM) as well as collaborate closely with WHO on the development of maternal and neonatal health resource materials. JHPIEGO held its annual Learning Expo during June which brings incountry staff to Baltimore for knowledge and technical updates. This was an excellent opportunity for incountry and Baltimore staff to meet, review program activities and plan activities for the next fiscal year.

Evidence of scaling-up programs and activities is beginning to take hold. In Indonesia, project activities are rapidly expanding to cover district, provincial and national levels. AusAID and the World Bank have agreed to use the DIII Midwifery Preservice Curriculum developed by the MNH Program in their program areas thus further expanding the reach and impact of the MNH Program activities. A number of clinical training courses were held during this quarter which is serving to further expand the numbers and reach of MNH trained clinicians. The National Resource Document (NRD) was launched at the pre-POGI Congress which was attended by over one hundred participants, including Ob/Gyn specialists, teaching faculty and MOH representatives.

Nepal also experienced significant gains in the development of MNH updated core clinical trainers. The first six modules for Phase 1 developed in during first quarter of this fiscal year for MCHW training were fieldtested. Modules cover: anemia in pregnancy, antenatal care, normal labor and childbirth, postpartum hemorrhage, postpartum care and neonatal care. Two additional modules, pre-eclampsia/eclampsia and prolonged labor, were developed, translated and feildtested in this quarter.

It is also important to note during this quarter, 18 MCHWs completed the full curriculum and are competent all 8 core competencies and skills in safe motherhood. Twelve (12) additional MCHWs completed the first phase of training, are competent in the 6 skills covered and will complete the remainder of the course on pre-eclampsia/eclampsia and prolonged labor in the

coming quarter. These trainers will be actively training others thereby increasing the reach and impact of these training activities on maternal and neonatal health.

In Bolivia, a maternal health assessment tool developed specifically for the MNH program was used to determine priority districts for the MNH Bolivia program. Through the use of this tool, MNH was able to identify 16 districts for the Program's focus – 16 districts that account for 48% of the country's maternal mortality. It is anticipated that this tool will be used in other countries/regions to assess need.

The Burkina Faso MNH Program offers a good example of MNH's success in pooling the expertise of various organizations to implement a complex project. Currently, UNICEF, Plan International, the MOH, CDC, and Mwangaza Action (a local community development NGO) are all working together to improve maternal and neonatal survival. Through these collaborative efforts, it is anticipated that greater sustainability and gains in capacity building will be achieved.

As the activities are discussed / reviewed in this report, it becomes clear that the groundwork is being laid for comprehensive programs—programs which can have a national impact.

2. GLOBAL LEADERSHIP

2.1 Technical Strategies/New Initiatives

2.1.1 Essential Maternal and Neonatal Care (EMNC)

Global EMNC activities progressed during this quarter. The development of reference manuals to serve as national-level guidelines continued. The final draft version of the manual "Managing Complications in Pregnancy and Childbirth" was completed. The manual "Basic Care in Pregnancy and Childbirth" is being formatted and will be field-tested in the next quarter. Learning Resource Packages (LRPs) for these manuals are being finalized. In addition, the strategy for the dissemination and adoption of guidelines, materials and clinical care practices is being refined. EMNC training activities progressed in Indonesia, Nepal, and Zambia.

1) Meetings will be held with WHO and JHPIEGO to finalize the manual: "Managing Complications in Pregnancy and Childbirth (MCPC)

Ongoing activity. During this quarter technical formatting, editing and corrections were made to the manual based on the outcome of the reviewers' meeting that took place at JHPIEGO in November 1999. It is intended that the manual will be launched at the Federation of Obstetricians and Gynecologists (FIGO) conference in September. This manual is intended for district hospital staff and will serve as a guideline for countries when developing their own standards and programs.

2) Two meetings will be held with WHO to develop and review the Care of the Sick Newborn manual.

Ongoing

3) BCPC manual reviewed by WHO, ACNM, ICM and other selected international health care providers.

The Basic Care in Pregnancy and Childbirth (BCPC) manual is being edited and formatted by the JHPIEGO/IRO office prior to final external review. The manual will be sent out for final external review in late August 2000. Expected completion is August 2000. The Publication of this manual, which emphasizes clean and safe normal delivery, is expected in late 2000.

4) "Supervision for Performance Improvement" learning package will be developed with JHPIEGO/TRH.

The MNH Program is working closely with JHPIEGO offices involved in Performance Improvement to develop this package which has evolved into a manual. The manual is drafted and was internally reviewed during this quarter. Two meetings were held during JHPIEGO's Learning Expo to discuss suggested revisions were discussed and negotiated. A second version was then drafted and will be used in the "Supervision Manual Development Workshop" to be held in Nairobi, Kenya, July 30-August 11, 2000. Both field and regional staff will be involved in the workshop.

5) Support supervision activities will be initiated in one country.

Support supervision activities will be initiated in FY01.

6) Draft LRPs for EOC and BCPC field-tested in at least one country.

Draft LRPs, consisting of a Trainer's Notebook and Participant Handbook, were field-tested at the district level in Nepal during this quarter.

7) LRPs reviewed by international and regional experts/stakeholders.

Several midwifery consultants continued to work on finalizing the LRPs. These documents will be a resource for MNH Clinical Training and will contribute to the scaling-up of MNH clinical practices.

8) Revised and refined LRP incorporated into preservice training in one country.

Anticipated in FY01.

9) Twelve key MNH topics identified, researched and developed for ReproLine.

In development. Topics include Pathway to Maternal Survival: Antenatal Care; Labor; Clean and Safe Delivery; Complicated Delivery; Normal Newborn Care; Care of Sick Newborn; Postabortion Care; Lessons Learned; Epidemiology.

10) Preservice Training: Training strategy developed in at least one country.

During this quarter, MNH, with the assistance of a midwifery consultant from the ACNM, incorporated findings from a training needs assessment and curriculum review conducted by INTRAH/PRIME, into current MNH programming activities related to the development of preservice curriculum packages in Indonesia.

11) Inservice Training: Training materials /tools and approaches will be adapted to local needs.

Local adaptation of training materials, tools and approaches is occurring in Indonesia and Nepal. Technical assistance for the adaptation of materials was provided by Barbara Kinzie, MNH Midwifery Director, Anne Hyre, JHPIEGO, and ACNM midwifery consultants.

2.1.2 Behavior Change Interventions

Behavior Change Interventions (BCI) advanced in a number of countries during this quarter. Many global BCI activities are being implemented in and accounted for at the country level. The MNH Social Mobilization Director accelerated activities in Indonesia, Zambia and Burkina Faso during this quarter: coalition building advanced in Indonesia focused on the White Ribbon Alliance and has evolved into an organization called Pita Putih; a network of organizations in Zambia is forming a solid base for social mobilization; and, Mwganza Action in Burkina Faso is moving forward with their activities with the Social Mobilization Director's assistance. In addition, the White Ribbon Alliance has now entered phase two. During phase one, the focus was on building a sense of community (worldwide) around the *issue* of maternal and neonatal health. In phase two, the focus moves towards mobilizing for focused action around the issue.

The MNH Social Mobilization Director continues to play a global leadership role and is focused on developing the capacity to move the Alliance forward.

1) Workshop conducted to review, adapt and develop tools for assessing community capacity with behavior change experts.

This workshop was deemed to have greater benefit as country programs become more advanced. Anticipated rescheduled timeframe is mid FY01.

2) BCI strategy (begin to be) field tested in MNH focus countries.

The external review of the MNH BCI strategy resulted in the focus being moved from developing an overarching BCI strategy to concentrating on country program implementation. The lessons learned and best practices from the country programs will ultimately be adapted into a global BCI strategy.

3) Workshop conducted to share BCI approaches with selected counterparts from Nepal and Indonesia and promote cross-fertilization

Scheduled for August 27-31, 2000 in Nepal. This workshop will include a broad range of participants; including community-based health workers, policymakers, members from the Ministry of Health, members from the CA community plus other relevant parties. The focus of the workshop will be to develop criteria for, and prioritize, ideal behaviors related to Birth Preparedness.

4) Director of Social Mobilization will contribute to the development and implementation of activities for global White Ribbon Alliance.

Ongoing. The Social Mobilization Director, Nancy Russell, is working with both national-and field-level organizations on White Ribbon Alliance activities. The global White Ribbon Alliance is focused on raising awareness of maternal mortality and its socio-economic implications. Awareness and dissemination of information regarding the risks and danger signs surrounding pregnancy and birth at the community level will help communities mobilize to address the issue. By raising global and national awareness, it is anticipated that additional resources will be allocated to interventions to reduce maternal and neonatal mortality.

5) Collaboration with NGO Networks and POLICY project to develop a community manual to improve demand for quality maternal services.

Tools continue to be adapted that will ultimately serve as components of the community manual.

6) CPI structure within the MAQ Client Centered Approach module of the MAQ exchange will be reviewed for applicability and adaptability to maternal health services.

This activity will proceed in upcoming quarters.

7) Negotiation guidelines and techniques will be developed for facilitating dialogue between community and provider groups.

In process. The Social Mobilization Director continues to develop guidelines and techniques for facilitating dialogue between community and provider groups.

8) Social Mobilization manual adapted for maternal survival focus.

The formal adaptation of this manual is delayed until country level experience has been documented.

9) PROQUALI project and similar efforts reviewed.

In process. The PROQUALI approach will be used in Guatemala and Bolivia to improve provider performance and the quality of maternal and neonatal health services.

10) Job aids for midwives developed.

Postponed. Anticipated timeframe for development of BCI job aids for midwives is FY01.

2.1.3 Health Financing

1) Conduct a Community Finance assessment in Nepal and one LAC country.

Scope of work for Nepal Community Finance assessment was completed. It is anticipated that the assessment will occur sometime in July or August 2000. A Community Financing assessment for Guatemala is currently in the planning stages.

2) Conduct a community assessment in Indonesia on usefulness of costing tools at the community level.

Existing, UNICEF-assisted, community financing schemes on maternal and neonatal health were documented as part of the Indonesia RRAP. The potential use of the identified costing tools to strengthen community financing schemes were assessed. In addition, initial assessment regarding the use of possible costing tools at the district-level was also conducted as part of the Health Financing RRAP for Indonesia. Planning for this potential district-level activity is still in the development stages.

3) Apply CES tool in Zambia regarding the costs of alternative treatment options demonstrated.

Delayed. This activity is tied to the development of clinical protocols which have progressed slower than planned due to personnel changes within key Zambian organizations.

2.1.4 Policy Development

The activities detailed in the Policy Development section of the FY00 workplan are occurring primarily at the country level and are reported in the individual country section updates.

2.2 Information Dissemination

During this quarter, discussions were held on how to expand the information dissemination component. JHU/CCP has become more involved. As such, various approaches and changes to the original plan are under consideration.

1) **Mechanisms to gather data in order to produce monthly MNH Updates and disseminate electronically to USAID and partner CAs will be established.**

Established and ongoing. In May, the *MNH Updates* began to be disseminated as an e-mail message instead of an attachment, resulting in a more user-friendly format. *MNH Updates* are also posted on the MNH website. Currently, the distribution list exceeds 200 recipients.

2) **Distribution Database: Distribution lists gathered, reviewed and combined into a distribution database.**

JHPIEGO's Information Services Division is hiring a consultant to assist with the programming needs to develop the distribution database.

3) **Resource Center Materials Database: Resource materials collected by MNH entered into database. Meetings held with JHU/CCP/PIP to develop mechanisms to include MNH Materials on PopLine.**

Ongoing. Resource materials continue to be collected, placed in the Resource Center and entered into the database. (JHU/CCP is including MNH materials in the Popline database.)

4) **MNH staff and collaborators will participate in a number of conferences including the WRA events in Wash., DC in May, Beijing +5 2000, International Federation of Gynecology and Obstetrics (FIGO), ICM, American Public Health Association (APHA), Global Health Council (GHC), and SOTA.**

Representatives from the MNH team attended the annual ACNM meeting in Anchorage, Alaska, from 6-12 May. An exhibit was set up to showcase MNH Program activities.

The MNH Social Mobilization Director gave a presentation at the Global Health Council. Members of the White Ribbon Alliance from Indonesia visited MNH/Baltimore in June to share information about their campaign. MNH staff members handed out ribbons and information on Capitol Hill in recognition of Mother's Day. Refer to Annex B for a list of meetings and conferences attended during this quarter.

5) **BCI workshop presentations developed by MNH and CEDPA to support the planned BCI workshop in Asia.**

In process.

6) **Workshop findings and outcomes in English and Spanish will be posted as downloadable files from the MNH website.**

Findings and outcomes will be posted following the workshop.

- 7) **MNH Program advocacy packet containing fact sheets and lessons learned will be produced and disseminated.**

The type and nature of the advocacy packet(s) developed will depend on the pending revisions to both the Policy & Advocacy and Information Dissemination components.

- 8) **A Global EMNC poster (in English, Spanish & French) developed for providers in collaboration with JHU/CCP and distributed through partner organizations**

This was part of a JHU/CCP Pop Report which has been delayed indefinitely.

