QUARTERLY REPORT

for

MOTHERS AND INFANTS, SAFE HEALTHY ALIVE (MAISHA) PROGRAM

supported by

USAID/TANZANIA

For the period

October –December 2008

Submitted by:

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On behalf of the MAISHA consortium:

Jhpiego
Futures
IMA World Health
Save the Children
T-MARC Company

1.0 ACTIVITY SUMMARY

1.1 **Strategic Objective 11:** Health Status of Tanzanian Families Improved

Strategic Objective 10: Enhanced Multi-Sectoral HIV/AIDS Response in Tanzania (will be reported under ACCESS/FP program until FY09 PEPFAR funds come through MAISHA)

1.2 **Implementing mechanism, number and timeframe**:

Associate Cooperative Agreement #621-A-00-08-00023-00 (Reference Leader Cooperative Agreement #GHS-A-00-04-00002-00), October 2008 – September 2013

1.3 Activity description:

Under the MAISHA program, Jhpiego and its partners – IMA World Health, Save the Children, T-MARC Company and WRA-TZ (through Futures) – are collaborating with the Tanzanian Ministry of Health and Social Welfare (MoHSW) to deliver critical, evidence-based health interventions on a national scale to reduce maternal and newborn morbidity and mortality, contributing to the achievement of the national targets for Millennium Development Goals (MDGs) Four and Five[1]. As such, the MAISHA program is working to build local and national human and material capacity to address the following objectives:

- Reduction of maternal mortality due to major direct causes of mortality;
- Reduction of newborn mortality due to infection, hypothermia and asphyxia through immediate newborn care;
- Reduction of low birth weight, stillbirth and newborn mortality due to malaria and congenital syphilis; and
- Reduction of transmission of HIV infection from mother to child and increase of HIV free survival.

Jhpiego's technical approach for MAISHA aligns with Tanzania's national health policies and strategies by building strong service delivery platforms for key maternal and newborn health (MNH) interventions to attain the above objectives. Jhpiego, through the ACCESS/Tanzania program, has already successfully implemented this strategy to address malaria in pregnancy (MIP) and syphilis in pregnancy (SIP) using the platform of focused antenatal care (FANC)—and is continuing to do so under MAISHA. Similarly, Jhpiego,

[1] MDG 4 – reduce neonatal mortality from 32 to 19 per 1,000 live births (mainland) and from 29 to 23 per 1,000 live births (Zanzibar); MDG 5 – reduce maternal mortality from 578 to 193 per 100,000 live births (mainland) and from 377 to 251 per 100,000 live births (Zanzibar)

under MAISHA, is assisting the MoHSW to strengthen the platform of Basic Emergency Obstetric and Neonatal Care (BEmONC) to address the prevention and treatment of PPH and other key contributors to maternal mortality, and essential newborn care (ENC) including newborn resuscitation, treatment of sepsis, and immediate warming and drying. Through MAISHA, Jhpiego is supporting the MoHSW in developing national and district resources (guidelines, training package, trainers, supervision tools) for BEmONC and in advocating and coordinating with district health management teams, donors and other key stakeholders to ensure funding is allocated for training service providers at district level (using the resources developed at national and district levels) throughout the country. In addition, the MAISHA program is strengthening the platform of prevention of mother to child transmission (PMTCT) of HIV/AIDS established by USAID partners to address gaps in integrating MNH services for HIV positive women and children (this is currently funded under Jhpiego's ACCESS-FP program and will transition to MAISHA next year with FY09 PEPFAR funding).

To bring FANC, BEmONC, and PMTCT services to a national scale effectively, the MAISHA program has identified the need to: create a political environment conducive to MNH; strengthen the technical skills of service providers and provide them with the tools necessary to do their jobs effectively (inclusive of building district-level capacity to conduct additional/future training for providers); and build demand for quality services among the general population. MAISHA is also playing a key role in linking and liaising with other partners to support expansion of BEmONC efforts beyond the level of support to be provided through MAISHA.

1.4 Area of coverage:

The MAISHA program will eventually be fully national in coverage (FANC is already national, BEmONC has not yet started). In FY09 (Year One), the target regions for the BEmONC component are Lindi and Mtwara.

