

QUARTERLY REPORT

for

MOTHERS AND INFANTS, SAFE HEALTHY ALIVE (MAISHA) PROGRAM

supported by

USAID/TANZANIA

For the period

April –June 2009

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 Five¹. 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 drying and warming. 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, Mtwara and Zanzibar.

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 Maternal and child mortality reduced
 - *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. Increased access to and use of clinical services for HIV/AIDS care and treatment
 - Number of individuals reached with MNH/PMTCT messages through outreach activities

1.7 Reporting Period: April – June 2009

1.8 Funding:

- Planned (over life of program): \$40,000,000
- Received as of 30 June 09: \$ 4,850,000 (\$3,700,000 in child survival/maternal health funds, \$1,150,000 in PMI funds)
- Pipeline as of 30 June 09: \$ 3,412,447

1.9 Progress rating: Picking up – activities began in earnest this quarter following approval of workplan in March 2009

2.0 Activity Implementation Progress.

2.1 Implementation status

Table 1: Activity progress

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
1. Maternal and child mortality reduced - <i>Improve policy environment for FANC, BEmONC (PPH and ENC) and PMTCT through advocacy</i>	Develop BEmONC performance standards (Jhpiego)	A draft of the BEmONC standards was developed in April – June 2009 and was used in the Center of Excellence site assessments at Lindi and Mtwara Regional Hospitals. The standards have also been included as a training aid in the current LSS training package. The draft document is on file with MAISHA.	The standards need to be approved by the MoHSW as an interim document for QI, until the national BEmONC guidelines are established and LSS training package is updated (both planned with WHO support), after which they will be finalized and approved for national use.
	Conduct BEmONC advocacy meetings with key stakeholders in Lindi and Mtwara Regions to launch BEmONC program efforts in those two regions (Jhpiego)	<i>Not yet implemented</i>	Scheduled for July/August 2009 at request of Lindi and Mtwara RMO and RCH Coordinators

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Conduct 10 district level advocacy workshops with religious leaders to discuss FANC and BEmONC support issues (IMA)	Seven workshops were conducted for religious leaders in four districts in Mtwara region (Mtwara Rural, Tandahimba, Newala and Masasi) to become educated on maternal, newborn and child health (MNCH). The CSSC Lead Agents and the National Muslim Council of Tanzania (BAKWATA) Secretaries worked with the District Reproductive and Child Health (RCH) Coordinators and Malaria and IMCI Focal Persons in organizing and facilitating the meetings. The importance of early ANC attendance and management of BEmONC were addressed at each meeting. Participants identified a number of factors contributing to underutilization of MNCH services, including: lack of understanding on the importance of seeking early and timely ANC, inadequate understanding of the danger signs in pregnancy and birth, cultural beliefs that contribute to a reliance on traditional birth attendants (TBAs) for deliveries and poor male involvement. Participants committed to educating their congregations on the importance of timely ANC visits, preventing malaria in pregnancy by using SP and bed nets, and promotion of health facility delivery with a skilled service provider. They also committed to being positive role models for enhancing male involvement in seeking MNCH services. Meetings reports are on file with MAISHA.	Three additional workshops to be conducted next quarter
	Conduct 10 district-level coordination workshops for FBOs and CHMTs to discuss FANC and BEmONC support issues (IMA)	<i>Not yet implemented</i>	To be conducted next quarter

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Conduct the annual White Ribbon Day (WRD) (Futures)	WRD is a day set aside by WRATZ to commemorate all women who have died needlessly due to childbirth complications. This year's WRD was celebrated on 22 April 2009 in Mkuranga District, Coast Region, with the objective of launching an advocacy campaign to inspire commitment and action for acceleration of the reduction of maternal and newborn deaths, by ensuring that government, communities, families and women set clearly identified budget lines/funds for maternal and newborn health. The campaign was launched by Hon Dr. Christine Ishengoma,, Regional Commissioner of Coast Region, on behalf of Hon Mizengo Peter Pinda, the Prime Minister of the United Republic of Tanzania. Wide media coverage assisted in sending the advocacy message to Tanzanian households. An activity report is on file with MAISHA.	During a visit to Singida after the launch of the campaign, it was determined that the region had received some money from the central government with instructions that it only be used to support maternal and newborn health services. It is believed that the efforts of the WRATZ contributed towards this success.