- 9) **Technical assistance provided to the Guatemala office to develop the parts of its program that have broader regional and global significance: its dissemination strategy, its bilingual English/Spanish website and plans for carrying over the MotherCare Resource Center.**

Ongoing. The MNH/Guatemala website was developed and linked to the main MNH website. Refer to section 3.2.2 for additional information on the MNH Program in Guatemala.

- 10) **Technical assistance provided as needed to the Latin America region to develop regional MNH materials in Spanish.**

Ongoing. As needs are identified, technical assistance is provided.

2.3 Monitoring, Research and Evaluation

During this quarter, the MNH Monitoring, Research and Evaluation team furthered the development of both the global M&E framework as well as individual country M&E plans/strategies.

- 1) **MNH team designated to update APMS to include MNH activities**

Completed. Three MNH staff are part of the Program Monitoring Working Group (PMWG) that is responsible for updating the APMS system to include MNH activities.

- 2) **MNH M&E framework integrated into APMS**

Ongoing. The MNH M&E Framework, in the form of G/PHN Strategic Objectives, Intermediate Results and sub-indicators, was integrated into the APMS system during the first quarter of FY00. As the MNH M&E Framework evolves further, it is anticipated that additional changes and/or systems will be necessary.

- 3) **MNH M&E team will collaborate with MNH staff, partners, and incountry counterparts to develop country M&E plans by: assessing local data sources, determining appropriate indicators and training staff on data collection.**

The MNH M&E team, in collaboration with partners, incountry counterparts and staff, is developing M&E plans for all countries where MNH is working. During this quarter, this work advanced significantly; M&E plans were drafted for Guatemala, Honduras, Indonesia and Nepal. These plans are currently being reviewed by incountry counterparts and staff.

3. COUNTRY AND REGIONAL PROJECTS

3.1 Asia

3.1.1 Indonesia

Overview

Significant progress was made during the quarter on the Basic Delivery Care (BDC) Manual and the training of a core group of Basic Delivery Care Clinical Trainers. Collaborative efforts continue to be a major defining force, albeit one that demands time, in the program particularly in the planning and implementation processes.

The workplan process is complex with a number of factors contributing to timing and status. As a program that supports the MOH's ongoing Safe Motherhood or MCH program, the MNH Indonesia Program works with the province and districts to strengthen existing activities and fill in the gaps. Thus, the workplan must be developed and vetted at several levels -- national, provincial and district. Negotiations are ongoing with the province and districts about which activities will be covered through MNH and which will be funded by the MOH as part of their routine activities.

The timing and sequencing of the design and development of the program activities are also complex. While discussions have been ongoing with West Java, a country-wide MNH program workplan was submitted to the national level for approval which describes the types of activities that the MNH program will support. Through continued discussions with the West Java province and districts, they have identified several other "gaps" for which they are requesting MNH support. These are currently under negotiation.

Other questions remain involving who the implementing agency will be and whether the activities should be put into the national, provincial or district level workplan. Some activities are implemented by one or another of the MNH CA's, but because they are implemented in the province and districts, they need to appear in that level workplan so that administrative support and coordination are built in. This requires that the CA's have their workplans fully fleshed out before undertaking the work planning process with the province and districts. Some of the teams do not have their advisors yet, so there has been a delay in the development of the detailed implementation plans for some of the program components.

Lastly, another set of factors affecting program status revolves around the funding recipients for the activities. Because most of the activities will be implemented by a non-governmental organization, the funding does not go to the government. However, the activities must still be reflected in the workplan. This is a new role for the government -- to function as planners and managers rather than implementers. Although somewhat slow to start, it is a good preparation for the decentralization process that will start next year.

The following represents the major activities planned and accomplished for the quarter April-June 2000.

SIAGA

1) Complementary formative research conducted.

RFP for formative research developed, reviewed, solicited and awarded. A local Indonesian research firm, Taylor Nelson Sofress (TNS), was awarded the contract and will be conducting the research.

2) Audiences in process of being identified and messages being developed.

In process. This work will accelerate with the initiation of TNS research activities.

3) Messages will begin to be pre-tested in target areas.

Postponed until the formative research has progressed. Anticipated time frame is early FY01.

4) Meetings will be held with identified NGOs to develop a strategy to strengthen community links.

Ongoing.

Monitoring

1) Desk review of existing evaluation studies / research will be conducted.

Cindy Stanton, MNH Director for Monitoring, Evaluation and Research traveled to Indonesia during this quarter to assist in the finalization of the MNH/ Indonesia Monitoring and Evaluation Indicators. Indicators are defined with the exception of a few performance and quality improvement indicators. Updating of SCOPE for MNH has begun and is ongoing, including desk reviews of new studies.

2) Meetings held with CA's in Indonesia that are monitoring crisis indicators to include and/or periodically review MNH/Indonesia and related indicators.

Ongoing.

3) Ongoing monitoring of birth practices by a cohort of midwives and BDD in East Java and Central Java following clinical training in basic delivery care will be conducted.

Ongoing.

4) Completed partographs will be collected monthly and entered into a database.

Ongoing.

Management

1) A management structure for the MNH/Indonesia Program will be established among MOH/government/NGO/CA partners.

Discussions have continued with MOH about the structure and function of the Project Management Unit (PMU). Agreement was reached that the Ministry for the Empowerment of

Women (Meneg-PP) would be a member of the PMU. A joint MOH and Meneg-PP meeting was conducted on May 29 to formalize this. Dr. Wibisono represents the MOH, Dr. Cholil represents Meneg-PP, and Molly Gingerich represents USAID on the PMU. The structure and function of the PMU's Technical Advisory Group and the PMU Secretariat have also been agreed upon. In West Java a Program Implementation Management (PIM) team was proposed consisting of the manager, secretariat and technical working groups.

- 2) **A national level coordination committee will be formed to share information related to MNH / Indonesia program issues and best practices among MOH units other ministries, NGOs and donors.**

In process.

- 3) **MNH/Indonesia program staff will join the West Java provincial coordination team to ensure communication, collaboration and cooperation with other team members, including other donor-supported programs.**

Accomplished. MNH program staff are part of the team and participate in meetings on a regular basis.

White Ribbon Alliance (WRA)

- 1) **WRA concept will be presented to government leaders, NGOs and communities at the province and district levels.**

Accomplished. In addition, two members of the Pita Putih (White Ribbon Alliance Indonesia) participated in the Global Health Conference (GHC) in Washington, DC in June 2000. Indonesia came in 4th in the GHC's international competition of activities to raise awareness about and promote zero tolerance for maternal mortality.

- 2) **The WRA will be launched nationally on Kartini Day (April 21, 2000)**

Accomplished. Over 2000 participants turned out to participate in the Meneg-PP sponsored walk on Kartini Day to launch WRA/Indonesia. Promotional and information materials were produced and distributed.

3. **Monthly coordination meetings will be conducted with members of the WRA.**

Monthly meetings of WRA/I continued to be held with member organizations.

NRD

- 1) **Final revisions and editing of the Bahasa Indonesia version of the NRD/MNH Indonesia will be completed after internal review.**

The Bahasa Indonesia version of the NRD was finalized, printed and launched at the pre-POGI Congress meeting June 30. One hundred providers, including Ob/Gyn specialists, teaching faculty from medical and midwifery schools and MOH representatives attended the launch. Plans are being developed for the development of an Indonesian PocketGuide as one of the "offspring" of the NRD.

2) National advocacy meeting will be conducted to endorse NRD/MNH Indonesia as national standards.

A workshop that informed participants of the new content and use of the NRD-MNH was held at the pre-POGI Congress meeting June 30, 2000. Presenters included the MNH Medical Director, Dr. Harshad Sanghvi, Dr. Broekhuisen, Dr. Lu, Dr. Waspodo, and Dr. Adriaanz. In addition, MNH participated in the Indonesian Ob/Gyn Association Congress (KOGI) June 30-July 5 in Denpasar, Bali. The NRD was launched at the pre-congress sessions and the Basic Delivery Care (BDC) training package endorsed by the National Clinical Training Network (NCTN) trainer forum. Over 200 participants received informational material on MNH. A display room presented materials from the NCTN, MNH clinical training packages, MNH training and anatomical models, SIAGA print materials and video/instructional technology such as ModCal and ReproLine.

3) Meetings will be conducted with key stakeholders and donors to disseminate the NRD.

Accomplished. The NRD-MNH was disseminated at the POGI Congress to Ob/Gyn specialists. Distribution plans include medical schools, midwifery schools, province and district hospitals and the NCTN. Refer to #2 above for additional information.

4) Technical working groups will be formed consisting of MOH/GOI/NGOs and donors. Technical working group meetings and workshops will be conducted.

The first Technical Working Group (TWG) on clinical training was held in West Java on May 9-10, 2000. The group discussed the needs for training, content, process, structure and materials. Agreement was reached that the Basic Delivery Care (Asuhan Persalinan Dasar - APD) course would be taught. A small task force was formed to continue working on defining / refining the remaining issues.

During the province work planning meetings, agreement was reached that an additional 5 TWGs would be convened in West Java in the following areas: clinical training/education; blood supply and use; QA/MPA/Standards; MIS/M&E; BCI/IPC/C.

5) An MNH Indonesia Advisory Group developed consisting of medical, midwifery, program, public health and consumer representatives to identify and promote key interventions within the essential package of MNH services.

In progress: as discussed in #1/Management above, a Technical Advisory Group will be formed. The group will consist of medical, midwifery, public health specialists as well as consumer representatives who will work to identify and promote key interventions within the essential package of MNH services. Agreement has been reached with MOH and USAID on the structure and function, although members have not yet been named.

Complementary events to the formation and activities of an MNH Indonesia Advisory Group include:

- Meetings were held with AusAID in the areas of behavior change, clinical training, preservice midwifery education and BDD sustainability.

- JICA representatives in Jakarta requested assistance from MNH to strengthen the IPC/C portion of their training for midwives in the use of the MCH handbook.
- JICA also requested MNH participation in the revisions of the content of the MCH handbook to incorporate updated antenatal, intrapartum, postpartum and newborn care messages.
- As a result of meetings with World Bank representatives for SMPFA and HP V projects, joint planning with HP V for DIII midwifery activities has moved forward. The World Bank expressed interest in having MNH provide an expat midwife advisor for Central Java.
- Discussions continue with WHO to explore additional areas of collaboration. WHO is supporting the development of two new provincial training centers through the NCTN in Jogya and Sumatra - which will be beginning the BDC training course.

6) **Advocacy workshops will be conducted to sensitize key stakeholders to MNH strategy and MNH essential package.**

Refer to #2 above regarding national advocacy efforts.

7) **A review of models for BDD sustainability will be conducted.**

Ongoing.

8) **A workshop conducted with provincial and district leaders to review BDD sustainability models and identify potential models for communities to adopt.**

A formal workshop did not occur, however, reviews and informal meetings and discussions are ongoing.

9) **Meetings will be conducted with district planners and community representatives in two districts in West Java to adapt / develop a model for BDD sustainability.**

In process as part of the BDD sustainability model activities..

10) **Community health centers will be developed as satellite clinics of the district hospital to improve the quality of preservice midwifery education and inservice clinical training.**

Site visits were conducted by an MNH Medical/Clinical Team to Gunung Jati hospital in Kota Cirebon and Budi Kemuliaan hospital in Jakarta. The team held discussions with the hospital directors and heads of the Ob/Gyn unit, hospital staff, and medical/midwifery students. The team observed services in the labor and delivery unit, emergency room, operating theatre, and met with students at the midwifery schools. Based on these visits recommendations were made to strengthen normal care and basic EOC services at the hospitals. A plan was proposed for the implementation of this set of activities and is being reviewed by the PQI team. Community health centers will be assessed as part of the training center assessment and appropriate clinics will be selected to function as satellite clinics for inservice and preservice clinical practice.

11) Meetings conducted to review current models and strategies to support decentralized planning.

Ongoing. Discussions are underway with W.Java for the 2001 annual workplan to explore options for ensuring that the essential MNH services are incorporated into the district workplans. An advocacy strategy is being developed to assist the district level to secure commitments of funding for MNH activities.

12) Meetings conducted with district planners to help them plan for meeting the needs of delivering the essential package of MNH services.

Ongoing. District and provincial workplans for MNH activities in 2000 have been developed

13) Review of community notification, transportation, financing and blood donor schemes for maternal and neonatal survival conducted by local NGOs with the communities.

As stated previously, TWGs have been convened on: training and education; blood supply and use; QA/MPA/Standards; MIS & ME; BCI and IPC/C.

14) District-level clinical instructors standardized in the BDC course and will be trained to conduct peer review visits to reinforce the implementation of standards in practice following BDC clinical training.

The MNH core team conducted two BDC clinical skills standardization courses for midwife trainer candidates at Budi Kemuliaan Hospital (10-19 April, 22-31 May). These courses were taught by and served as the practicum to qualify the MNH core trainer team. In addition, four DTC's in East and Central Java conducted BDC clinical skills standardization courses for BDD which completes the requirements to qualify the DTC trainers. Two PTC's in East and Central Java each conducted four DBC clinical skills standardization courses for DTC midwife trainer candidates in four districts (these latter courses were funded through the World Bank SMPFA project). The peer review program was launched in East and Central Java by IBI. The peer reviewers are also clinical instructors at the DTC. Commitment for the BDC training was endorsed by the heads of the provincial health offices, POGI and the PTCs.

