

# QUARTERLY REPORT

for

## MOTHERS AND INFANTS, SAFE HEALTHY ALIVE (MAISHA) PROGRAM

supported by

**USAID/TANZANIA**

*For the period*

*July –September 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 Five<sup>1</sup>. 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,

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<sup>1</sup> 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 2<sup>nd</sup> 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:** July – September 2009

**1.8 Funding:**

- Planned (over life of program): \$40,000,000
- Received as of 30 September 09: \$ 4,850,000 (\$3,700,000 in child survival/maternal health funds, \$1,150,000 in PMI funds)
- Pipeline as of 30 September 09: \$ 1,932,195

**1.9 Progress rating:** Good

## 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>	Support for mainland and Zanzibar participation in MIPESA coalition meetings and activities (one regional trip in FY09 for each team from mainland and Zanzibar) (Jhpiego)	<i>Not implemented – no regional MIPESA meeting planned this year</i>	Support will be made available via MAISHA next year for participation in one regional meeting
	Workshop to review/revise BEmONC and KMC guidelines and subsequent printing of guidelines (Jhpiego and Save)	<i>Not yet implemented</i>	This is pending scheduling/funding availability by WHO
	Workshop to develop BEmONC and KMC performance standards (Jhpiego and Save)	Workshop not yet implemented, pending technical expert update meeting planned by WHO and MoHSW. However, MAISHA has prepared draft standards for BEmONC as an interim measure which are being used for site assessment and strengthening.	This is pending scheduling availability by WHO