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Follow up districts regarding implementation of their annual advocacy workplan and support advocacy activities of WRATZ members (Futures)</p>	<p>Two day workshops for a total of 120 District Executive Directors, District Medical Officers and District Planning Officer and Regional Medical Officers were conducted in Kagera, Mara, Mwanza and Singida (total of 27 districts). The objective of these workshops was to inspire these district leaders to make sure there is a clearly identified budget line for MNCH in their council development budgets. Participants reviewed their 2009-2010 council budgets and found that MNH budget lines were not very evident. Participants therefore suggested that the MNH budget have a code, goal and target, which is missing in their budget templates. They also suggested that the Ministry of Finance revise the budget guideline to elevate MNH from the bottom of the disease list to the top, considering that pregnancy is not a disease. The presence of media people in the workshops helped send messages to households throughout the country. Workshop reports are on file with MAISHA.</p> <p>In Zanzibar, the WRA focal person spoke with the Minister of Health regarding the shortage of qualified staff throughout the islands and said that there was a need to act quickly to address this. She subsequently spoke with CHMTs on the same issue. As a result, 19 new public health nurses were employed and deployed to 7 districts. They are now in place and delivering services.</p> <p>In Kagera, the WRA focal person has initiated discussion with the CHMT on establishing a maternity waiting home in Bukiniro district.</p>	<p>Follow-up with regional WRATZ focal persons in ongoing to determine outcome of their advocacy efforts at regional and district levels. Next quarter's report will include more details on their activities.</p>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Conduct parliamentary meetings to increase policy champions for improved MNH (Futures)	<i>Not yet implemented</i>	To be conducted July 2009
	Capacity building workshop for WRA-Zanzibar (Futures)	WRATZ provided support to the WRA of Zanzibar in facilitating a two-day capacity-building workshop for its membership. Objectives included: identification of a steering committee for WRA/Zanzibar, increased knowledge and skills around alliance building, development of an advocacy strategy based on local safe motherhood issues and increased knowledge on developing advocacy messages for safe motherhood. A detailed workshop report is on file with MAISHA.	
2. Maternal and child mortality reduced - <i>Improve skills of providers for FANC, BEmONC (PPH and ENC) and PMTCT through inservice and preservice training, supervision and quality improvement</i>	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)	A total of 20 district-based FANC training courses (16 on mainland, and four in Zanzibar) were conducted this quarter, for a total of 501 providers (426 from mainland and 75 from Zanzibar), representing 32 different districts. MAISHA provided copies of the national FANC training package and job aids, and ensured that trainings were led by qualified district or national trainers. Participants completed registration forms which were subsequently entered by Jhpiego staff into the TIMS.	Fifteen more courses will be conducted in the next quarter
	Workshop to review/revise BEmONC training package and develop job aids (Jhpiego)	<i>Not yet implemented</i>	This is pending scheduling/funding availability by WHO

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Development of one MNH Center of Excellence each in Lindi and Mtwara (Jhpiego)	<p>MAISHA staff liaised with regional authorities in the final selection of the BEmONC Center of Excellence (CoE) in both Lindi and Mtwara Regions – ultimately Sokoine Regional Hospital in Lindi, and Ligula Regional Hospital in Mtwara, were selected. In June 2009 MAISHA staff conducted an assessment at each site to determine its readiness to service as a BEmONC CoE. General findings included:</p> <ul style="list-style-type: none"> • Need to replace old/missing essential equipment • Poor use of partograph • Shortage of skilled health care workers • Staff out-of-date in terms of BEmONC knowledge and skills, but eager to learn new information • Poor documentation in registers • Poor infection prevention practices <p>The detailed assessment reports were shared with RCHS and the RMOs in each region. Following assessment, MAISHA organized a site strengthening visit to each site by a technical team. An operational action plan was developed based on assessment findings, and focused on initial gaps that could be easily addressed. Various equipment/supplies were provided to each site to assist in addressing the initial gaps. A detailed report, including the action plans and status, is on file with MAISHA.</p>	Additional site strengthening will be done in the next quarter
	Identification of health centers/dispensaries in Lindi and Mtwara districts to be supported under this program (Jhpiego)	<i>Not yet implemented</i>	To be done in conjunction with planning for training, to be conducted next quarter