15) Updated knowledge about maternal and neonatal health practices and procedures in the NRD-MNH disseminated through print, electronic, radio, professional organizations and interpersonal channels to providers, trainers, supervisors and BDD.

Planned.

16) Up to 4 model training and service delivery centers will be assessed and upgraded for key procedures such as infection prevention, essential drugs, supplies, emergency maternal and neonatal health response, medical records and maternal perinatal audit.

Refer to #6 above.

17) Qualified trainers will teach BDC in 4 districts in East Java and Central Java.

Accomplished, refer to #10 above.

- 18) **TA provided to develop up to 8 district training centers in the World Bank project districts in East and Central Java.**

Ongoing, refer to #10 above.

- 19) **Up to 4 provincial and/or model training and service delivery sites will be prepared: satellite clinics will be assessed and selected; training equipment and models will be provided; providers (candidate clinical trainers) will be updated and clinically standardized in BDC skills; candidate trainers selected and a CTS conducted; following CTS, candidate trainers cotrained in BDC.**

Ongoing: Refer to #6 & #10 above for additional information.

- 20) **BDC orientation course will be conducted for Ob/Gyn and MD backups at hospitals and satellite clinics.**

Planned: A number of BDC clinical skills standardization courses were conducted during this quarter as described above for midwife trainers.

- 21) **BDC training courses and follow up site visits conducted for BDD, physicians, midwives and MNH supervisors by the NTCN.**

Completed.

- 22) **DIII midwifery faculty: Training conducted for faculty and clinical instructors from DIII midwifery schools to update their knowledge and teaching skills for the four new modules.**

Plans were finalized for a four week training in August for faculty and clinical instructors from six DIII midwifery schools to update their knowledge and teaching skills for the four new modules.

- 23) **Midwifery clinical instructors and faculty standardized in the BDC course.**

Planned as part of #22 above.

- 24) **Midwifery clinical instructors will participate in clinical training skills courses and training practicum to teach the BDC course.**

Planned as part of #22 above.

3.1.2 NEPAL

During this quarter, the first six modules for Phase 1 MCHW training, developed and translated during the first and second quarters of this fiscal year, were fieldtested. These Modules cover:

1. anemia in pregnancy
2. antenatal care
3. normal labor and childbirth
4. postpartum hemorrhage
5. postpartum care

6. neonatal care

In addition, two more modules— pre-eclampsia/eclampsia and prolonged labor— were developed, translated and field-tested this quarter. Revisions to all training materials to finalize a learning package are planned for the fourth quarter of this fiscal year.

Of particular note, is the fact that all designated 18 MCHWs completed the full curriculum and are competent all 8 core competencies and skills in safe motherhood. Twelve (12) additional MCHWs completed the first phase of training and are competent in the 6 skills covered. They will complete the remainder of the modules on pre-eclampsia/eclampsia and prolonged labor in the next quarter. Following the full field-test, a report will be drafted by NSMP and MNH Program for the Family Health Division (FHD) based on the findings and recommendations from the fieldtest of all 8 modules.

Activities planned for the quarter and their status are as follows:

- 1) **Draft BPP strategy outlined based on messages in BCC message guidelines.**
During the third quarter, a conceptual framework was developed by CEDPA for the birth preparedness package and presented to the MNH Program and a group of key stakeholders in Nepal. It will be revised and finalized during the next quarter, consistent with the outcomes of the safe motherhood behavioral guidelines workshop in August.
- 2) **M&E framework developed and revised.**
The M&E framework was developed in Q2 and revised in Q3, based on partner and mission input. It will be finalized in Q4, pending mission approval.

SM Subcommittee

- 1) **Regular SMSC meetings conducted.**
The first meeting of the SMSC was held 1 June. The next meeting is scheduled for 8 August.
- 2) **Newsletters published.**
The first newsletter should be published in Q4 when the support staff to the SMSC have been hired, and equipment has been purchased.
- 3) **Resource center established and updated.**
Also postponed until Q4 when SMSC support is operational.
- 4) **Meetings conducted among stakeholders to develop a research agenda.**
Family Health Division spearheaded the development of a RH research agenda. Through the RHCC, the FHD established a Research Subcommittee charged with drafting a RH Research Policy. This committee will approve research study designs to ensure that research is program-relevant and does not duplicate previous research.

National SM BCC Guidelines

- 1) **NHEICC and FHD assisted in obtaining HMG approval for national guidelines on desirable SM behaviors.**

There is consensus among key stakeholders, the mission and the FHD that message guidelines are needed. A 5-day workshop will be held in August to review key behaviors and develop messages to address them. Sereen Thaddeus, MNH Behavior Change Director, and Mona Moore, a consultant, will travel in July to prepare and plan for the workshop. The MNH Program will work closely with the workshop co-sponsor, NSMP, and Save the Children/US, who will launch the report "State of the World's Mothers 2000" during the workshop.

- 2) **BPP outlined and drafted based on messages in BCC message guidelines.**

In Q3, a review was conducted of all the available SM materials already developed for Nepal. JHU/PCS and CEDPA gathered reference and IEC materials from various incountry organizations. JHU/PCS then compiled a matrix on existing and available IEC materials on safe motherhood. CEDPA reviewed the materials to identified those appropriate for inclusion or adaptation for the BPP. Based on this review, existing materials will be incorporated, and relevant materials will be adapted. The BPP and all of its materials will be consistent with the messages identified during the August workshop.

Job AIDS/Materials

- 1) **Materials developed based on identified desirable behaviors and standardized message guidelines.**

Materials development will occur in 2001 once the messages have been approved.

Service Providers

- 1) **Three clinical coaching and facilitation skills workshop for trainers conducted.**

These courses were completed in Q2. A core group of trainers from each site attended a modified Clinical Training Skills workshop. Following this workshop, these trainers returned to their district hospital and conducted a clinical coaching skills workshop for hospital staff nurses. This training prepared them to conduct the fieldtest of the MCHW curriculum.

- 2) **Follow up and support for newly developed coaches provided.**

Followup was provided in May during the curriculum fieldtest by Aunja Bista, MNH/Nepal, and Sibitri Kishore, MNH/Nepal, during the MCHW training courses being conducted at Baglung and Kailali.

- 3) **Assistance to develop financial plan to support birthing center for training will be provided.**

Work with Patan Hospital and Patan Birthing Center will begin in Q4 based on their level of interest.

4) Participation in meetings conducted by HMG.

Participated in various workshops and meetings, including: "Through a Gender Lens: A Practical Approach for Reproductive Health Communication Programs (22-26 May 2000); a WHO SEARO Materials Dissemination, Adaptation and Utilization Meeting (28 May-1 June 2000); a NSMP presentation on an ethnographic study of birthing practices; the Reproductive Health Coordinating Committee meeting; and collaboration with Macro International on the upcoming 2001 Nepal Family Health Survey (DHS).

5) Cadre-specific job descriptions reviewed for relevancy to SM training activities.

To be addressed by SMSC in Q4 or in FY01.

6) Meetings conducted to build consensus for reviewing licensure criteria.

To be addressed by SMSC in Q4 or in FY01.

7) SM training strategy: assistance provided to NHTC to manage SM training.

The FHD has postponed the training strategy until the findings from the MCHW curriculum fieldtest are completed. A 3-day meeting is scheduled for Q4 (7-9 August) to discuss experiences to date with SM training, primarily the UNFPA and NSMP efforts. Development of a SM training strategy is currently an objective of this meeting.

8) Workshop conducted to create teaching materials for on-the-job training package for ANM training.

To be initiated in Q1 of FY01.

9) MCHW SM curriculum, training materials and competency-based approach at 3 district hospitals drafted and field-tested.

In Q3, the first six modules for Phase 1 developed in Q1 for MCHW training and translated in Q2 were fieldtested. Modules cover: anemia in pregnancy, antenatal care, normal labor and childbirth, postpartum hemorrhage, postpartum care and neonatal care. In Q3, 2 additional modules were developed, translated and fieldtested, covering pre-eclampsia/eclampsia and prolonged labor. Revisions to all training materials to finalize a learning package are planned for Q4.

It is also important to note that in Q3, 18 MCHWs completed the full curriculum and are competent in all 8 core competencies and skills in safe motherhood. Twelve (12) additional MCHWs have completed the first phase of training, are competent in the 6 skills covered and will complete the remainder of the course on pre-eclampsia/eclampsia and prolonged labor in Q3. A report will be drafted by NSMP and MNH Program for the FHD based on the findings and recommendations from the fieldtest of all 8 modules.

10) Workshop conducted to finalize MCHW curriculum based on field-test results.

This activity has been postponed until the FHD and other key stakeholders can discuss training efforts to date and reach consensus on MCHW inservice training.

11) Workshop conducted to review current SM training in preservice for compatibility with RH clinical protocols.

Preservice activities will begin in FY01.

3.2 Latin America/Caribbean

3.2.1. Bolivia

Dr. Alberto de la Galvez Murillo, an obstetrician/gynecologist with expertise in maternal mortality surveillance, joined the MNH/Bolivia team during this quarter. Together with Marcos Paz, they worked with the MOH and USAID/Bolivia to develop an instrument that will assess both the maternal health situation and institutional capacity at the provincial and district levels using data from Bolivia's National Health Information System, DHS and MotherCare. The instrument has been used by the MNH Program to determine in which districts the MNH Program will work. The instrument, composed of weighted indicators, includes the following:

- Maternal Mortality ratios and proportion of births with a skilled attendant.
- Availability of blood transfusions and caesarian sections, and the number of trained providers per 10,000 population.
- The percentage of maternity beds unoccupied (used as a proxy to indicate perceived quality of care on the part of the community).

1) Assessment of the Lilac Tent, JHU/CCPs rural communication program, conducted and a report prepared.

JHU/CCP conducted a final review of the Lilac Tent program. The Lilac Tent program was a communications / community mobilization effort focused on raising awareness / understanding on reproductive health issues, including maternal and neonatal health, in Bolivia. Funded by USAID and implemented by JHU/CCP, this program focused specifically on the three types of rural areas found in Bolivia - highlands, villages and lowlands. The program traveled around to the different areas and reached approximately 500,000 people in Bolivia. It is anticipated that lessons learned from the Lilac Tent program will be incorporated into the Bolivia MNH program.

2) Meetings held with key stakeholders to develop a comprehensive BCI strategy.

In process. MNH Team members met with relevant stakeholders at the national, regional and local levels to determine behavior change needs and barriers to care. The BCI strategy is under development and will be tailored to the socio-cultural reality of each of the 16 districts where MNH is working. Community mobilization activities will seek to reduce barriers to timely maternal and neonatal care.

In El Alto, a high-crime, peri-urban area outside of La Paz, community leaders indicated that fear of violent crime prevented many women from leaving their homes to deliver at healthcare facilities. MNH will support the development of a system by which community police, working

in tandem with community health agents, will ensure the safe transport of women by accompanying them to health services.

3) National plan development workshops conducted.

The MNH/Bolivia team has been conducting ongoing meetings with local MOH authorities, representatives of city councils and other community leaders to discuss potential MNH Program activities in targeted districts. Representatives of the Integrated Health Program (PROSIN), the USAID-sponsored bilateral program with the MOH, have also participated in these meetings in order to foster collaboration between these two USAID-funded initiatives.

4) Baseline needs assessment conducted in Beni, Pando, Potosi and Tarija.

At the suggestion of the MOH and USAID, the maternal health assessment tool described in the opening summary was used to determine priority districts for the MNH program. Using this instrument, MNH identified 16 districts where the MNH Program will focus. Together, these districts constitute approximately 15% of Bolivia's total population but contribute to 48% of the country's maternal mortality. The MNH Program will work in districts with high maternal mortality but which also have an average or good institutional capacity, and/or where the World Bank is working to upgrade infrastructure and equipment. The MNH Program will focus on districts in the highlands and two peri-urban districts of major cities.

5) Desk review of MNH indicators and program conducted.

The Maternal Health Assessment Tool described above has facilitated, and to a degree replaced, the desk review process. The indicators are noted above and include: 1) maternal mortality ratios and proportion of births with a skilled attendant; 2) availability of blood transfusion and caesarian section, and the number of trained providers per 10,000 population; 3) percentage of maternity beds unoccupied.

6) Municipal-level capacity assessed.

MNH Team members traveled to each of the 16 districts to meet with municipal level authorities and to assess needs and institutional capacity at the municipal level.

7) Groups, organizations and other key stakeholders identified.

Accomplished. (Refer to #8 below for additional information).

8) Meetings held with key stakeholders to discuss the formation of partnerships.

The MNH/Bolivia Team has been working closely with the following organizations: Ministry of Health (national, regional and local levels), USAID, PROSIN (USAID-funded bilateral Integrated Health Program), PAHO, GTZ and BASICS.

9) Client satisfaction with EMNC services assessed.

Postponed until FY01.