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Conduct BEmONC advocacy meetings with key stakeholders in Lindi and Mtwara regions to launch BEmONC program efforts in those two regions (Jhpiego)</p>	<p>BEmONC/LSS advocacy meetings were conducted in Lindi region and Mtwara region on 2-3 July 2009 and 28-29 July 2009, respectively. The overall goal of these meetings was to introduce the MAISHA program to district and regional stakeholders in order to get their support and buy-in. Objectives included:</p> <ul style="list-style-type: none"> <li>• Present and discuss the magnitude of maternal and neonatal mortality (causes and interventions at national level and in the region)</li> <li>• Discuss the MAISHA program (BEmONC/LSS/FANC) - its rationale, strategies and activities</li> <li>• Introduce BEmONC quality improvement process and standards</li> <li>• Identify potential challenges to the implementation of MAISHA program</li> <li>• Discuss the roles and responsibilities of regional and district stakeholders</li> <li>• Prepare an action plan to address the challenges and to take forward MAISHA program activities</li> </ul> <p>Thirty-six participants attended the Lindi meeting, with 45 participants attending the Mtwara meeting. The meetings were facilitated by MoHSW colleagues (RCH coordinators) and MAISHA staff.</p>	<p>Detailed meeting reports, including presentations made by the regional RCH coordinators on the status of MNH in their respective regions, are on file in the MAISHA office.</p> <p>Selected lessons learned and recommendations from the Lindi and Mtwara meetings:</p> <ul style="list-style-type: none"> <li>• CHMT pointed out that they see the importance of allocating adequate resources to support adherence to service standards</li> <li>• In Lindi, the meeting brought together RCH development partners working in Lindi for the first time to share what each does</li> <li>• Shortage of skilled staff is an important contributing factor to maternal deaths</li> <li>• Selection of participants for training should involve the district level and the facility so that after training, the service provider can go back to the facility and transfer the knowledge to other service providers through on-job-training</li> <li>• Recognition of good performance will help in establishing and maintaining high quality of health services</li> <li>• Maintaining high quality of services at health facilities will encourage more deliveries at health facilities and will reduce number of deliveries at home with unskilled providers</li> <li>• Districts should budget for FANC and BEmONC trainings in their CCHPs</li> </ul>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Conduct a national coordination workshop for MoHSW and FBOs to discuss FANC and BEmONC support issues (IMA)</p>	<p>IMA World Health is responsible to organize a National Coordination Workshop that involves national decision and policy makers from the MoHSW, the Prime Minister's Office on Regional Administration and Local Government (PMORALG), the Ministry of Finance, MSD and FBO zonal and national leaders to discuss and decide on matters that might contribute to improved RCH services</p> <p>The national coordination workshop was held in Dar es Salaam on 11 September 2009. The aim was to review how RCH service provision has improved since August 2008 (date of the previous national coordination workshop) between the FBOs and CHMTs as well as discuss what could be done to further those improvements through the sharing of successes and commitments to improve RCH services and relationships. Some challenges that were identified which hamper the provision of quality RCH services include:</p> <ul style="list-style-type: none"> <li>• Shortage of skilled providers at all facility levels</li> <li>• Inadequate equipment and medical supplies including for FANC and BEmONC</li> <li>• Inadequate physical structure for providing ANC (lack of privacy, adequate space, water, furniture etc)</li> <li>• Poor infection prevention (IP) practices (e.g. disposal of final medical wastes)</li> <li>• Poor data collection, utilization and reporting</li> </ul>	<p>A detailed workshop report is on file with MAISHA.</p>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Conduct one (1) district-level coordination workshops for FBOs and CHMTs to discuss FANC and BEmONC support issues (IMA)</p>	<p>One coordination workshop for CHMT members and FBO RCH stakeholders from Mwanga and Same District Councils and from the local FBO health facilities was conducted this quarter in Mwanga district centre. The FBO Lead Agents were among the 20 participants who participated in the workshop. Participants identified a number of factors which contribute to poor RCH services in Mwanga and Same, including an inadequate number of skilled service providers, inconsistent availability of ANC and delivery supplies and equipment, poor health management information systems and inadequate transparency from some FBOs on financial expenditures at their facilities.</p>	<p>A detailed workshop report is on file with MAISHA.</p> <p>A number of outcomes were reported this quarter from previous coordination workshops, as follows:</p> <ul style="list-style-type: none"> <li>○ At the July 2007 coordination workshop in Morogoro Rural it was noted that FBO representatives had not been participating in CHMT supportive supervision visits to health care facilities. At the August 2009 coordination workshop in Morogoro Rural it was noted that joint supportive supervision (representatives from both the CHMT and FBOs) had started.</li> <li>○ In Kilosa District the CHMT decided to provide one delivery kit and an ANC weighing machine to each health facility that was represented at the August 2008 Coordination Workshop.</li> <li>○ Immediately after the August 2008 coordination workshop in Bukoba Rural, the CHMT began providing RCH drugs/supplies such as SP, RPR kits, and albendazole to all FBO health facilities in the district.</li> </ul>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Conduct two (2) advocacy workshops with religious leaders to discuss FANC and BEmONC support issues (IMA)</p>	<p>Two advocacy workshops were conducted in Ruangwa and Nachingwea districts in Lindi region to educate religious leaders on maternal, newborn and child care issues. The district reproductive and child health (RCH) coordinators as well as the malaria and IMCI focal persons were involved in organizing and facilitating the meetings. The importance of antenatal care services, utilization of available RCH services and management of BEmONC were addressed at each meeting. Factors identified by religious leaders which contribute to the underutilization of MNH services include: lack of understanding of the importance of seeking early and timely antenatal care, inadequate understanding of the danger signs in pregnancy and birth, cultural beliefs that contribute to a reliance on TBAs for deliveries and poor male involvement in MNH care seeking behavior. Religious leaders committed to educating their congregations on the importance of timely ANC visits, preventing malaria in pregnancy by using SP and ITNs, and promoting delivery at health facilities with the assistance of skilled service providers. They also committed to being role models for male involvement in seeking MNH services and demonstrating supportive behaviors.</p>	<p>Detailed workshop reports are on file with MAISHA.</p> <p>Anecdotally, according to the Karagwe RCH Coordinator, within a month of the May 2007 advocacy workshop in that district there was increase in the number of ANC clients attending facilities for care.</p>