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Audio translation of the KMC and breastfeeding training videos (Save)	The translator has been contracted to complete the translation.	Studio production and reprinting will be done once MoHSW validates the translation.
	Develop and produce additional KMC job aids (Save)	The KMC poster was finalized in the last quarter and is currently being printed	A review of existing job aids will be done in the next quarter to determine the need for developing additional job aids such as eligibility and discharge criteria, breastfeeding charts for use in the KMC unit and other job aids that can assist providers in ensuring quality of care.
	Train 15 KMC master trainers (Save)	<i>Not yet implemented; however, the necessary training equipment and supplies were purchased</i>	Training planned for July 09
	Begin establishment of KMC in Mtwara (Save)	KMC equipment for the Mtwara KMC unit was purchased and delivered, including a mechanical and electric suction pump, an oxygen concentrator and naso-gastric tubes.	
	Follow-up of tutors/preceptors during FANC teaching (Jhpiego)	The HRDD section of the MoHSW agreed to select focal persons in each zone to assist in the follow up of tutors/preceptors. FANC curricular content is anticipated to be taught during the month of September, hence visits and assessments are scheduled for that time.	Follow-up to be implemented next quarter

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	ANC QI baseline and follow-up assessments at sites by FANC-trained providers (Jhpiego)	<p>Dr. Edgar Necochea, Jhpiego's Technical Director for Health and Organizational Performance, visited Tanzania in April 2009 to provide technical assistance to the ANC QI program. With his input, the QI (facility-based and external supervision) model was established, including the recognition component. It was agreed that the standards for ANC and BEmONC would continue to be introduced in the ANC and BEmONC provider trainings, rather than through separate QI trainings, given the large national scope of the program.</p> <p>Follow-up was conducted in Zanzibar at a number of sites where providers were trained in FANC to determine application of ANC QI standards post-training. Selected facilities were found to be making changes to improve FANC services. For example, at Mnazi Mmoja Hospital, Public Health Nursing students were being oriented on FANC during clinical orientations by newly trained providers. However, challenges remain. While stock outs of SP are currently not a problem, there are widespread stock outs of iron. In addition, the Zonal RCH Coordinator from Pemba did not disseminate information on mebendazole distribution to service providers because the directive had not come from the MOHSW. Contact was made with Dr. Hanuni and a formal letter was dispatched, correcting this issue. Finally, RPR testing for syphilis is not routinely done as part of FANC services; however, it is being integrated into PMTCT sites (19 out of 147 ANC facilities).</p>	

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Facilitative supervision training for regional and district RCH coordinators (Jhpiego)	A facilitative supervision training course was conducted in April 2009 for 19 regional RCH coordinators, and was facilitated by MAISHA staff in partnership with an RCHS representative and two zonal RCH coordinators (South-Western Highlands and Central Zones). Each RCH coordinator committed to supervise at least two FANC facilities within the next quarter, with support to be provided by MAISHA.	Facilitative supervision training courses for district RCH coordinators are still pending and will be conducted next quarter
	Support for regional RCH coordinators to conduct FANC supervision visits (Jhpiego)	<i>Not yet implemented</i>	Selected RCH coordinators are participating in the quarterly sentinel site surveillance visits; a broader strategy for supporting supervision visits by RCH coordinators will be implemented next quarter
3. Maternal and child mortality reduced - <i>Improve availability of equipment and supplies for FANC, BEmONC and KMC</i>	Provision of necessary FANC, BEmONC and KMC equipment based on gaps identified as part of QI and supervision reports (Jhpiego and Save)	Selected equipment and supplies were provided to the two Centers of Excellence in Lindi and Mtwara as part of site strengthening efforts. Additional items are to be procured to support quality service delivery. Also, a number of training materials were ordered this quarter.	
4. Maternal and child mortality reduced - <i>Increase demand for quality services through behavior change communication and community mobilization</i>	Develop BCC campaign for MAISHA, including development of relevant IEC materials (T-MARC)	T-MARC is in the process of reviewing and re-developing a number of MNH-related IEC materials that address ANC visits, malaria prevention during pregnancy, birth preparedness, facility delivery and syphilis testing. A graphic designer has been contracted for the re-design.	Final re-designs will be shared with the MoHSW and other MAISHA partners prior to pre-testing and printing.