10) Clinical training conducted.

Postponed until FY01.

- 11) **IPC/C training to improve provider/client interaction conducted.**
Postponed until FY01.

3.2.2. *Guatemala*

A series of joint planning meetings was held in Guatemala in February, March and April 2000. The MNH Team worked closely with the newly-installed MOH to discuss information gathered in the desk review and to reach consensus on a long-term strategy. Based on these meetings, the Program developed an 18 month workplan and a Results Framework that outlines its overall objective: To increase the adoption of practices and use of services that are key for maternal and neonatal survival. The Framework also outlines results in the areas of Service Delivery, Demand Generation and Institutionalization that the MNH Guatemala Team will work toward in meeting its objectives.

The MOH accepted and authorized the 18 month workplan as the National Strategic Plan for the Integrated Women, Children and Adolescent Health program. Full implementation is beginning in accordance with MOH officials over the next several months.

- 1) **Women's groups, committees and organizations identified for purposes of community mobilization.**

In process.

- 2) **NGOs and coordinating organizations will facilitate meetings.**

In process.

- 3) **Workshops conducted to develop M&E plan including: defining indicators to be monitored for each project component; identifying existing data collection tools and additional tools needed.**

Initial discussions with involved parties began 25-28 April. Follow-up discussions have been ongoing since that time. A draft Results Framework (M&E plan) was developed. The overall objective that the Results Framework seeks to capture is: to increase the adoption of practices and use of services that are key for maternal and neonatal survival. The framework also outlines results in the areas of Service Delivery, Demand Generation, and Institutionalization that the MNH Team will work toward in meeting its objectives. The Results Framework encompasses:

Service Delivery

- Quality Essential Maternal and Neonatal Care (EMNC): Network of services with the problem-solving capacity, appropriate technology and cultural adaptations to provide quality EMNC accredited

Demand Generation

- Informed Demand: Increased use of the appropriate level of accredited community and institutional services

- Knowledge/Wisdom and Community Action: Birth preparedness and life-saving plans developed and implemented by community organizations
- Advocacy/Social Norms: Social and individual norms of personal value and protection of maternal and neonatal health accepted and consolidated at personal and community levels

Institutionalization

- Policies and Norms: Strengthened policies and norms implemented to sustain adequate provision of EMNC services
- Management Systems: Management systems strengthened to assure the sustained provision of EMNC
- Preservice Education: Preservice institutions with competency-based curricula in EMNC

4) **Desk Review of MotherCare activities with TBAs conducted.**

Contained in the overall desk review that was completed December 1999.

5) **Meetings with key stakeholders to discuss and design strategy for TBA monitoring system held.**

The implementation of the training system is just beginning. Meetings currently being initiated.

6) **Follow up two day meeting held with USAID, MOH and other key stakeholders to develop a strategy, an action plan for implementation and a joint workplan.**

Completed. As described above, a series of meetings were held in February, March and April of this year to develop the strategy, workplan and results framework.

7) **Meetings held among key stakeholders to identify areas of collaboration and coordination.**

Ongoing.

8) **Meetings held with POLICY project representative in Guatemala.**

Ongoing.

9) **Coordination meetings held with project intervention hospitals, medical and nursing schools.**

Ongoing.

10) **National Safe Motherhood Commission - Key Stakeholders identified.**

Completed, although the MOH is still in a transitional period.

11) **Meetings held among key stakeholders of the National SM Commission.**

Ongoing.

12) **Partnerships and coalitions among key stakeholders of the National Safe Motherhood Commission formed.**

Ongoing.

- 13) **Meetings and workshops held among MNH staff, NGOs, MOH, donor agencies regarding the Safe Motherhood Commission.**
Ongoing.
- 14) **IEC dissemination plan designed for one new department.**
In progress.
- 15) **Meetings held to determine BDD strategy.**
In progress.
- 16) **Tools implemented to assess and utilize community feedback.**
Planned for 4th Quarter FY00.
- 17) **Monitoring system for dissemination of IEC materials: Meetings held with key stakeholders.**
Ongoing.
- 18) **Meetings held with QAPII Project to discuss collaboration, joint workplan.**
Ongoing.
- 19) **Data collection and analysis: TA provided to initiate data registration and analysis in one health department of El Quiche.**
On hold pending MOH approvals.
- 20) **Data collection and analysis: TA provided to strengthen data collection and computerization in one other health department.**
On hold pending MOH approvals.
- 21) **Training workshops on planning and budgeting skills held for staff of hospitals and health department and directorates.**
Delayed. This activity will be rescheduled.
- 22) **Meetings held with JHPIEGO/TRH to develop collaboration.**
Ongoing. MNH and TRH staff regularly collaborate and share information.
- 23) **Joint training conducted for infection prevention in collaboration with JHPIEGO/TRH.**
Completed in FY99.

3.2.3 Honduras

In May 2000, the MNH team assisted personnel at the teaching hospital, Hospital Escuela in Tegucigalpa, Honduras to implement recommendations from the maternal death audit conducted last year (strengthening hospital epidemiologic surveillance systems and adapting national protocols for use). The team:

- Identified the strengths and weaknesses of current reporting systems
- Collaborated with the Departments of Epidemiology and Obstetrics and Gynecology to improve reporting on maternal deaths and obstetric complications
- Discussed with the Chair of Obstetrics and Gynecology the process of implementing national protocols for the principal causes of maternal death

The MNH Team obtained agreement to develop and disseminate the protocols through the use of job aids and verification checklists, and to investigate the efficacy of this intervention over the next 9 months with the help of the Department of Epidemiology. The MNH Team also met with the MOH and the Dean of the Faculty of Medicine and Sciences to discuss the possibility of enriching preservice education in maternal and neonatal health. The next step will be for the MNH Team to begin development of an action plan for this intervention.

1) National Protocols: Meeting with key Ob/Gyn hospital staff held to establish subcommittees to review protocols.

Meetings held in May with hospitals teams and MNH staff.

2) National protocols reviewed and updated by subcommittee.

During the visit in May, national protocols were reviewed and updated.

3) Follow up visits held.

Rescheduled for August 2000.

4) Surveillance systems: Preparatory meetings with hospital epidemiologists and clinical staff held.

Accomplished May 2000.

5) Current data collection, reporting, analysis and utilization practices identified.

Accomplished May 2000.

3.2.4 Peru

Following discussions with USAID and the Peru Ministry of Health, a proposal for the strengthening of maternal and neonatal health information systems in priority regions of the country was submitted to both the Ministry and USAID. Currently, the MNH Program is awaiting response and feedback from USAID and the Ministry of Health on the proposal before proceeding with further design and implementation of a program in Peru.

3.3 Africa

3.3.1 *Burkina Faso*

A five-member team traveled to Burkina Faso 18 March - 1 April 2000, to conduct an initial assessment of the country's maternal health service delivery capacity and community participation in maternal health activities. The findings were used to draft a project proposal that was submitted to the Ministry of Health (MOH) for comments. The team worked with UNICEF, PLAN International and Burkina Faso's MOH to reach consensus on how each agency can contribute in the effort. The MNH Program proposes to support training personnel in refocused antenatal care (including birth preparedness and the prevention and treatment of malaria), active management of labor and other aspects of safe motherhood. In addition, with technical assistance from the CDC, the MNH program will develop policy and advocacy strategies and conduct a baseline assessment of malaria in pregnancy in Koupela district.

Staff was hired during this quarter to work on the implementation of the MNH Program in Burkina Faso. Currently, a MOU is in development between PLAN International and the MNH Program.

1) Meeting conducted to identify data needed at health center and community levels to implement and monitor project.

Accomplished.

2) Questionnaire to use in data gathering will be developed.

Draft completed.

3) M&E Plan integrated into possible other data collection schemes and data collected.

Delayed. The M&E TDO will be traveling to Burkina Faso in August to explore and initiate possibilities.

4) Assessment of community capacity conducted by BCI Technical Team.

Mwangaza Action conducted an assessment of community capacity during this quarter. Results pending.

5) Meetings held with key stakeholders to develop the BCI strategy and scope of work for Mwangaza.

Ongoing.

6) Appropriate logistics for project staff negotiated.

The Project Coordinator will have an office in Plan International's Koupela office.

7) Workshop held to develop integrated plan of action with the MOH, UNICEF, Plan and other partners.

Meetings held to agree on responsibilities of each partner. A MOU was drafted with Plan International. The formal workplan will be developed in 4th Quarter FY00.

8) Meeting held with MOH, NGOs and donors to revitalize the SM Committee.

Delayed. Project Coordinator focusing on developing overall program as well as developing the malaria research project with the CDC.

9) Objectives of SM Committee defined and responsibilities identified.

SafeMotherhood Committee not yet revitalized.

10) Regular meetings of SM Committee held quarterly.

Delayed due to delays in revitalizing the Committee.

11) Revised RH PNP presented to the MOH for approval.

PNP was finalized and approved by the MOH.

12) Revised RH PNP formatted, produced and disseminated.

The PNP is currently being formatted. It will be ready by the end of August 2000.

13) Workshop conducted to approve finalized preservice curriculum for paramedical personnel - midwives, auxiliary midwives and nurses.

Regional preservice curriculum drafted. Finalization workshop scheduled for August.

14) Workshop to develop job-aids conducted with key stakeholders.

Delayed. Awaiting finalization and printing of RH PNP.

15) Job aids pre-tested.

Delayed.

3.3.2 Guinea

Revising the Guinea Safe Motherhood Strategy

Responding to a request from the Guinea Ministry of Public Health, the MNH Program will provide technical assistance for the revision of the national safe motherhood strategy in Guinea. In July and August 2000, the MNH Program will assist the National Safe Motherhood Revision Team to complete a situation analysis of maternal health and revise the safe motherhood strategy. The revised strategy will be validated by the Government of Guinea in October 2000.

3.3.3 Tanzania

Performance Improvement in Antenatal Care

During this quarter, the MNH Program worked with the Reproductive and Child Health Section of the Tanzania Ministry of Health (RCHS/MOH) and USAID/Tanzania to finalize the National Package of Essential Reproductive and Child Health Interventions (NPERCHI), reach consensus on the annual workplan, and plan for the upcoming antenatal care (ANC) needs assessment.

In April and May, two versions of the NPERCHI package were developed. The first version is targeted towards policymakers and key stakeholders and summarizes the Reproductive and Child Health interventions included in the package. The second version targets program planners and District Health Management Team Leaders and includes inputs and outputs for each suggested intervention within the document.

The NPERCHI was finalized during a consensus meeting held in Dar es Salaam 28 June 2000. Twenty-eight people attended this consensus workshop. The final changes, stemming from the workshop, were incorporated into the text and the document will be finalized in July 2000.

During the visit to Dar es Salaam, meetings also took place with the MOH and USAID/Tanzania to discuss the needs assessment and annual workplan. Assessment tools were reviewed and revised and the needs assessment scope of work was agreed upon. Following a meeting on 29 June 2000 with USAID/Tanzania, the workplan was revised according to USAID regulations that limit the number of workshops that can be utilized by a program. A finalized workplan was submitted to USAID/Tanzania and the RCHS/MOH at the end of June.

3.3.4 Zambia

MNH Midwifery Advisor compiled and analyzed data from the January assessment of the registered midwifery clinical training program in order to determine the training needs and the institutional capacity of the midwifery schools and their clinical training sites. This assessment will provide the basis for the development of future activities. The draft report was sent to the General Nursing Council for review, finalization and dissemination. Plans for the next series of technical activities, updating the core technical team's reproductive health knowledge and skills to strengthen midwifery education in Zambia will be reviewed in light of the strategic planning meetings.

The MNH Social Mobilization Director traveled to Zambia this quarter to provide technical assistance to establish a safe motherhood network. An NGO will be identified to lead the network and develop plans for advocacy activities. The MNH Program continues to develop communication strategies in collaboration with JHU/CCP.

Rick Hughes, Associate Director of JHPIEGO's East and Southern Africa Office, moved to Zambia in May where he will continue to manage the Zambia program. It is anticipated that his

presence will help accelerate MNH program development and incountry implementation.

1) Participatory clinical site assessments conducted.

Preliminary activities are scheduled to begin in July 2000.

2) Meetings held with key stakeholders regarding strategic plan for MNH mobilization activities.

Several meetings with potential network members are scheduled for July 2000.

3) Community mobilization project plan developed and approved.

A Safe Motherhood network strategy is in development.

4) Workshops conducted to develop a Monitoring & Evaluation plan including: defining indicators, identify existing data collection tools, and additional tools as needed.

Delayed due to scheduling conflicts with key partners. Rescheduled for fall 2000.

5) Meetings held with key stakeholders to draft and adopt national EMNC clinical guidelines.

Delayed due to change in leadership in Central Board of Health and UTH Department of Ob/Gyn.

6) Meetings and workshops conducted to establish a network of public and private stakeholders.

Delayed due to change in leadership in Central Board of Health and UTH Department of Ob/Gyn.

7) Assessment of current practices and attitudes related to childbirth and care reviewed by key stakeholders.

Desk review initiated, preliminary results relayed to the MNH BCI and Social Mobilization Directors.