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 (WRATZ)</p>	<p>WRATZ facilitated two 2-day advocacy dissemination workshops with district leaders in Dodoma and Manyara on 22-23 July 2009 and 18-20 August 2009 respectively. The objectives of the workshops were: to empower the regional focal persons in organizing advocacy meetings with their district leaders and disseminate advocacy package to them; to inspire district leaders to prioritize on the reduction of maternal and newborn deaths in their district budgets by incorporating clearly identified adequate budget lines for MNH; to identify MNH budget gaps in the district budgets; to develop mechanisms to ensure clearly identified MNH budget lines at district level every year; and to develop a budget tracking system to ensure MNH budget is not used for other things. Participants could not find a clear budget line for MNH in the district development budget plans. A mechanism to ensure clearly identified budget lines for MNH at district level was developed, pending approval by PMO-RALG. Also, a budget tracking system to ensure MNH budget is not used for other things was developed during the workshops. Regional focal persons were made known to district leaders, making it easier to advocate and follow-up with the leaders. A total of 24 district leaders from Dodoma and 20 from Manyara participated in these advocacy dissemination meetings.</p>	<p>Detailed meeting reports are on file with MAISHA.</p> <p>Please see Appendix 2 for a summary of status of action plan implementation to date by regional WRATZ focal persons.</p>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Conduct parliamentary meetings to increase policy champions for improved MNH (WRATZ)</p>	<p>WRATZ conducted a meeting with 9 selected members of parliament (MPs) from all political parties in Dodoma on 28 July 2009. The objective of the meeting was to increase the number of policy champions to advocate for accelerated reduction of maternal and newborn deaths during parliamentary sessions and in their constituencies. The MPs viewed the WRATZ Play Your Part film which gave them information on the status of MNH in Tanzania. The Health Equity Group representative gave a brief presentation on the allocations and gaps in the 2008 national budget. Several MPs admitted that they did not know the MNH situation was that dire. As a result of the meeting, all 9 MPs registered to become active members of WRATZ. Some of them raised the MNH issue during the June - August 2009 MoHSW budget presentation. For example, one challenged the Minister of Health and Social Welfare on MoHSW prioritization, citing the new NaneNane building developed for MoHSW display, while 3 to 4 laboring women share a bed in the health facilities. Star TV, Majira and Radio Free Africa helped to take this important meeting to the Tanzanians households. The 9 MPs promised to work very closely with WRATZ and other organizations working on the reduction of maternal mortality.</p>	<p>A detailed meeting report is on file with MAISHA</p>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	FANC advocacy meeting for high level MOHSW officials and for district and zonal materials managers in Zanzibar (Jhpiego)	<p>An advocacy meeting was held with senior ZMoHSW representatives and other stakeholders in September 2009 to orient them to standardized information on focused ANC including prevention and treatment of malaria and syphilis in pregnancy. The meeting expected the target group to show interest and commitment in supporting the implementation of FANC at their level aimed at reducing maternal and newborn morbidity and mortality in Zanzibar. The meeting objectives were:</p> <ul style="list-style-type: none"> <li>○ Orient MoHSW officials on focused ANC approach</li> <li>○ Discuss Zanzibar focused ANC program and give recommendations to strengthen its implementation</li> </ul> <p>A total of 39 participants attended the meeting, comprising representatives from MoHSW, DHMTs from Unguja and Pemba, selected hospitals and Central Medical Stores.</p>	A detailed meeting 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 on mainland (Jhpiego)	A total of 30 district-based FANC training courses were conducted this quarter on mainland, for a total of 724 providers on mainland (representing 31 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.	During this quarter Jhpiego conducted an exercise to determine if districts have been supporting FANC training through their own CHMT funds, or other non-USG sources. Thirty-seven (37) districts reported that they had trained 845 providers (representing an additional 309 facilities not covered by MAISHA) using funds they had allocated through their CHMT budget (July 2008 – June 2009).