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Expand Mama Ushauri drama to incorporate MNH elements (T-MARC)	A second partners meeting was held in June and the storylines for season V were shared. Partners were requested to provide the key message focus. A final storyline with partner inputs was shared with partners during the last week of July. The radio drama format will remain at 15 minutes with 52 episodes being developed. These episodes will be aired on 4 national stations (RFA, Radio One, TBC1 & Clouds FM) as well as one regional station (Zenj Fm). A total of 10 weekly episodes will be aired.	Final storylines have been shared with the partners and script development has commenced. The first episode is expected to air in August.
	Adaptation and translation into Kiswahili of the sermon guides for Muslim and Christian religious leaders (IMA)	The sermon guide tool was introduced to the leadership of the National Muslim Council of Tanzania (BAKWATA), Christian Council of Tanzania (CCT) and Tanzania Episcopal Conference (TEC). The leaders accepted the idea and committed personnel to participate in the development/adaptation of the tool. Eleven safe motherhood messages for use in the tool were submitted to the Ministry of Health and Social Welfare for approval.	
Increased access to and use of clinical services for HIV/AIDS care and treatment			

Other activities during January – March 2009:

- **Finalize subagreements with partners (April – June 09):** All contractual arrangements have been finalized with partners (Save the Children, IMA WorldHealth, Futures and T-MARC) and signed subagreements are now in place.
- **Sentinel site data collection for January – March 09 (April 09):** This was completed for the standard FANC program indicators (as referenced under the ACCESS program) as well as the new BEmONC indicators. MIP-specific results were presented at the June 2009 PMI partners meeting.
- **Recruitment of MAISHA staff (January – March 09):** A number of MAISHA staff were recruited during this quarter, including the KMC Coordinator, the KMC

Programme Officer, the WRATZ finance/administration officer and the MAISHA Program Officer for Mtwara (to start 1 August 09).

- **Vehicle and photocopier procurement (June 09):** Jhpiego commenced the process of vehicle and photocopier procurement with its home office in Baltimore and with USAID/Tanzania. It is anticipated that final approvals will be in place next quarter, at which time the items will be procured.
- **Travel of MAISHA Chief of Party (CoP) to Jhpiego/Baltimore for annual Country Directors meeting (June 2009):** The MAISHA CoP participated in Jhpiego's annual country directors meeting in June 09, and shared selected experiences from Tanzania with regard to malaria in pregnancy programming, and program start-ups. The CoP also met with a number of Jhpiego technical staff who will be providing clinical and M&E support to the MAISHA program over the next year to discuss program status and technical assistance needs.
- **Meetings with Norway and JICA (May 09 and June 09):** At the request of USAID, Jhpiego participated in a number of meetings with Norwegian Embassy and JICA staff to discuss maternal mortality reduction programming, both at a clinical level as well as at management level. JICA shared information on its efforts to strengthen RHMTs in a very broad management sense. In a subsequent meeting, Jhpiego presented the USAID-funded MAISHA program and the overall program plan for the next five years.
- **Meeting with EGPAF to discuss their quality delivery program (May 2009) –** Jhpiego's Senior Program Manager met with EGPAF staff in May to get additional information on EGPAF's safe motherhood efforts in the Southern Zone. In Lindi, EGPAF implements a care and treatment program, while in Mtwara EGPAF is supporting the national PMTCT program and is also implementing an integrated PMTCT and MCH program in Mtwara Rural and Masasi Districts. The focus of this latter program is to build the capacity of health providers and to strengthen the health system for improved maternal and child health services. Through the project, some equipment has been supplied by EGPAF and handed over to the Mtwara RMO (list on file at Jhpiego). EGPAF has also trained 25 participants in advanced LSS in these two districts, using national LSS trainers and training materials. EGPAF plans to buy an ambulance for Mtwara Rural District and station it at a health center. They will also buy cellular phones and will give the phone numbers to community members so that when someone in the community needs an ambulance, they can call for it. EGPAF is also supporting rehabilitation/renovation of the operating theater at Nanguruwe Health Center for caesarian sections. This is aimed at decongesting the Mtwara regional hospital and to bring services closer to the community. Finally, the community component of the program, EGPAF aims to sensitize the community on maternal health issues, through targeting the Ward Councilors (Madiwani), Ward Executive Officers (WEOs), and village-level CORPS with key MNH messages. A meeting report is on file with MAISHA.