8) Meetings held with key stakeholders to foster collaboration among groups pertaining to community and NGO capacity.

Delayed due to change in leadership in Central Board of Health and UTH Department of Ob/Gyn.

9) MNH knowledge and skills training conducted for staff from service sites acting as practicum sites for RM program, including IPC/C training.

Delayed due to scheduling conflict with other GNC activities. Rescheduled for August and September 2000.

10) RM curriculum reviewed.

Rescheduled following the MNH Knowledge Updates and Skills Training, estimated for August 2000.

- 11) **Curriculum Strengthening Team (CST) formed with representatives from the GNC, CBOH, and tutors and clinical instructors from three RM schools.**

First meeting to occur at end of August 2000 at MNH Knowledge Update and Skills Training.

- 12) **Regular meetings held with GNC throughout RM strengthening process.**

Ongoing.

3.3.5 *REDSO/ESA*

MNH activities in Uganda with the Regional Centre for Quality of Health Care (RCQHC) are dependent on the RCQHC schedule of activities and priorities. Currently, the Center is still awaiting the arrival of the technical advisors. Thus, activities continue to be delayed. The two short courses are tentatively scheduled for spring 2001.

- 1) **Short course on malaria better practices developed.**

Delayed pending selection and hiring of CDC-supported Malaria advisor.

- 2) **Training conducted for staff at RCQHC on malaria better practices as applied to maternal and neonatal mortality.**

Delayed pending selection and hiring of CDC-supported Malaria advisor.

- 3) **TA provided by MNH advisor for malaria short course.**

Delayed pending selection and hiring of CDC-supported Malaria advisor and MNH advisor.

- 4) **Short course on maternal and neonatal health better practices developed.**

Meetings to develop MNH better practices course scheduled for August 2000.

- 5) **Training conducted for staff at RCQHC on maternal and neonatal health better practices.**

Rescheduled. As noted above, course will be developed in August 2000. Training anticipated in fall 2000.

- 6) **TA provided by MNH advisor for maternal and neonatal health better practices short course.**

Delayed. The selection and hiring of a MNH advisor is still ongoing.

4. BUDGET

Following are the schedules for the MNH Cumulative Core and Field Fund- Expense Reports. Please note that the expenses reflected in the reports are those reported by the JHU financial system through 30 June 00. The Core funding for FY00 is reflected in the "Cumulative Funding Appropriated through 06/30/00" category (1st column). No additional core funding is anticipated for FY00.

Annex A: Matrices of MNH Activities According to Plan - Third Quarter FY2000

- "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 April - June quarter can be found in the body of the report.

GLOBAL LEADERSHIP

LOP Outcomes	Outputs	FY2000				Activity Clusters	
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept		
Essential Maternal and Neonatal Care							
Adoption of international standards and/or guidelines for maternal health and nutrition to improve quality of health provider performance.	Prototype ECPC finalized, reviewed, and distributed.	X	X	X		Meetings will be held with WHO and JHPIEGO/TRH to finalize Emergency Care in Pregnancy and Childbirth manual (ECPC).	
	Prototype Care of the Sick Newborn manual finalized.		X	X	X	Two meetings will be held with WHO to develop and review the Care of the Sick Newborn manual.	
	Spanish version of ECPC finalized.				X	ECPC manual will be translated into Spanish.	
	Prototype BMNC maternal and newborn care manual developed, reviewed, refined, and published		X	X			Meetings will be held to develop the Basic Maternal and Neonatal Care (BMNC) manual.
					X		Manual will be reviewed by WHO, ACNM, ICM and other selected international health care providers.
	Indonesia National resource document finalized and 5000 copies distributed.					X	Meetings will be held with stakeholders and partners in Indonesia to develop national guidelines based on ECPC and BMNC manuals.

LOP Outcomes	Outputs	FY2000				Activity Clusters	
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept		
Strengthening of training systems (supervision) to improve health worker performance in essential maternal health care skills.			X	X	X	“Supervision for Performance Improvement” learning package will be developed with JHPIEGO/TRH.	
				X	X	Support supervision activities will be initiated in one country.	
Improvement in capacity and capability of preservice and inservice training programs to provide safe pregnancy, birth, obstetric, postpartum, and postabortion care.	MNH Clinical Skills Training Strategy developed and refined.	X				Meetings and workshops will be held with an international team of expert midwives and physicians to develop draft Clinical Skills Training Strategy and Learning Resource Packages	
	Learning Resource Packages (LRP) for EOC and Basic Maternal and Neonatal Health Care developed, refined, finalized for two reference manuals and field tested in one country.			X			Draft packages will be reviewed by key stakeholders and a group of international and regional experts.
				X	X		Draft packages will be field-tested in at least one country
					X		Learning packages will be reviewed by international and regional experts/stakeholders.
					X		Revised and refined learning resource package will be incorporated into preservice training in one country.
					X	X	Twelve key MNH topics will be identified, researched and developed for ReproLine.
	ReproLine updated to include MNH topics.			X	X		
Strengthening of training systems (preservice and inservice) to improve health worker performance in essential maternal health care skills.	Preservice curriculum strengthening packages /materials for midwifery, nursing, and medical schools and clinical sites developed and integrated into at least one country.	X	X			Training needs assessment and curriculum review will be conducted.	
				X		Training strategy will be developed in at least one country.	

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Inservice training strengthening materials incorporated into inservice training materials for skilled health care providers.		X	X		Training materials/tools and approaches will be adapted to local needs.
					X	Training materials/tools and approaches will be incorporated in local educational and training systems.
Behavior Change Interventions						
Identification, development, evaluation of effective strategies, tools and programs for operationalizing the pathway to maternal survival.	BCI strategy revised and shared.		X			BCI Strategy will be reviewed by an external panel of partners.
			X			Workshop will be conducted to discuss BCI strategy with communication and social mobilization experts.
	Tools for community capacity assessment developed.		X	X		Workshop will be conducted to review, adapt and develop tools for assessing community capacity with behavior change experts.
	BCI strategy usefulness demonstrated in the field.			X	X	BCI strategy will be field tested in MNH focus countries.
	Selected Asian counterparts familiar with BCI strategy.			X		Workshop will be conducted to share BCI approaches with selected counterparts from Nepal and Indonesia and promote cross-fertilization.
Improvement of policy environment for maternal and neonatal health and nutrition through increase public and private support.	White Ribbon Alliance activities developed.	X	X	X	X	Director of Social Mobilization will contribute to the development and implementation of activities for the global White Ribbon Alliance.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	One to two day symposium conducted.				X	One to two day symposium will be organized in DC to sensitize international and US policymakers around MNH issues and the White Ribbon Alliance.
	Proposal for "Summit for the World's Moms" submitted.				X	MNH will propose a "Summit for the World's Moms" for national and international policy makers.
	Strategic advocacy plan adopted and disseminated.				X	Strategic planning session organized as followup to the White Ribbon events.
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Manual for community involvement in maternal health completed		X	X		Collaboration with NGO Networks and POLICY project will continue to develop a community manual to improve demand for quality maternal services
	Adapted CPI module drafted		X	X	X	The CPI structure within the MAQ Client Centered Approach module of the MAQ Exchange will be reviewed for applicability and adaptability to maternal health services
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Draft negotiation guidelines developed.		X	X	X	Negotiation guidelines and techniques will be developed for facilitating dialogue between community and provider groups
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Adapted Social Mobilization manual completed and available to communities.		X	X		Social Mobilization manual will be adapted for maternal survival focus.
	Lessons learned from PROQUALI project compiled.		X	X		PROQUALI project and similar efforts will be reviewed.
Improvement in the quality of maternal and neonatal health services through strengthened health worker performance.	Prototype job aids developed			X	X	Job aids for midwives will be developed

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Heath Finance						
Improved capability of women and communities to participate in the design, implementation and evaluation of programs to improve maternal and neonatal health	Community financing assessment reports completed in 2 countries	X	X			Gather and review gray literature
			X	X		Conduct assessment in Nepal and one LAC country
	Action research designs and implementation plans in place in 2 countries				X	Design action research questions and formulate plan of action
Improved capacity of countries to use cost information in developing programs for promoting and providing birth preparedness and for communities to overcome finance barriers to care	Usefulness of costing tools at community level assessed	X				Undertake activity planning with partners
			X	X		Conduct community assessment in Indonesia
	Costs of alternative treatment options demonstrated			X	X	Apply CES tool in Zambia
Policy-Development						
Increased commitment to improved maternal and neonatal survival by raising awareness of key stakeholders.	MNH Policy strategy and MNH advocacy strategy completed and implemented.	X	X			MNH will collaborate with FUTURES group to finalize and refine the MNH policy strategy and the MNH advocacy strategy.
	Approaches for decision making about allocation of resources to MNH policies identified.	X	X			Lessons learned from the POLICY Project on increased resource allocations policies for maternal and neonatal health at the municipal and/or district levels will be determined.
			X	X	X	Lessons will be scaled up in Bolivia and Guatemala.
	Advocacy tools adapted and disseminated to national and global stakeholders.	X	X			Existing advocacy tools developed by the POLICY project will be modified to build upon the advocacy skills of community leaders and other stakeholders.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
				X	X	Adapted advocacy tools will be disseminated to national and global stakeholders.
	Policy planning tools identified and adapted to national, municipal and/or district levels	X	X	X		Existing policy planning tools developed by the POLICY project will be adapted to national, municipal, and/or district levels in 2-3 countries.
	MNH presentation adapted and presented to national and global leaders.	X	X	X		Presentations highlighting safe motherhood issues will be adapted to raise awareness among donors and incountry counterparts.
Review existing policy planning tools and adapt them to various levels - municipal, district and national.	Policy planning tools identified and adapted to national, municipal, and/or district levels.	X	X			Existing policy planning tools developed by the POLICY project will be identified and adapted in 2-3 MNH countries.
	Advocacy tools identified, adapted, and disseminated to key stakeholders.	X	X			Existing advocacy tools developed by the POLICY project will be identified and adapted to build upon the advocacy skills of community leaders and other local stakeholders.
				X	X	X
Identify and assess existing policy barriers which inhibit maternal and neonatal survival.	Policy barriers that impact access to and delivery of maternal health services identified and disseminated to national, regional and international stakeholders.	X	X			Policy barriers that impact access to or delivery of safe motherhood services in 2-3 countries (Bolivia, Guatemala, and/or Indonesia) will be assessed.
				X	X	X

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Strategic planning workshop conducted and results disseminated to national and regional leaders.			X		Workshop will be conducted among policymakers and local stakeholders in two MNH countries to assess the impact of current policies on maternal and neonatal survival and to identify more appropriate policies and the steps required to implement them.
Information Dissemination						
State of the art resources packages, lessons learned and other approaches to improving maternal and neonatal survival disseminated to global audiences	Monthly "MNH Updates" electronic newsletter disseminated to collaborators and appropriate agencies	X	X	X	X	Mechanisms to gather data in order to produce monthly "MNH Updates" and disseminate electronically to USAID and partner CAs will be established
	<i>Reducing Perinatal and Neonatal Mortality</i> completed and disseminated	X				Joint dissemination plan developed with the Child Health Research Project at JHU/SPH.
		X				Distribution lists will be reviewed and publication sent accordingly.
		X				Electronic files will be provided for inclusion on ReproLine.
		X				Press releases will be sent through MEASURE Communication.
	Distribution database developed	X	X	X	X	Distribution lists will be gathered, reviewed and combined into a distribution database.
			X			Contractor will be identified to develop distribution database.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Resource center materials database developed	X	X	X	X	Resource materials collected by MNH will be entered into a database. Meetings will be held with JHU/CCP/PIP to develop mechanisms to include MNH Materials on PopLine.
	MNH participation in various national and international conferences		X	X	X	MNH staff and collaborators will participate in a number of conferences including the White Ribbon Alliance events in Washington D.C. in May, Beijing +5 2000, International Federation of Gynecology and Obstetrics (FIGO), ICM, American Public Health Association (APHA), Global Health Council (GHC) and SOTA
	MNH and ReproLine linked to Reproductive Health Search project	X				MNH and ReproLine websites will be linked to the Reproductive Health Search project, an information resource on the internet being developed by members of the Population, Health, and Nutrition Materials Development Working Group
	<i>What's New</i> Newsletter on maternal health behavior change materials produced and disseminated with JHU/CCP	X	X			MNH staff will collaborate with JHU/CCP to produce an issue of the Media/Materials Clearinghouse's (MMC) <i>What's New</i> Newsletter devoted to Safe Motherhood IEC materials produced worldwide
	MNH website updated	X	X			The design and content of the existing MNH website will be updated bi-monthly and linked to an increasing number of resources and services that can be provided by the MNH partners