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	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 on Zanzibar (Jhpiego)	One (1) FANC training course was conducted this quarter on Zanzibar for 24 providers. 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.	Currently, all districts and 100% of RCH facilities have at least one person trained in FANC.
	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
	Development/updating of national core group of 45 BEmONC trainers (Jhpiego)	<i>Not yet implemented</i>	This is pending scheduling/funding availability by WHO
	Development of one MNH Center of Excellence each in Lindi and Mtwara (site strengthening) (Jhpiego)	Site strengthening at the regional hospitals in Lindi (July 2009) and Mtwara (September 2009) was conducted immediately preceding BEmONC service provider training. A number of supplies was provided to each site to support quality BEmONC service delivery. In addition, based on lessons learned during the site strengthening/ training process at Lindi, onsite BEmONC orientation was conducted for staff at the regional hospital in Mtwara prior to the BEmONC provider training.	Additional site strengthening will continue over the life of the project.  Detailed site strengthening reports are on file with MAISHA.
	Identification of health centers/dispensaries in Lindi and Mtwara districts to be supported under this program (Jhpiego)	In conjunction with regional and district RCH coordinators, MAISHA selected the health centers and dispensaries in Lindi and Mtwara regions to be strengthened. These facilities then sent providers for BEmONC/LSS provider training.	Please see Appendix 3 for a list of sites being strengthened under MAISHA to date.
	Training for a total of 30 district BEmONC trainers from Lindi and Mtwara (Jhpiego)	<i>Not implemented – per agreed change in program strategy, trainer development to be done following provider training</i>	

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Support district trainers in Lindi and Mtwara to conduct training for 30 service providers (two courses, 15 providers each course) (Jhpiego)	As per the change in training model agreed with the MoHSW, MAISHA did not first train district trainers in Lindi and Mtwara. MoHSW requested that MAISHA proceed directly with provider training, using existing national LSS trainers (to be updated by MAISHA technical staff immediately preceding the provider training). Two BEmONC/LSS provider trainings were carried out during this quarter for the facilities identified by district and regional RCH coordinators (see Appendix 3) – 20-31 July 2009 at Sokoine Hospital for 15 providers (13 lower level facilities, plus the regional hospital) from Lindi and 14-26 September 2009 at Ligula Hospital for 15 providers (12 lower level health facilities, plus the Mtwara Nursing/Midwifery School, plus the regional hospital) from Mtwara.	Detailed training course reports are on file with Jhpiego.

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Site strengthening for twenty lower-level health facilities (health centers/dispensaries) in Lindi and Mtwara (Jhpiego)	In August/September 2009 MAISHA organized for a technical assistance team to visit each of the 14 sites in Lindi region to provide supportive supervision for those trainees who had recently completed the BEmONC course, site strengthening and provision of essential equipment for BEmONC. Objectives of the visit were: build the capacity of DRCHCOs and site representatives on supportive supervision and the BEmONC quality improvement process; conduct an assessment using the draft BEmONC performance standards; analyze data in order to identify strengths and gaps in provision of BEmONC; and develop strategies to strengthen MNH care. Overall QI scores for facilities for this initial visit ranged from 20% to 60%. As for content areas across facilities, the highest score was in IEC and community participation (72%) and the lowest score was in human, physical and material resources (15%).	Please see Appendix 4 for detailed scores by facility and by district.  A detailed site strengthening report for Lindi is on file with MAISHA.  Site strengthening for the health centers and dispensaries in Mtwara will be conducted next quarter.
	Audio translation of the KMC and breastfeeding training videos (Save)	The translation is still ongoing as the MoHSW requested to first see the English video. The video has been captured with text in English, and shared for comments and feedback given to the consultant. The translation work needs to be edited by the MoHSW's Health Education Unit.	This activity will continue in the next quarter.

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Develop and produce additional KMC job aids (Save)	<i>Not yet implemented</i>	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)	A total of 12 KMC master trainers from Kilwa, Mtwara, Mlandizi, Morogoro, Dodoma, Muhimbili and Save the Children were trained in July 2009. The MoHSW selected trainers based on whether they had previous training skills. The training took place at Muhimbili Hospital due to lack of an established KMC site which could accommodate all participants during practical sessions. The training was conducted by three competent national trainers from MOHSW using the national KMC training package, various job aids and training equipment. Technical assistance was provided by Dr. Stella Abwao from Save the Children US. During practical sessions the participants were able to see low birth weight (LBW) babies in the neonatal unit, identify different features and conduct breast feeding assessment and counseling for mothers.	A detailed training course report is on file with MAISHA.  This activity was cost-shared with Save the Children's Saving Newborn Lives (SNL) program.