- **Meeting with Carolyn Curtis, USAID/W (April 2009)** – The MAISHA CoP and Senior Programme Manager met with Michael Mushi (USAID/TZ) and Carolyn Curtis (USAID/W) in April 2009 to provide them with information about Jhpiego's FP activities, particularly as related to the new MAISHA program. We discussed the inclusion of FP in ANC training, and the new PEPFAR-funded MAISHA program component which focuses on postnatal care and post-partum FP at facility and community levels.
- **Safe motherhood technical working group (SMTWG) meetings (May and June 2009)** – MAISHA/Jhpiego provided support to the RCHS/MoHSW in organizing the national SMTWG meetings in May and June 2009. The May meeting was in effect a "re-launch" of the SMTWG as group had not met since April 2008 (associated with the DeliverNow! launch). Jhpiego continues to play the secretariat role for this group. One of the more relevant agenda items discussed in the June 2009 meeting was the MoHSW's plan for a national campaign to accelerate reduction in maternal and newborn mortality. A small group was formed and will be called for a meeting in the next quarter. Detailed notes for both SMTWG meetings are on file with MAISHA.
- **Participation in NMCP data management training for regional RCH coordinators (May 2009)** – Jhpiego's Senior Program Manager and M&E Officer participated in a May 2009 workshop organized by NMCP where the new malaria medium-term strategic plan (MMTSP) was disseminated and where regional RCH coordinators were oriented to malaria-related data management issues, particularly those around malaria in pregnancy. The Jhpiego team facilitated sessions on recording/determining IPTp uptake and the MAISHA sentinel site surveillance system. A meeting report is on file with MAISHA.
- **Partner coordination meeting in ZNZ (May 09)** – The MAISHA CoP and Zanzibar Midwifery Advisor attended the annual MoHSW/Zanzibar partner coordination meeting in May 2009. The purpose of this meeting was to discuss the MoHSW's progress in meeting the previous year's milestones as well as to review the draft PoA for 2009/10. Copies of all presentations are on file with MAISHA.
- **ZNZ DPG meetings (April – June 09)** – MAISHA continued to attend the regular Zanzibar DPG meetings, as scheduled by DANIDA. Meeting minutes are on file with MAISHA.
- **Identification of office space in Lindi and Mtwara (May 2009)** – Jhpiego's Senior Program Manager and Office Manager traveled to Lindi and Mtwara in May 2009 to work with RHMTs in identifying appropriate office space for the MAISHA program officer (one to be based in each region). This person will work very closely with the regional RCH coordinator. It was determined that the MAISHA program officer in Lindi would be based at the RHMT with the RCH coordinator, and in Mtwara, the MAISHA program officer will sit at the clinical officers' training school (very close to the RHMT). A list of necessary equipment/renovations was prepared and will be addressed in the next quarter. It was agreed that a MoU should be developed

between Jhpiego and the RHMT in each region to clearly specify the roles/responsibilities of each with regard to MAISHA program management, implementation and support.