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Improved policy environment for maternal and neonatal health through broadened private and public commitment	BCI workshops and presentations conducted			X	X	BCI workshop presentations will be developed by MNH and CEDPA to support the planned BCI workshop in Asia.
				X	X	Workshop findings and outcomes in English and Spanish will be posted as downloadable files from the MNH Website
	Information dissemination 2-year strategy with a focus on collaboration developed	X	X			Dissemination will be discussed at a partner's meeting to specifically identify strengths, audiences, and opportunities to jointly house, produce, and/or distribute maternal and neonatal health and nutrition information and materials. A strategic plan will be developed that specifies joint dissemination activities, clearly indicating each agency's responsibilities
	Organizational relationships with partners and other organizations formally established through memorandums of understanding and task orders as appropriate	X	X			MNH partners will meet with dissemination counterparts at organizations currently working in Safe Motherhood including MEASURE <i>Communication</i> , Care, Family Care International, Marie Stopes International and the Population Council.
		X	X			MNH will also finalize dissemination agreements with the International Confederation of Midwives, FIGO, WHO and ACNM
	Global advocacy packet developed and disseminated.		X	X		MNH Program advocacy packet containing fact sheets and lessons learned will be produced and disseminated.
					X	X

LOP Outcomes	Outputs	FY2000				Activity Clusters	
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept		
Increased capability and capacity of maternal and neonatal services and programs to offer quality services	Global MNH poster developed		X	X		A global EMNC poster (in English, Spanish and French) will be developed for providers in collaboration with JHU/CCP and distributed through partner organizations	
	Two global job aids developed and disseminated		X		X	Two global "job aids" (in English, Spanish and French) that can accompany distribution of EMNC training/clinical manuals and/or act as BCI promotion in order to improve quality of care and provider skills will be developed	
	Technical assistance to Guatemala and other Latin American countries provided on issues of regional or global significance		X	X	X	X	Technical assistance will be provided to the Guatemala office to develop the parts of its program that have broader regional and global significance: its dissemination strategy, its bilingual English/Spanish website and plans for carrying over the MotherCare Resource Center
			X	X	X	X	Technical assistance will be provided, as needed, to the Latin America region to develop regional MNH materials in Spanish
Monitoring, Evaluation and Research							
System in place to acquire, process, report out and disseminate monitoring and evaluation data for MNH Program's global and country activities	MNH Program monitoring and evaluation framework refined and disseminated	X	X			MNH M&E team will collaborate with MNH staff partners and incountry counterparts to establish the M&E framework.	
		X	X			MNH M&E framework finalized and disseminated to key stakeholders	

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Program monitoring indicators identified, benchmarked and incorporated into APMS	X	X	X	X	MNH team designated to update APMS to include MNH activities.
		X	X	X	X	MNH M&E framework will be integrated into APMS
	Country-specific monitoring and evaluation plans established for each MNH country	X	X	X	X	MNH M&E team will collaborate with MNH staff, partners and incountry counterparts to develop country M&E plans by: assessing local data sources, determining appropriate indicators and training staff on data collection.
Indicators of progress in maternal health programming IDED	MNH Program research agenda established	X				Potential research questions will be gathered from MNH staff, partners, and external CAs.
		X	X			A technical advisory group (TAG) will be established to review proposed research questions and assist in the selection of issues.

COUNTRY AND REGIONAL PROJECTS

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
INDONESIA						
Communities contribute to the development of an expanded SIAGA strategy.	Expansion of the SIAGA model launched in 2 districts in West Java and SIAGA materials adapted for use to include family, community and providers	X	X			Meetings will be conducted with key stakeholders to develop expanded concept.
			X			Sub-contractors will be identified to conduct formative research and develop messages.
			X	X		Complementary formative research will be conducted.
				X	X	Audiences will be identified, and messages will be developed..
				X	X	Messages will be pre-tested in target areas.
	At least two local NGOs identified and trained to conduct initial community mobilization activities for safe motherhood.	X	X			Community-based NGOs will be identified and their capacity to support community mobilization activities will be assessed.
				X	X	Meetings will be held with identified NGOs to develop a strategy to strengthen community links.
					X	Training will be conducted for NGOs in community mobilization and group facilitation skills.
					X	NGOs will implement at least one community activity in two districts of West Java to raise awareness about and generate interest in maternal and neonatal health issues.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Monitoring systems established and implemented.	MNH/Indonesia indicators established, related indicators being monitored by other organizations identified		X			Workshops will be conducted to define indicators that will be monitored for each component of the MNH/Indonesia program.
			X			Existing data collection tools will be reviewed and additional tools will be developed as needed.
				X		Desk review of existing evaluation studies/research will be conducted
			X			Meetings will be conducted with other SOAG programs to identify cross-program indicators to be monitored and shared, such as maternal anemia levels, contraceptive use, low birth weight.
				X	X	Meetings will be held with CA's in Indonesia that are monitoring crisis indicators to include and/or periodically review MNH/Indonesia and related indicators.
Indications of the safety of the BDC practices assessed	Database established to monitor birth outcomes from a cohort of trained midwives in East Java and Central Java to assess the effect of BDC training on the prevention of complications	X	X	X	X	Ongoing monitoring of birth practices (partograph, active management of third stage of labor) and outcomes (hemorrhage, neonatal asphyxia) by a cohort of midwives and BDD in East Java and Central Java following clinical training in basic delivery care will be conducted.
		X	X	X	X	Completed partographs will be collected monthly and entered into a database.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Common vision and shared understanding among team members of MNH/Indonesia program goals, objectives and activities to decrease maternal mortality.	MNH/Indonesia strategy, management structure and joint workplan developed and approved at appropriate government levels and by all partners and disseminated	X				Meetings will be conducted with GOI to jointly develop a strategy for MNH support to the GOI's Safe Motherhood program.
		X	X			Meetings will be conducted with several units of MOH, other GOI ministries, professional organizations, other donors and partner CA's for MNH/Indonesia develop a joint workplan to support the national, provincial and district program..
			X			Meetings will be conducted at the national and provincial levels to disseminate MNH/Indonesia program strategy and workplan to GOI and donors.
		X	X	X		A management structure for the MNH/Indonesia Program will be established among MOH/government/NGO/CA partners
Common vision and shared understanding among MNH/Indonesia team members concerning the implementation and evaluation of the program.	Maternal and neonatal health coordinating system functioning			X	X	A national level coordination committee will be formed to share information related to MNH/Indonesia program issues and best practices among MOH units, other ministries, NGOs and donors
				X	X	MNH/Indonesia program staff will join the West Java provincial coordination team to ensure communication, collaboration and cooperation with other team members, including other donor-supported programs.
Increased awareness within communities of the problem of maternal mortality and increased political support for reducing it	White Ribbon Alliance activities launched in West Java	X	X			Meetings will be conducted to introduce and form the White Ribbon Alliance in Indonesia.
		X	X			The WRA will be presented to ministers, political leaders, donors at the national level.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
		X	X	X	X	The WR concept will be presented to government leaders, NGOs and communities at the province and district levels.
		X				WR Campaign will be soft-launched on Indonesian Mother's Day (Dec 22, 1999) and other events organized by Ministry of Women's Empowerment (MenPP).
				X		The WRA will be launched nationally on Kartini Day (April 21, 2000).
		X	X	X	X	Monthly coordination meetings will be conducted with members of the WRA
National Resource Document (NRD) for MNH endorsed as the national standards with commitment from key stakeholders and other donors to use the NRD-MNH as the basis for their program activities	NRD-MNH distributed and a dissemination strategy developed	X	X	X		Final revisions and editing of the bahasa Indonesian version of the NRD/MNH/Indonesia will be completed after internal review.
		X	X			NRD-MNH/Indonesia will be translated and externally reviewed to ensure NGR-MNH guidelines correspond to international standards.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X			Workshops will be conducted with writers to incorporate comments from external reviewers.
			X			NRD/MNH/Indonesia will be printed and distributed.
				X		National advocacy meeting will be conducted to endorse NRD-MNH/Indonesia as national standards.
				X		Meetings will be conducted with key stakeholders and donors to disseminate NRD.
					X	Workshop will be held to develop an NRD dissemination strategy.
Technical working groups established to provide leadership for MNH/Indonesia activities and coordination between donors, projects and programs.	Three technical working groups addressing maternal and neonatal health issues, including one group having reviewed and updated existing standards according to the NRD-MNH		X			MNH Coordination team will identify key topics, operating guidelines and expected outcomes for technical working groups.
			X	X		Technical working groups will be formed consisting of MOH/GO/NGOs and donors.
				X	X	Technical working group meetings and workshops will be conducted.
					X	One technical working group will review recently published MNH / RH standards (WHO/Midwifery Standards, UNFPA/RH standards, CHS/SM standards) for consistency with the NRD-MNH.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	Workshop will be held with key stakeholders of existing standards documents to update standards.
	Revised RH framework developed that ensures that MNH/Indonesia program priorities are well integrated with other RH program priorities.				X	MNH/Indonesia program will review the MOH's RH Framework and provide leadership in revising the RH framework.
Key issues in MNH/Indonesia program identified.	An MNH/Indonesia Advisory Group meeting quarterly to provide technical assistance to Depkes, POGI and IBI on MNH/Indonesia maternal and neonatal health issues			X		An MNH/Indonesia Advisory Group will be developed consisting of medical, midwifery, program, public health and consumer representatives to identify and promote key interventions within the essential package of MNH services.
					X	Quarterly meetings will be conducted for the MNH/Indonesia Advisory Group to review program indicators and progress and suggest new directions as needed.
Key national, district and community stakeholders sensitized to the importance of MNH essential package of services.	Advocacy for maternal and neonatal survival being undertaken by stakeholders.		X	X	X	Advocacy workshops will be conducted to sensitize key stakeholders to MNH strategy and MNH essential package.
Health center midwives and local NGOs trained to facilitate community discussions and activities to update knowledge of MNH practices.	Radio learning vignettes developed and used by BDDs and communities.				X	A series of radio vignettes will be developed to update the knowledge of providers about topics in the NRD-MNH. Women and families will be the secondary audience of these spots.
					X	Midwives at the puskesmas and local NGO's will be trained to facilitate group discussions with the BDD and community about the topics broadcast.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Increased empowerment of the community to negotiate for the health care needs.	Options for a model to promote sustainability of the BDD in the community will be identified.			X		A review of models for BDD sustainability will be conducted.
				X		A workshop will be conducted with provincial and district leaders to review BDD sustainability models and identify potential models for communities to adopt
				X		Meetings will be conducted with district planners and community representatives in two districts in West Java to adapt / develop a model for BDD sustainability.
Strengthened coordination, planning and MNH service quality at health centers, district hospitals and preservice schools.	Linkages developed between district hospitals, health centers, and preservice midwifery schools.	X	X	X	X	Community health centers will be developed as satellite clinics of the district hospital to improve the quality of preservice midwifery education and inservice clinical training.
	Essential Package of MNH services addressed in decentralized district health plans.			X	X	Meetings will be conducted to review current models and strategies to support decentralized planning.
				X	X	Meetings will be conducted with district planners to help them plan for meeting the needs of delivering the essential package of MNH services.
Increased awareness among communities of the need to prepare for births and emergencies.	Community savings / financing schemes and emergency notification, transportation and blood donor plans assessed in target regions.		X	X		Review of communities' notification, transportation, financing, and blood donor schemes for maternal and neonatal survival will be conducted by local NGOs with the communities.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	How to support the existing community systems including the use of local financing mechanisms (ie, tabulin, arison) and /or mini-grants from the project to promote local sustainability will be identified.
					X	The system that has been agreed to by the community will be implemented.
Quality of care during childbirth improved	Service providers, clinical instructors and training sites prepared to provide BDC course			X	X	District-level clinical instructors standardized in the BDC course and will be trained to conduct peer review visits to reinforce the implementation of standards in practice following BDC clinical training.
					X	Service providers and clinical instructors at clinical training sites used for preservice and inservice training will be trained to conduct case reviews and maternal-perinatal audits of complications referred and deaths.
					X	Workshops will be conducted with district supervisors to disseminate updated clinical skills checklists from the NRD-MNH.
Providers with updated knowledge of MNH/Indonesia interventions.	NRD-MNH dissemination materials for service providers developed for selected topics.			X	X	Updated knowledge about maternal and neonatal health practices and procedures in the NRD-MNH will be disseminated through print, electronic, radio, professional organizations and interpersonal channels to providers, trainers, supervisors, and BDD.
					X	Midwives at health centers will be taught to facilitate group discussions with the BDD using the print and radio materials to update knowledge of new practices.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Model training centers with improved MNH practices.	Plan developed with institutions to upgrade and institutionalize key MNH/Indonesia interventions.			X	X	Up to four model training and service delivery centers will be assessed and upgraded for key procedures, such as infection prevention, essential drugs and supplies, emergency maternal and neonatal health response, medical records, and maternal perinatal audit.
Performance of District MNH health workers improved in providing the essential MNH package of services in the target district.	BDC training being conducted at clinical training centers in four districts	X	X	X		Qualified trainers will teach BDC in 4 districts in East Java and Central Java.
		X	X	X	X	TA will be provided to develop up to eight district training centers in the World Bank project districts in East and Central Java.
	Up to four provincial level/model training and service delivery sites with satellite clinics prepared with trainers and clinical instructors to teach BDC.	X	X	X	X	Up to four provincial and/or model training and service delivery sites will be prepared: <ul style="list-style-type: none"> • satellite clinics will be assessed and selected • training equipment and models will be provided • providers (candidate trainers) will be updated and clinically standardized in BDC skills • candidate trainers will be selected and CTS will be conducted • following CTS, candidate trainers will be cotrained in BDC.
		X	X	X	X	BDC orientation course will be conducted for Ob/Gyn and MD backups at hospitals and satellite clinics.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X	X	X	BDC training courses and followup site visits will be conducted for BDD, physicians, midwives and MNH supervisors by the NTCN.
Training skills of faculty members and clinical trainers in providing the essential MNH package of services in the target district have improved.	DIII midwifery faculty members and clinical instructors with updated knowledge and teaching skills, equipped to teach four new curricular units with clinical faculty equipped to teach BDC course	X	X			Four preservice midwifery curricular units for classroom teachers will be completed for normal antepartum, intrapartum, postpartum, newborn care.
			X	X	X	Training will be conducted for faculty and clinical instructors from DIII midwifery schools to update their knowledge and teaching skills for the four new modules.
			X	X	X	Midwifery clinical instructors and faculty will be standardized in the BDC course.
			X	X	X	Midwifery clinical instructors will participate in clinical training skills courses and training practicum to teach the BDC course.
NEPAL						
SM BCC strategy disseminated to key stakeholders.	SM BCC strategy developed within the RH IEC strategy	X				Desk review will be conducted of global and Nepal-specific best practices and lessons learned.
			X			Workshop to finalize SM BCC component of RH IEC strategy and draft guidelines will be conducted.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Birth preparedness plans (BPP) which provide action oriented information to families, communities and providers of key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	BPP strategy defined and drafted	X				A workshop to define objectives and identify audience for BPP will be conducted.
			X	X		Draft BPP will be outlined based on messages in BCC message guidelines.
					X	BPP will be field-tested within communities.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	A monitoring and evaluation (M&E) plan developed.		X	X		MNH M&E team and MNH staff will collaborate with incountry counterparts and key stakeholders to: -identify existing data collection tools and additional tools needed -determine indicators to be monitored for each project component
Collaboration and coordination among SM players established.	SM subcommittee with resource center established and functional	X				Initial meetings will be conducted to establish the Safe Motherhood (SM) subcommittee.
		X				Key stakeholders will be initiated to join the core group.
		X				Core group will be established and its role will be defined.
		X				Secretariat will be established.
		X	X	X	X	Regular SMSC meetings will be conducted.
		X	X	X	X	Newsletters will be published.
		X	X	X	X	Resource center will be established/updated.
Policy-relevant research agenda will be operationalized.	Policy-relevant research agenda in place	X	X	X	X	Meetings will be conducted among stakeholders to develop a research agenda.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
SM BCC messages standardized and guidelines disseminated.	National SM BCC guidelines document published and disseminated.	X				Desk review of global and Nepal-specific best practices and lessons learned will be conducted.
			X			Workshop to finalize SM BCC component of RH IEC strategy will be conducted and guidelines will be drafted.
				X		NHEICC and FHD will be assisted in obtaining HMG approval for national guidelines on desirable SM behaviors.
Birth preparedness plans (BPP) which provide action oriented information to families, communities and providers of key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	BPP strategy defined and drafted	X				A workshop will be conducted to define objectives and audience for BPP.
			X	X		BPP will be outlined and drafted based on messages in BCC message guidelines
					X	BPP will be field-tested within communities.
FCHCs providing improved services	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.		X			Workshop to review current FCHV training curriculum will be conducted.
			X			FCHV training curriculum will be assessed.
Service providers providing improved client counseling	Prototypic performance improvement job aids and client counseling materials exist for use by service providers to promote key maternal health behaviors and practices.			X	X	Materials will be developed based on the identified desirable behaviors and standardized message guidelines.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
District-level training center developed and functioning within a district hospital.	Service providers updated in SM clinical skills and competent in clinical training in one NSMP district.	X	X			Training materials and equipment will be provided to upgrade district hospital as a clinical training site.
			X			Team-building workshops for trainers will be conducted.
			X			SM inservice training initiated for district service providers based on revised curricula and RH Clinical Protocols.
				X		Clinical coaching skills course for trainers will be conducted.
	On-the-job followup system established.		X	X	X	Followup and support for newly developed coaches will be provided.
One Kathmandu-based SM clinical training center strengthened.	Service providers updated at Patan Hospital in SM clinical skills and competent in clinical training.	X	X			Training materials and equipment will be provided to upgrade birthing center as a clinical training site.
		X				SM services assessed to determine if onsistent with RH Clinical Protocols.
			X			Team-building workshop for trainers will be conducted.
				X		Clinical coaching skills course for trainers will be conducted.
			X	X	X	Followup and support for newly developed coaches will be provided.
						X