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Conduct KMC transfer training (Save)	<p>A total of 20 participants were trained during the KMC transfer training which took place in Muhimbili in July/ August 2009, immediately following the training of KMC master trainers. The training was facilitated by the newly-trained master trainers, supported by the national facilitators and Dr. Stella Abwao. Participants came from Muhimbili Hospital, Morogoro Regional Hospital, Mlandizi Health Centre, Ifakara St. Francis Hospital, Ligula Hospital, Sokoine Hospital and Save the Children.</p> <p>Participants trained during the transfer training will be trained as trainers in future based on their performance.</p>	<p>A detailed activity report is on file with MAISHA.</p> <p>This activity was cost-shared with Save the Children's SNL program.</p>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Begin establishment of KMC in Lindi and Mtwara (Save)	Based on a joint review of the KMC work plan (MoHSW, Jhpiego and Save the Children) it was agreed that the KMC site at Sokoine Regional Hospital in Lindi would be left under the SNL program, with MAISHA supporting KMC establishment at Ligula Regional Hospital in Mtwara. The SNL program had initially provided all required KMC supplies for Sokoine Regional Hospital. A KMC site was established at Ligula Regional Hospital Mtwara in August 2009, with a one-day advocacy meeting for 13 members of the hospital management team and a 3-day KMC training for 20 hospital staff (17 from maternity ward and 3 from pediatric ward). The hospital management team developed a plan of action for establishment of the KMC site and appointed focal persons – one nurse (master trainer) and one doctor, both from the maternity ward. To date the total KMC admissions are 10, discharged are 9, discharged against medical advice 1. A total of 8 babies have gained weight.	
	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. This was not completed as per plan in September – it has been rescheduled for March 2010 when FANC is next taught.	Follow-up to be implemented in March 2010
	Workshop to review/revise BEmONC curricular component for 2- and 3-year preservice nursing/midwifery programs and develop learning materials (Jhpiego)	<i>Not yet implemented</i>	This is pending scheduling/funding availability by WHO

<b>Program Element/ Sub-Element</b>	<b>Planned Activities this Quarter</b>	<b>Implemented Activities</b>	<b>Remarks</b>
	BEmONC training for tutors and preceptors from selected nursing/midwifery schools (Jhpiego)	<i>Not yet implemented</i>	This is pending scheduling/funding availability by WHO
	ANC QI baseline and follow-up assessments at sites by FANC-trained providers (Jhpiego)	Ongoing – data provided to MAISHA at time of external assessment visit	
	Support for 36 external ANC QI assessment visits (Jhpiego)	Ten facilities were visited by an ANC QI external assessment team (MAISHA and MoHSW representatives) in September 2009. Facility representatives shared their progress to date in implementing the ANC QI standards. Some of the facilities had actively tried to improve ANC service delivery at their site using the standards, while others had grown a bit lax. Please see Appendix 5 for results. Of the 10 sites assessed, only one (Mnazi Mmoja Health Center in Dar es Salaam) was determined to be ready for recognition. The other sites will be re-assessed in the first quarter of calendar 2010. A detailed report with all findings is on file with MAISHA.	
	Recognition of 30 sites achieving the set percentage of criteria indicating quality services for FANC (Jhpiego)	<i>Not yet implemented</i>	Recognition letter to Mnazi Mmoja Health Center in Dar es Salaam to be sent next quarter
	Facilitative supervision training for district RCH coordinators (mainland and Zanzibar) (Jhpiego)	<i>Not yet implemented</i>	To be implemented in program year 2
	Support for regional RCH coordinators to conduct FANC supervision visits (Jhpiego)	<i>Not yet implemented – mechanism still under discussion with RCHS</i>	In interim, selected RCH coordinators are participating in the quarterly sentinel site surveillance visits.
	Develop and test KMC supervisory module (Save)	<i>Not implemented</i>	Determined that KMC supervisory module already included in KMC training materials