- **CHS stakeholder meeting in ZNZ (May 09)** – MAISHA staff participated in the UNFPA-sponsored meeting to review the revised draft of the College of Health Sciences' curriculum in Zanzibar. MAISHA had previously provided some support in development of the needs assessment tools, the findings of which were used to assist in curriculum revision. A meeting report is on file with MAISHA.
- **Meeting with ADB (June 09)** –MAISHA CoP and Senior Program Manager met with Oswald Leo of ADB to discuss ADB's support to the MoHSW particularly in Mtwara Region. Mr. Leo informed the MAISHA team that ADB has a 2007-2012 strategy for maternal mortality reduction in mainland and Zanzibar that has a substantial focus on infrastructure development. The first three regions to be addressed under this strategy are Mtwara, Tabora and Mara. A number of facilities will be upgraded and renovated, though they have not yet been selected (the contract with the MoHSW is still under review and has not yet been signed). In addition to construction/renovation, ADB will also support the MoHSW in conducting a number of trainings for health care workers in these regions in ANC and basic and comprehensive LSS. Mr. Leo gave the team the names of the ADB staff within the Program Management Unit (based at the MoHSW) for further information and follow-up.
- **Meeting with WHO/Tanzania (May 09)** – USAID called for a meeting with WHO in May 2009 to review the status of support to the MoHSW for reduction of maternal and newborn mortality and asked Jhpiego/MAISHA to participate. During that meeting it was confirmed that a number of planned MAISHA-supported activities could move ahead, at the request of the MoHSW. Detailed meeting notes are on file with MAISHA. However, in subsequent discussions with MoHSW and WHO, planning for these activities (BEmONC curriculum update, training of national trainers, etc.) was put on hold until WHO had confirmed when it would be able to have its technical assistance in place to provide support.
- **Zonal Training Center (ZTC) workplanning meeting (May 09)** – The Jhpiego Senior Program Manager attended the USAID-organized ZTC workplan development meeting in May 2009, along with ZTC representatives from Iringa, Arusha and Kigoma. She presented the overall MAISHA program, as well as the components where complementary action with the ZTCs would be necessary. The ZTCs subsequently incorporated references to MAISHA in their annual workplans and agreed to collaborate with MAISHA in LSS capacity building of service providers in their associated regions. A copy of the draft workplan is on file with MAISHA.
- **Dodoma meeting to finalize inputs for RCH registers (May 09)** – Jhpiego's PMTCT Advisor attended a May 2009 meeting in Dodoma, organized by the RCHS and HMIS, where the MTUHA registers were reviewed. Recommendations made by

partners, including Jhpiego, were discussed and agreed. It is anticipated that these revised tools will be piloted in the next quarter in Dodoma Region. A copy of the latest version of the tools is on file with MAISHA.

- **Zanzibar Year One workplan development and approval (April-May 09)** – Jhpiego's Program Advisor worked with the RCHS/Zanzibar in developing and finalizing the workplan for activities to be supported through MAISHA (both ANC and BEmONC). This workplan was approved by the Zanzibar MoHSW in May 2009.

2.2 Achievement progress against planned for the period

Updated progress report tables (USAID OP indicators and other MAISHA program indicators) to be submitted by mid-August 2009, upon finalization of data entry/analysis of April-June 2009 sentinel site surveillance data.

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 being conducted by T-MARC Company (to start in the next quarter) and IMA, and through the PEPFAR-supported component of MAISHA, messages are being 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.

Also, MAISHA partner T-MARC will be integrating maternal and newborn health messages into its HIV prevention outreach program for Sikia Kengele (Listen to the bell) as from program year 2. T-MARC currently has outreach activities taking place in all 21 mainland regions in Tanzania.

- 3.3 **Stakeholder participation/involvement** – In this quarter, Jhpiego continued involving the RCHS/MoHSW in program implementation and monitoring, through sharing of activity/quarterly reports, planning for program activities, etc. MAISHA staff also met again with the RHMTs in Lindi and Mtwara to review program plans and confirm local support.

3.4 Sustainability mechanisms – The program has been designed to work through national, regional and district stakeholders (i.e., MoHSW/RCHS, 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 are competing interests with WHO which have delayed program implementation – WHO has funds to support BEmONC and ANC but these are available on their timeline (and difficult for them to source technical and other support from WHO/AFRO and HQ in a timely manner). Therefore, the planned activities for BEmONC/LSS guidelines development, curriculum revision and trainer development have not yet taken place (and these are key –“foundation” activities for the MAISHA program).
- Sentinel site data collection continues to be a useful mechanism for monitoring program trends, and providing data for decision-making.
- Dr. Andreas Nshala, the MAISHA Program Coordinator for CSSC, has taken a one year educational leave of absence from CSSC. MAISHA will ensure that all activities continue to move forward as we work with CSSC to plan for Dr. Nshala’s absence.
- Having the CSSC Lead Agents and the BAKWATA Secretaries participate in the FBO advocacy workshops has enhanced religious leader “buy-in”. MAISHA will continue to incorporate their participation in future advocacy workshops.
- It will be important to continue close communication and collaboration with the three ZTCs in Iringa, Arusha and Kigoma as BEmONC/LSS training rolls out. MAISHA can build on the trainings conducted by these ZTCs in terms of site strengthening, etc. – i.e., re-directing resources for a more cost-effective program.
- It has been difficult to identify a suitable candidate for the MAISHA Program Officer position in Lindi – re-advertising is planned (this advert will also include the regions for Year 2).