1.5 Target beneficiaries:

Pregnant women, delivering women, postnatal women and newborns

1.6 List of monitoring indicators with corresponding program element:

- SO11, 3.1.6 <u>Maternal and child mortality reduced</u>
  - *Result 1: Increased use of postpartum hemorrhage services*
    - Assessment of USG-assisted health facilities' compliance with clinical standards (percent/number of assessed facilities meeting clinical performance standards for safe delivery (BEmONC))

        - Percent/number of women delivering in USG-assisted health facilities receiving AMTSL by skilled birth attendants
        - Percent/number of USG-assisted health facilities experiencing stockouts of specific tracer drugs (BEmONC)
        - Case fatality rate (maternal health) in MAISHA-supported health facilities
    - *Result 2: Increased use of antenatal services*
        - Percent/number of people trained in malaria treatment or prevention with USG funds
        - Assessment of USG-assisted health facilities' compliance with clinical standards (percent/number of assessed facilities meeting clinical performance standards for focused antenatal care (FANC))
        - Percent/number of ANC clients who received a syphilis test at MAISHA supported health facilities
        - Percent/number of ANC clients testing positive for syphilis who have received appropriate treatment at MAISHA-supported health facilities
        - Percent/number of ANC clients at MAISHA-supported health facilities who received at least 90 tablets of iron over course of ANC visits
        - Percent/number of ANC clients at MAISHA-supported health facilities who received one dose of mebendazole or albendazole
        - Percent/number of ANC clients at MAISHA-supported health facilities who received 2nd dose of IPTp under DOT
        - Percent/number of ANC clients at MAISHA-supported health facilities who received at least 2 injections of tetanus toxoid
        - Percent/number of USG-assisted health facilities experiencing stockouts of FANC drugs/supplies
        - Percent/number of preservice education nursing/midwifery graduates with sustained clinical skills in maternal and neonatal service provision
    - *Result 3: Increased use of essential newborn care*
        - Percent/number of newborns put to the breast within one hour of birth at MAISHA-supported health facilities
        - Percent/number of newborns dried and wrapped immediately after birth at MAISHA-supported health facilities
        - Percent/number of newborns that received clean cord care at USG-assisted health facilities
        - Number of people trained in maternal and/or newborn health and nutrition care through USG-supported programs
        - Assessment of USG-assisted health facilities' compliance with clinical standards (percent/number of assessed facilities meeting clinical performance standards for ENC/resuscitation)

        - Number of KMC units established
    - *Other*:
        - Number of individuals reached with MNH messages through media and community outreach activities
        - Percent/number of regional RCH coordinators who performed standardized supervision visits in each district in the region at least once in the previous year with USG support
        - Percent/number of districts including line item for MNH activities/supplies in annual CCHP

- SO 10, 3. <u>Increased access to and use of clinical services for HIV/AIDS care and treatment</u>
    - Number of individuals reached with MNH/PMTCT messages through outreach activities

1.7 **Reporting Period**: October – December 2008

1.8 **Funding**:

- Planned (over life of program): $40,000,000
- Received as of 31 December 08: $ 4,850,000 ($3,700,000 in child survival/maternal health funds, $1,150,000 in PMI funds)
- Pipeline as of 31 December 08: $ 4,660,867

1.9 **Progress rating**: Slow - workplan not yet approved

2.0 Activity Implementation Progress.

2.1 Implementation status

The main activity this quarter was review and revision of the annual workplan, as well as the program's overall PMP. However, the following MAISHA program activity was conducted (prior to workplan approval) with permission from USAID/Tanzania:

Table 1: Activity progress

Program Element/ Sub-Element	**Planned Activities this Quarter**	**Implemented Activities**	**Remarks**
Maternal and child mortality reduced - *Improve policy environment for FANC, BEmONC (PPH and ENC) and PMTCT through advocacy*	Annual general meeting (AGM) for White Ribbon Alliance of Tanzania (WRATZ)	WRATZ conducted its AGM in December 2008 which brought together all its members including the regional WRATZ focal persons. The resolutions of the AGM included sharing, discussing and ultimately endorsing the WRATZ's 5 year strategic plan (2009 – 2013). In addition, district advocacy for safe motherhood action plans were developed by members who were grouped according to their regions.	
Maternal and child mortality reduced - *Improve skills of providers for FANC, BEmONC (PPH and ENC) and PMTCT through inservice and preservice training, supervision and quality improvement*	FANC training (trainers and service providers) – ***funded under ACCESS (PMI and CS funds***)	Jhpiego supported implementation of FANC TOTs in Zanzibar and Dodoma, and district-based FANC service provider training in Kiteto, Simanjiro, Babati Urban, Arusha Municipal, Meru, Mbulu, Hanang, Babati Rural and Longido Districts. A total of 274 trainers/providers were trained.	These trainings were not supported by CS/PMI funds under MAISHA – rather, they were supported with FY07 PMI and CS funds under ACCESS.
Maternal and child mortality reduced - *Improve availability of equipment and supplies for FANC, BEmONC and KMC*			
Maternal and child mortality reduced - *Increase demand for quality services through behavior change communication and community mobilization*			
Increased access to and use of clinical services for HIV/AIDS care and treatment			