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Advocacy meeting with Zanzibar health facility leadership and district health management teams (including district RCH coordinators) on the implementation of the quality improvement approach and identification of quality improvement teams (Jhpiego)	MAISHA assisted the ZMoHSW to conduct an advocacy meeting in July 2009 with relevant stakeholders from national, zonal and district level as well as facility administrators from 5 facilities to review the current situation of BEmONC in Zanzibar and to introduce the SBM-R process for improving facility management to provide quality clinical services.	A detailed meeting report is on file with MAISHA.
	Review and adaptation workshop on Zanzibar BEmONC and ANC performance standards and development of assessment tools (Jhpiego)	In July 2009 MAISHA worked with the ZMoHSW to adapt and agree upon standards for BEmONC to be used as the basis for the performance improvement (SBM-R) initiative.	A detailed workshop report is on file with MAISHA.
	Orientation of Zanzibar quality improvement teams to the performance standards and standards-based management approach; facilitate baseline assessments (in collaboration with D-RCH coordinators) (Jhpiego)	MAISHA staff conducted SBM-R Module 1 training for quality improvement teams from six facilities in September 2009. Module 1 training included a review of the SBM-R process, introduction to assessment tools, and supervised practice of use of tools at facility level. MAISHA subsequently supported QI teams from all six facilities to conduct baseline SBM-R assessments for BEmONC. Scores ranged from 18% to 41%.	A detailed course report is on file with MAISHA, as are results from the six baseline assessments. Please see Appendix 6 for a graphic illustration of results.
	Collaborative workshop with all Zanzibar QI teams and D-RCH coordinators to review BEmONC assessment results, identify gaps and develop action plans to address them (Jhpiego)	<i>Not yet implemented</i>	To be implemented next quarter

<b>Program Element/ Sub-Element</b>	<b>Planned Activities this Quarter</b>	<b>Implemented Activities</b>	<b>Remarks</b>
	Design BEmONC site strengthening activities for each Zanzibar facility based on assessment results (i.e., on-the-job refresher training in key BEmONC skills, provision of equipment and supplies and determine implementing partner best-placed to address gaps including MAISHA, DANIDA, Venture Strategies, UNFPA, ACQUIRE, etc. (Jhpiego)	<i>Not yet implemented</i>	To be implemented next quarter
	Carry out BEmONC site strengthening activities allocated to MAISHA for each Zanzibar facility (Jhpiego)	<i>Not yet implemented</i>	To be implemented next program year
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 regional hospitals 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 additional training materials were ordered this quarter.	The lists of supplied items are on file with MAISHA.
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)	The artwork for a number of materials is under revision. A pre-test exercise was conducted in Zanzibar to adapt a provider counseling flipchart for FANC. Other materials include client leaflets addressing MNH issues including ANC visits, malaria prevention during pregnancy, birth preparedness and facility delivery.	Final re-designs will be shared with the MoHSW 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)	Mama Ushauri Season V began airing on 24 August 2009. The radio drama format is 15 minutes with 52 episodes being developed. These episodes will be aired on four 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. A print column has also been developed which will feature questions from the Mama Ushauri drama and will appear monthly to coincide with the Q & A episode. The audience is estimated to reach 2.8 million.	

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	<p>Community mobilization in support of the BEmONC/ LSS training at Sokoine Regional Hospital in Lindi (T-MARC)</p>	<p>Pulse Creative TZ was commissioned to execute a community mobilization program to reach women in Lindi town and its environs. This program was conducted within Lindi region for 10 days to promote delivery at a health facility with a skilled provider. Tactics used to meet, communicate and retrieve information from the targeted population included face to face encounters, house visits, village informal and formal gatherings, sensitizations at the regional hospital and surrounding health centres, mama lische joints and streetwise encounters. The team reached a total of 3,110 including 169 pregnant women who were referred to Sokoine Regional Hospital for delivery.</p>	<p>Several reasons were given by the women whom the team met as to why women choose to deliver at home:</p> <ul style="list-style-type: none"> <li>○ Social and cultural issues <ul style="list-style-type: none"> <li>- majority of the pregnant women prefer delivering at home based on their cultural beliefs and traditions which view childbirth as a secret and is a sensitive issue which should not be exposed to 'outsiders'</li> </ul> </li> <li>○ Economic constraints - pregnant women fail to deliver at health facilities as a result of lack of funds</li> <li>○ Poor infrastructure - poor roads in remote areas limit the accessibility to modern health centres most of which are only concentrated in urban areas</li> <li>○ Ignorance and lack of relevant information</li> <li>○ Limited health centres and facilities- there are few health facilities compared to the large population in Lindi and, as a result, there is congestion which deters pregnant women from going to hospital (e.g., women of Kilwa Masoko have to seek clinical services from Kilwa Kivinje which is about 30km away)</li> <li>○ Fear of intimidation, discrimination, and harassment from both the nurses and community members once one is known to have contracted HIV/AIDS. As such, pregnant women opt for traditional midwives to avoid taking the HIV test.</li> </ul>