5.0 Planned activities for next quarter

- *Improve policy environment for FANC, BEmONC (PPH and ENC) and PMTCT through advocacy*
 - Conduct BEmONC advocacy meeting with key stakeholders in Lindi and Mtwara regions to launch BEmONC program efforts in those two regions (Jhpiego)

- Conduct 3 district level advocacy workshops with religious leaders to discuss FANC and BEmONC support issues (IMA)
 - Conduct 10 district-level coordination workshops for FBOs and CHMTs to discuss FANC and BEmONC support issues (IMA)
 - Conduct a national coordinator workshop for MoHSW and FBOs to discuss FANC and BEmONC support issues
 - Conduct an introductory workshop on the sermon guide for Christian and Muslim representatives (pending MoHSW approval of safe motherhood messages)
 - Follow up districts regarding implementation of their annual advocacy workplan and support advocacy activities of WRATZ members (Futures)
 - Conduct parliamentary meetings to increase policy champions for improved MNH (Futures)
- *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)
 - Workshop to review/revise BEmONC training package and develop job aids (Jhpiego) – activity costs to be supported by WHO
 - Development of one MNH Center of Excellence each in Lindi and Mtwara (Jhpiego)
 - Continued site strengthening as from July 09
 - Identification of health centers/dispensaries in Lindi and Mtwara districts to be supported under this program (Jhpiego)
 - Audio translation of the KMC and breastfeeding training videos (Save)
 - Develop and produce additional KMC job aids (Save)
 - Train 15 KMC master trainers (Save)
 - Begin establishment of KMC in Mtwara (Save)
 - Follow-up of tutors/preceptors during FANC teaching (Jhpiego)
 - ANC QI baseline and follow-up assessments at sites by FANC-trained providers (Jhpiego)
 - Facilitative supervision training for district RCH coordinators (Jhpiego)
 - Support for regional RCH coordinators to conduct FANC supervision visits (Jhpiego)
 - Review and adaptation workshop on Zanzibar BEmONC and ANC performance standards and development of assessment tools (Jhpiego)
 - Advocacy meeting with health facility leadership and district health management teams on the implementation of the QI approach and identification of QI teams – Zanzibar (Jhpiego)
 - Orientation of quality improvement teams to the performances tandards and SBM-R approach and facilitation of baseline assessments (Jhpiego)
- *Increase demand for quality services through behavior change communication and community mobilization*

- Adaptation and translation into Kiswahili of the sermon guides for Muslim and Christian religious leaders (IMA)
- Finalize the development of IEC materials (T-MARC).
- Launch season V of the Mama Ushauri radio serial drama with MNH storyline to be aired 10 times weekly on 5 radio stations (T-MARC)
- Workshop to develop essential health package for community health in Zanzibar(Jhpiego)
- Conduct demand creation and outreach activities to facilitate the BEMoNC service provider trainings in Lindi and Mtwara regions (T-MARC)
- *Other*
 - Recruitment of remaining Year One as well as Year Two MAISHA staff (primarily regional MAISHA officers)
 - Vehicle and photocopier procurement
 - Commencement of office renovations at the MAISHA head office
 - Program launch (possibly first quarter Year Two, depending on availability of to-be-determined guest of honor)
 - Capacity-building visit to Malawi for KMC coordinator
 - Continued participation in SMTWGs
 - Continued participation in ZNZ DPG meetings
 - Participation in Zanzibar's Annual Joint Health Sector Review