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Birthing center financial sustainability plan developed based on training capacity.			X		Assistance to develop financial plan to support birthing center for training will be provided.
Supporting training, education and human resource systems strengthened to support SM service delivery and training (such as licensing and accreditation of preservice institutions; RH protocol orientation; RH bibliography development, etc.)	Job descriptions of providers of safe motherhood services reviewed, licensure requirement issues discussed	X	X	X	X	Participation in meetings will be conducted by HMG.
		X	X	X	X	Cadre-specific job descriptions will be reviewed for relevancy to SM training activities.
		X	X	X	X	Meetings will be conducted to build consensus for reviewing licensure criteria.
Training taking place according to approved safe motherhood training strategy	SM Training strategy drafted and finalized.	X				A workshop will be conducted to update key trainers in SM technical information and best practices in clinical training.
		X				A workshop will be conducted to develop training strategy.
			X			A meeting will be conducted to present training strategy.
				X	X	Assistance will be provided to NHTC to manage SM training.
SNs, ANMs and MCHWs capable of providing quality maternal and neonatal health care upon completion of training	SM curricular components for inservice training of SNs and ANMs developed.	X	X			SN and ANM curriculum revision workshop will be conducted to a competency-based training curricula.
				X		A workshop will be conducted to create teaching materials for an on-the-job training package for ANM training.

SS

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	SM curricular components for inservice training of MCHWs developed and field tested.	X				A workshop will be conducted to strengthen HMG MCHW training curriculum.
		X				A workshop will be conducted to create training materials for MCHW on-the-job training package.
			X	X		MCHW SM curriculum at 1 district hospital will be drafted and field-tested.
				X		A workshop will be conducted to finalize MCHW curriculum based on field-test results.
	SN and ANM SM curricular components of CTEVT preservice education have been assessed			X		A workshop will be conducted to review current SM training in preservice for compatibility with RH Clinical Protocols.
BOLIVIA						
Key stakeholders using BCI strategy	Strategy for BCI developed and finalized.			X		Assessment of the Lilac Tent, JHU/CCP's rural communication, will be conducted and report will be prepared.
				X	X	Meetings will be held with key stakeholders to develop a comprehensive BCI strategy.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.		X			An assessment/analysis of data sources will be conducted.
			X			A workshop to reach consensus on indicators will be conducted.
MNH Program established in Bolivia.	MNH office in La Paz functioning	X	X			Incountry registration will be completed, key staff will be hired and an office will be opened in La Paz.



LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Integrated MNH workplan and budget developed, finalized, and approved.		X			Meetings will be held with partners to develop an integrated MNH workplan and budget.
			X			Workplan and budget will be presented to USAID/Bolivia for funding approval.
Coordinated safe motherhood activities being carried out according to national plan	National Maternal and Neonatal Health plan developed and approved by the GOB.		X	X		National plan development workshops will be conducted.
			X	X		Baseline needs assessment will be conducted in Beni, Pando, Potosi and Tarija.
			X	X		A desk review of maternal and neonatal health indicators and programs will be conducted.
Municipal-level advocacy being carried out through social mobilization.	Partnerships developed among key stakeholders.			X	X	Municipal-level capacity will be assessed.
				X	X	Groups, organizations and other key stakeholders will be identified.
				X	X	Meeting will be held with key stakeholders to discuss the formation of partnerships.
Providers render services to clients using appropriate interpersonal skills.	Skills of health providers updated, including clinical skills, IPC/C.			X	X	Client satisfaction with EMNC services will be assessed.
				X	X	Clinical training will be conducted.
				X	X	IPC/C training to improve provider/client interaction will be conducted.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
GUATEMALA						
Local (health) women's committees in Occidente supported to promote health-seeking behavior when an obstetric complication occurs.	Community mobilization strategy developed.		X	X	X	Women's groups, committees and organizations will be identified.
			X	X	X	NGOs and coordinating organizations will facilitate meetings among these groups.
			X			Meetings with key stakeholders will be held to design the assessment.
			X			Community mobilization methodology/strategy assessment will be conducted.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.		X	X		Workshops will be conducted to develop a M&E plan including: -defining indicators to be monitored for each project component -identifying existing data collection tools and additional tools needed
TBA referral monitoring system functioning	Strategy for monitoring timeliness and appropriateness of TBA referrals developed.	X	X	X		Desk review of MotherCare activities with TBAs will be conducted.
			X	X		Meetings with key stakeholders to discuss and design strategy for TBA monitoring system will be held.
MNH Program presence established incountry through smooth transition with MotherCare.	MNH office functional	X				Meetings will be held with MotherCare/MOH and other key stakeholders.
		X				MNH office will be established.