Program Element/ Sub-Element	Planned Activities this Quarter	Implemented Activities	Remarks
	Adaptation and translation into Kiswahili of the sermon guides for Muslim and Christian religious leaders (IMA)	In process	
	Review and make recommendations on the National Child Health Communication Strategy to include KMC (Save)	Through consultation with the MoHSW it was determined that that development of a national MNH communication strategy is part of the UN joint program. It has been decided that there should not be a separate communication strategy for child health. The strategy under review, therefore, is an integrated maternal, newborn and child health communication strategy. A review of the draft by the KMC Coordinator confirmed that KMC has been integrated into this document. Efforts are being made to ensure MAISHA partners are part of the review process. The MOHSW has promised to share a soft copy of the strategy for further input before the review is completed.	
	Workshop to develop Zanzibar essential health package for community health (Jhpiego)	During this quarter MAISHA staff planned a workshop to review the Zanzibar community health package and develop a plan of action to operationalize the package. The workshop will take place during the first half of October.	
	Selection of target villages to pilot Zanzibar CHW component (those placed in catchment areas of PHCUs and with high rates of home delivery) (Jhpiego)	<i>Not yet implemented</i>	To be implemented next quarter
Increased access to and use of clinical services for HIV/AIDS care and treatment			

Other activities during July – September 2009:

- **Continued development of Year 2 workplan (July – September 09):** Discussions with the MoHSW and partners continued with regard to content of the MAISHA Year 2 workplan.

- **Sentinel site data collection for April – June 09 (July 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 September 2009 PMI partners meeting.
- **Collaboration with HKI for development of IEC materials on maternal anaemia (August 2009):** MAISHA staff met with a consultant hired by HKI to assess current availability of IEC materials related to maternal anaemia and determine what additional materials might need to be developed. It was agreed that the consultant would prepare a materials census and share with the MAISHA team in order to determine the way forward. This report had not been submitted by the end of the quarter.
- **Recruitment of MAISHA staff (July - September 09):** The MAISHA Program Officer for Mtwara, Dr. Daimon Simbeye, started work on 1 August 2009 and spent a month in orientation at Jhpiego's office in Dar es Salaam. He returned to Mtwara in September. An advertisement was placed for regional program officers for year 2 regions and review/interviewing is ongoing.
- **Vehicle and photocopier procurement (August 09):** Jhpiego completed the procurement paperwork and purchased the photocopier and vehicles. The photocopier is now in place at the Jhpiego office and the vehicles are scheduled for delivery in December 2009.
- **Safe motherhood technical working group (SMTWG) meetings (August and September 2009)** – MAISHA/Jhpiego provided support to the RCHS/MoHSW in organizing the national SMTWG meetings in August and September 2009. Meetings focused on continued development of a national campaign to accelerate reduction in maternal and newborn mortality. A small group (of which Jhpiego/MAISHA was a part) developed a concept note for further discussion by the larger group. At the last meeting in September, it was agreed that after finalization of the content of the campaign (to be done by the small group), the concept note would be turned over to a BCC working group to develop the campaign strategy. The document was provided to the BCC working group in mid-September. Detailed notes for these SMTWG meetings are on file with MAISHA.
- **Zanzibar Development Partner Group (DPG) meetings (July – September 09)** – MAISHA continued to attend the regular Zanzibar DPG meetings, as scheduled by Aga Khan Foundation. Meeting minutes are on file with MAISHA.
- **Establishment of office space in Mtwara (August 2009)** – Jhpiego's Office Manager traveled to Mtwara in August 2009 and worked with Ligula Hospital management to establish the MAISHA program office (in close proximity to the regional RCH coordinator's office). The office was cleaned and painted, furniture was provided and a phone/fax connection was established.