<u>Other activities during October – December 2008:</u>

- **Sentinel site data collection for July – September 08 (October 08):** This was completed for the standard FANC program indicators (as referenced under the ACCESS program).

- **MAISHA partner meeting (November 08):** Jhpiego organized a meeting of all MAISHA partners to review the draft workplan and PMP, as well as to set modalities for communication and reporting.

2.2 **Achievement progress against planned for the period – see ANNEX 1**

3.0 Integration of crosscutting issues:

3.1 **Gender** – The clinical focus of the program is on women and their newborns. Through the demand generation/community mobilization efforts planned with T-MARC Company and IMA (to begin in the second half), and through the PEPFAR-supported component of MAISHA, messages will be disseminated to men regarding their role in ensuring a healthy pregnancy and a safe delivery.

3.2 **HIV/AIDS** – HIV/AIDS is integrated through the PMTCT component of the FANC program, as well as the integrated PMTCT facility/community program (currently being funded through ACCESS-FP, but funding mechanism to switch to MAISHA as of FY09 COP). Under the integrated PMTCT program, broader maternal and newborn health messages, including not just PMTCT but also ANC, importance of facility delivery with a skilled attendant, danger signs, postnatal care, etc. will be disseminated by community health workers to community members.

3.3 **Stakeholder participation/involvement** – In this quarter, Jhpiego continued involving the RCHS/MoHSW at national level in the revision of the annual workplan, to ensure understanding of and commitment to the MAISHA program.

3.4 **Sustainability mechanisms** – The program has been designed to work through regional and district stakeholders (i.e., RCH Coordinators, trainers, etc.) to build the capacity of these MoHSW representatives to effectively plan, implement and monitor MNH activities. Over the course of this program year a number of capacity-building activities will be implemented for this target audience.

4.0 Lessons learned, best practices and challenges/issues of concern

- There have been delays in finalizing/approving the workplan and associated PMP which have resulted in delays in finalization of subagreements with partners and start up of program activities.

- Sentinel site data collection continues to be a useful mechanism for monitoring program trends, and providing data for decision-making.

5.0 Planned activities for next quarter

- *Improve policy environment for FANC, BEmONC (PPH and ENC) and PMTCT through advocacy*
    - Technical expert meeting to review discrepancies between national LSS and WHO/Jhpiego BEmONC training packages and achieving consensus on how these issues to are to be addressed in the overall national LSS curricula (Jhpiego)
    - Conduct malaria in pregnancy (MIP) policy meeting to review a number of MIP (prevention and treatment) issues and come to agreement on the MIP policies of the mainland and Zanzibar national malaria programs (Jhpiego)
    - Collaborate with Helen Keller International (HKI) and Tanzania Food and Nutrition Centre (TFNC) to carry out meetings with all regional and district health teams to advocate for improved quality of maternal, newborn and child health (MNCH) service intervention (Jhpiego)
    - Conduct a capacity building workshop for regional WRATZ focal persons to enable them to support and implement the action plans developed as part of the AGM (using the already developed MNH advocacy package) (Futures/WRATZ)

- *Improve skills of providers for FANC, BEmONC (PPH and ENC) and PMTCT through inservice and preservice training, supervision and quality improvement*
    - Support implementation of FANC training for service providers and follow-up FANC trainers during trainings, in districts where FANC service provider training has not yet been conducted (Jhpiego)

- *Increase demand for quality services through behavior change communication and community mobilization*
    - Pending finalization of subagreement with T-MARC

- *Other*
    - Visit Lindi/Mtwara with USAID to introduce the MAISHA program
    - Dissemination of approved workplan to relevant stakeholders
    - Assess RHMT-suggested hospitals in Lindi and Mtwara for suitability as BEmONC regional training sites
    - Attend consultative meeting for development of FY10 MOP
    - MAISHA partner meeting to review the final workplan and prepare action plans for the way forward
    - Finalize subagreements with partners
    - Recruitment of additional MAISHA staff