SB



LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	A long term strategy paper, action plan, and joint workplan with partners developed and finalized.	X	X	X		A desk review will be completed.
			X			A joint-planning exercise will be conducted in January 2000 with key stakeholders and MNH staff to discuss findings of the desk review.
				X		A follow-up two day meeting will be held with USAID, the MOH and other key stakeholders to develop a strategy, an action plan for implementation, and a joint workplan.
Safe motherhood collaborators functioning in coordinated fashion	Areas for potential collaboration and coordination established with other donor agencies, NGOs, CAs determined.	X	X	X	X	Meetings will be held among key stakeholders to identify areas of collaboration and coordination.
Advocacy strategy to reduce maternal/neonatal mortality implemented.	Advocacy strategy to reduce maternal/neonatal mortality for government authorities developed.	X	X	X		Meetings will be held with POLICY Project representative in Guatemala.
Improved coordination and collaboration with hospitals, schools.	Coordination plans in place with hospitals, health professions schools	X	X	X	X	Coordination meetings will be held with project intervention hospitals, medical and nursing schools
National Safe Motherhood Commission promoted through advocacy efforts.	Establishment of National Safe Motherhood Commission under way.		X	X		Key stakeholders will be identified.
			X	X		Meetings will be held among these key stakeholders.
				X		Partnerships and coalitions among key stakeholders will be formed.
Collaboration mechanisms functioning between MOH, NGOs and donor agencies.	Strengthened ties among safe motherhood collaborators	X	X	X	X	Meetings and workshops will be held among MNH staff, NGOs, MOH and donor agencies.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
IEC materials available and used for safe motherhood in 7 departments	IEC materials disseminated in one new department	X	X			IEC materials developed by MotherCare will be identified.
		X	X			Assessment of current IEC dissemination plan will be conducted.
				X		Dissemination plan will be designed for one new department
BCC strategy being implemented	BCC plan developed with mechanisms for community feedback established		X	X		Meetings will be held to determine BCC strategy.
			X	X	X	Tools will be implemented to assess and utilize community feedback.
Monitoring system for IEC materials dissemination implemented	Monitoring system for dissemination of IEC materials established.	X	X			Desk review will be conducted.
		X	X	X	X	Meetings will be held with key stakeholders.
Quality of services provided in 4 hospitals improved.	Joint workplan developed with QAP in four hospitals.	X	X	X		Meetings will be held with QAPII Project to discuss collaboration, joint workplan.
Data registration and decision-making improved.	Data collection and analysis strengthened in el Quiche		X	X	X	TA will be provided to initiate data registration and analysis in 1 health department of el Quiche
			X	X	X	TA will be provided to strengthen data collection and computerization in 1 other health department
Improved hospital, health department management.	Selected MOH and hospital staff equipped with planning and budgeting skills			X		Training workshops on planning and budgeting skills will be held for staff of hospitals and health department directorates.
Quality of reproductive health services improved in collaboration with JHPIEGO/TRH.	Collaboration plan with JHPIEGO/TRH adopted	X	X	X	X	Meetings will be held with JHPIEGO/TRH to develop collaboration.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Physicians and nurses updated in infection prevention through joint TRH/MNH training	X	X	X	X	Joint training will be conducted for Infection Prevention in collaboration with JHPIEGO/TRH.
Improved maternal and neonatal health services in one community	One additional community maternity in operation	X				TA will be provided to one Community Board for the establishment of a new community maternity.
Doctors and nurses competently providing maternal and neonatal health services upon graduation from preservice training institution	Strategy for revision of preservice medical and nursing curricula developed.	X	X			Meetings will be held with medical and nursing schools on revision of the clinical training portion of their curricula.
HONDURAS						
Women receiving and responding to integrated reproductive health messages as a result of IWHC	Integrated Women's Health Campaign (IWHC) includes safe motherhood messages		X			Meetings will be held with JHU/CCP to incorporate safe motherhood elements into the Integrated Women's Health Campaign
			X			TA to JHU/CCP to finalize safe motherhood elements to be incorporated
Case management of obstetric complications improved in two hospitals.	Causes of hospital maternal deaths at MCR and EFM Hospitals identified and recommendations for reducing CFR made.	X				Facility review will be conducted. Confidential enquiry of maternal deaths will be performed.
		X				Findings will be shared and discussed with hospitals, the MOH and USAID counterparts
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.	X				An assessment/analysis of data sources will be conducted.
			X			A workshop to reach consensus on indicators will be conducted.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
National protocols implemented at MCR and EFM Hospitals to standardize care.	National protocols updated to reflect current evidence-based practices and adopted.			X	X	Meeting with key OB/GYN hospital staff will be held to establish subcommittees to review protocols.
				X	X	National protocols will be reviewed and updated by subcommittees.
				X	X	Followup visits will be held.
Data collection utilized in programmatic and technical decision-making, at MCR and EFM Hospitals.	Consensus on operation of surveillance system reached; monitoring of surveillance system established and responsibilities of key personnel and departments identified.		X	X		Preparatory meetings with hospital epidemiologists and clinical staff will be held.
				X		Current data collection, reporting, analysis and utilization practices will be identified.
					X	Ideal data collection reporting, analysis and utilization practices will be determined.
					X	Followup visits will be conducted.
BURKINA FASO						
Lessons learned from project synthesized and disseminated for use by other West African Countries	A monitoring and evaluation (M&E) plan developed.			X		Meeting will be conducted to identify data needed at health center and community levels to implement and monitor project.
				X		Questionnaire to use in data gathering will be developed.
				X	X	M&E Plan will be integrated into possible other data collection schemes and will be collected.
Community mobilized to utilize maternal health services.	BCI strategy developed			X		Assessment of community capacity will be conducted by BCI Technical Team.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
				X		Meetings will be held with key stakeholders to develop the BCI strategy and scope of work for Mwangaza
Guidelines for providing proper prevention/prophylaxis and treatment for malaria in pregnancy disseminated.	Consensus on need for revised PNP on malaria in pregnancy achieved.				X	Workshop will be held to update decision makers and program managers on current malaria prevention, prophylaxis and treatment in pregnancy strategies.
	Guidelines on malaria in pregnancy revised and updated.				X	Workshop will be held to revise PNP for malaria and pregnancy.
	Information necessary for project development gathered.	X				Exploratory visit will be conducted to determine interest in SM, appropriate project site and appropriate partners.
			X			Technical assistance needs visit will be conducted to assess existing health services and practices at health facility and community levels.
Effective coordination of project activities by all partners achieved.	Project staff hired and functioning.		X			Job descriptions will be developed for project staff.
			X			Project staff will be advertised for and hired.
				X		Appropriate logistics for project staff will be negotiated.
	Consensus achieved on roles and responsibilities of partners in integrated work plan.			X		Workshop will be held to develop integrated plan of action with the MOH UNICEF, Plan and other partners.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Collaboration and coordination among SM players established and operationalized	Consensus on function of SM Committee achieved.				X	National RH Guidelines will be formatted, produced and disseminated.
	SM Committee reactivated and functioning.			X		Meeting will be held with the MOH, NGOs and donors to revitalize the SM Committee.
				X		Objectives of SM Committee will be defined and responsibilities will be identified.
				X	X	Regular meetings of SM Committee will be held quarterly.
Provision of services standardized in order to ensure quality of services available	RH PNP updated, revised, formatted and produced.		X			Technical review of maternal health component of RH PNP will be conducted.
			X			Workshop to finalize RH PNP will be held with key stakeholders.
				X		Revised RH PNP will be presented to the MOH for approval.
				X		Revised RH PNP will be formatted, produced and disseminated.
Improved knowledge and skills of birth attendants in providing clean and safe delivery services and fist-line treatment of complications.	Preservice curriculum finalized and produced.			X		Workshop will be conducted to approve finalized preservice curriculum for paramedical personnel - midwives, auxiliary midwives, and nurses.
					X	Curriculum will be revised, formatted and distributed.
	Competency-based training materials updated.				X	Current training materials will be reviewed for consistency with the revised national PNP.
					X	Inservice training curriculum and materials will be adapted to incorporate PNP, including malaria.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Improved quality of care offered by providers.	Job-aids that promote service delivery according to national PNP developed.			X		Workshop to develop job-aids will be conducted with key stakeholders.
				X	X	Job aids will be pre-tested.
					X	Job aids sufficient for national distribution will be finalized, produced and distributed.
TANZANIA						
A minimum list of EMNC services adopted as the national standard	Report of recommendations for minimum list of EMNC services produced.	X				MNH services at all levels of the health infrastructure will be assessed.
			X			Followup meetings will be held with key stakeholders to discuss the report of recommendations for minimum list of EMNC services produced.
ZAMBIA						
Community mobilization plan operationalized.	Strategic plan for MNH mobilization activities developed.		X			Behavior change interventions strategic planning visit will be conducted in January 2000.
			X	X		Participatory assessments will be conducted.
			X	X		Meetings will be held with key stakeholders.
				X	X	Community mobilization project plan will be developed and approved.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	A monitoring and evaluation plan developed.		X	X		Workshops will be conducted to develop a M&E plan including: -defining indicators to be monitored for each project component -identifying existing data collection tools and additional tools needed
National EMNH Clinical Guidelines implemented.	Draft Zambian National EMNH Clinical Guidelines developed.		X			Existing Zambian, regional and international guidelines will be reviewed and adapted, taking into consideration the financial implications of EMNH procedures.
	Stakeholders updated on EMNH better practices as well as key EMNH clinical skills.			X		Meetings will be held with key stakeholders to draft and adopt national EMNH clinical guidelines.
	Draft EMNH Guidelines' appropriateness, usefulness demonstrated through field testing				X	Draft Zambia national EMNH clinical guidelines will be tested in RM schools and clinical settings.
	A network of public and private stakeholders is established.		X	X	X	Meetings and workshops will be conducted with key stakeholders.
					X	MNH mobilization events will be sponsored.
Increased birth preparedness among community members around three RM schools.	Pilot proposals and concepts developed to strengthen referral and finance systems.				X	Workshops will be conducted to assist communities and NGOs in strengthening referral and finance systems
	NGO proposals for strengthening birth preparedness developed.				X	Workshops will be conducted on improving birth preparedness.
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.		X			BCI strategic planning visit will be conducted in January 2000.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X			Assessment of key behaviors and attitudes among women, families, and providers will be conducted.
				X		Assessment will be reviewed by key stakeholders.
	Assessment report of community and NGO capacity produced and disseminated.		X			Assessment of groups, NGOs, CAs working with MNH will be conducted.
				X		Meetings will be held with key stakeholders to foster collaboration among groups.
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	BCI Activities (network formation, communication messages and strategies) initiated.				X	Formative research will be initiated to identify appropriate messages and audiences utilizing qualitative and quantitative techniques.
					X	In country or regional training in mobilization and communication strategies will be organized
					X	Materials needed for development will be identified.
Quality MNH services being provided at health centers and hospitals in target area.	Providers in target area equipped with knowledge and skills to provide quality MNH services			X	X	MNH knowledge and skills training will be conducted for staff from service sites acting as practicum sites for RM program, including IPC/C training.
	Facilities in target area adequately equipped to provide quality MNH services				X	Service sites will be equipped to provide MNH services according to the national guidelines (<i>joint programming work with JICA</i>).

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Registered midwifery students graduate with up-to-date MNH knowledge and skills, able to provide quality midwifery services	MNH teaching materials developed and disseminated.			X	X	RM curriculum will be reviewed.
				X		Curriculum Strengthening Team (CST) will be formed with representatives from the GNC, CBOH, and tutors and clinical instructors from three RM schools.
	Registered midwifery clinical and classroom faculty MNH knowledge and skills updated at three RM schools.				X	RM training for clinical and classroom faculty will be conducted.
	GNC sensitized to need for preservice curriculum review and strengthening.	X	X	X	X	Regular meetings will be held with GNC throughout RM strengthening process.
REDSO/ESA						
Better practices in malaria prevention and management being provided in the region	Short course on malaria better practices developed and tested.		X	X		Training course on malaria will be developed
				X	X	Training will be conducted for staff at RCQHC on malaria better practices as applied to maternal and neonatal mortality.
					X	MNH short course on malaria better practices will be pilot tested in the ESA region.
	Output according to TA provided			X	X	TA provided by MNH advisor
Better practices in maternal and neonatal health being provided in the region	Short course on maternal and neonatal health better practices developed and tested		X	X		Maternal and neonatal health course will be developed
				X	X	Training will be conducted for staff at RCQHC on maternal and neonatal health better practices.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	MNH short course on maternal and neonatal health better practices will be pilot tested in the ESA region.
	Output according to TA provided			X	X	TA provided by MNH advisor

**Annex B: Meetings & Conferences Attended by MNH Staff
1 April - 30 June 2000**

Attendee	Topic	Date of Meeting
A. Allison, K. Jesencky, N. McIntosh (MNH) D. Marsh, E. Starbuck. L.H. Grabman, M.B. Powers (Save the children)	Meeting/Collaboration with Save the Children	10 April 2000
Barbara Kinzie	Ensured Skilled Attendance at Delivery: A Technical Consultation, WHO, Geneva, Switzerland	25-27 April 2000
B. Kinzie, A. Parekh, H.Sanghvi	Improving Provider Performance: The Skilled Birth Attendant, MotherCare, Washington, DC	2-4 May 2000
S. Engelbrecht, T. Gouel, A. Hyre, B. Kinzie,	ACNM's 45 th Annual Meeting & Exhibit, Anchorage, Alaska	6-12 May 2000
A. Allison, N. Russell	Mothers Matter: Maternal and Newborn Health Challenges Across Boundaries, Global Health Council, Washington, DC	11 May 2000
B. Kinzie, N. Russell	Safe Motherhood Core Group Meeting, NGO Networks for Health, Nairobi, Kenya	22-26 May 2000
A. Moran	Developing a Monitoring and Evaluation System for Health Sector Reform in the Dominican Republic, BBL at USAID, Washington, DC	22 May 2000
S. Thaddeus	Community Defined Quality, USAID, Washington DC	23 May 2000
S. Thaddeus	Do Ideas Really Change Behavior, JHU/PCS,	23 May 2000
A. Arinez, O. Cordon,K. Curran, M. Espinoza, E. Necochea, A. Parekh (MNH/LAC) and representatives from MotherCare, PAHO, UR/QAP and USAID	Meeting between MNH/LAC and the USAID/LAC/LAMM Initiative , PAHO, Washington, DC	24 May 2000

Attendee	Topic	Date of Meeting
A. Arinez, O. Cordon, K. Curran, M. Espinoza, E. Necochea, A. Parekh (MNH), Dr. Jose Anotnio Solis and Dr. Vicky Camacho (PAHO)	Meeting to Discuss PAHO/MNH Collaboration, PAHO, Washington, DC	24 May 2000
A. Allison, A. Parekh, N. Russell, S. Thaddeus	Consultative Forum: Behavioral Dimensions of Maternal Health & Survival, MotherCare, Washington, DC	5-7 June 2000
A. Allison, B. Kinzie, N. Russell, C. Stanton, S. Suhowatsky, S. Thaddeus	Global Health Council, Arlington, VA	13-16 June 2000
B. Kinzie	WHO/UNICEF/UNFPA Initiative for the Elimination of Maternal and Neonatal Tetanus Technical Advisory Group on Clean Birth Practices, UNFPA, NY	19 June 2000
A. Allison, N. Russell	White Ribbon Alliance Indonesia, USAID, Washington, DC	19 June 2000
B. Kinzie	Responding to the Challenges of Preserving and Protecting Breastfeeding in an Era of HIV, LINKAGES, Washington, DC	21 June 2000
B. Kinzie (MNH) Paul Delay, Jim Shelton, Davind Stanton, Miriam Labbok and Linda Sussman	"New Issues in HIV/AIDS Control" and Prevention First - Integration of FP and HIV/STIs, USAID, Washington, DC	22 June 2000
K. Jesensky, B. Jones (MNH), Aloysius Pereira, Dr. Pierre-Marie Metangmo, Dr. Zongo (Plan International)	Discuss collaboration between PLAN International and MNH in Burkina Faso, JHPIEGO, Baltimore, MD	23 June 2000
A. Allison	Gathering of partners and potention partners in the effort to globally eliminate Maternal and Neonatal Tetanus, UNICEF, NY	27 June 2000

Attendee	Topic	Date of Meeting
L. Damon, A. Parekh	Seminar on "Private Sector Health Initiatives: Beyond Social Marketing", USAID, Washington, DC	28 June 2000
B. Kinzie, K. Jesensky, M. O'Leary, N. McIntosh C. Stanton, S. Suhowatsky (MNH), Zafar Gill, Judith Graeff, Deborah Maine (Columbia University)	Information sharin and discussion of possibilities of collaboration with Columbia University, JHPIEGO, Baltimore, MD	29 June 2000
A. Moran	Program Efforts for Family Planning and for Better Maternal and Neonatal Health, A Presentation by Measure Evaluation, USAID, Washington, DC	29 June 2000