- **Capacity building trip for KMC Coordinator to Malawi (July 2009)** - The KMC Coordinator visited Malawi in July 2009 as part of a capacity development exercise for the KMC program and to enable the coordinator to adequately support the establishment of KMC sites in Tanzania and provide overall coordination of the program in collaboration with the MoHSW and other partners. The KMC Coordinator learned about KMC admission and discharge criteria, continued KMC at home, the mechanisms and importance of follow up visits, how to counsel mothers and relatives to ensure compliance, feeding requirements of low birth weight babies, skin-to-skin positioning, examination of a low birth weight baby, recognition of danger signs and complications and actions needed. She also learned about KMC indicators, documentation and KMC record keeping using the KMC registers, as well as the need for sustainability especially after the phasing out of related funding programs and the constraints faced related to KMC home visits and a lack of finances. A detailed trip report is on file with MAISHA.
- **Technical assistance from Save the Children (July – September 2009)** - The program received technical assistance from Save the Children US during the KMC trainings held in July/ August 2009 and a follow-up made in September where Dr. Stella Abwao met with MOHSW, Jhpiego and USAID to discuss KMC implementation and scale up and to address concerns raised by USAID following a field visit to the KMC site in Mtwara.
- **KMC meetings with RCHS (July and September 2009)** - A joint meeting with MOHSW to discuss KMC implementation was held in July 2009, as the first in a series of routine quarterly meetings. A subsequent meeting was held in September 2009 during Dr. Abwao's visit to Tanzania.
- **Zanzibar Joint Annual Health Sector Review (JAHSR) (September 2009)** – MAISHA staff participated in Zanzibar's annual meeting to review the ZMoHSW's achievements for the past year. Copies of presentations are on file with MAISHA.
- **Meeting with ZMCP and ZMoHSW to develop a supervision model at national level for ensuring effective implementation of FANC interventions, including malaria in pregnancy (July 2009)** – MAISHA staff met with colleagues at ZMCP and ZMoHSW to discuss the current supervision process, and how to strengthen it to ensure quality FANC service delivery at health facilities. Discussion points from the meeting are on file with MAISHA.
- **Placement of data analyst at RCHS (July-August 2009)** – MAISHA recruited for a data analyst to be based at RCHS. A suitable candidate (Frank Ntogwisangu) was identified and introduced to the RCHS team for confirmation. Arrangements were then finalized to complete his hiring process, and he commenced work with MAISHA on 1 September 2009. He will be based primarily at RCHS to assist with data analysis and reporting needs.

- **Planning for FANC training for providers at army facilities (July 2009)** – MAISHA staff met with a senior army official to discuss incorporation of army health facilities into the FANC training program, given USAID's recent approval for inclusion of the army in the MAISHA program. It was agreed that providers from army facilities would be invited to attend FANC trainings to be conducted in MAISHA program year 2.
- **Participation in NMCP's ACT working group meetings (July and August 2009)** – MAISHA staff participated in NMCP's regular ACT working group meetings in July and August 2009 to discuss the status of SP availability and distribution. A number of facilities had reported stockouts of SP to NMCP. It was agreed that PSU should follow up with MSD to confirm that SP should continue to be supplied free to all health facilities, with payment for this SP made at central level. It was also agreed that NMCP should follow up with the Director General, MoHSW to ensure that MSD is paid what it is owed or at least accepts payment for SP for continued procurement.
- **IPTp2 supplement during sentinel site data collection and root cause analysis at selected MAISHA sentinel sites (July 2009 and September 2009)** – In July 2009, the MAISHA M&E team implemented a supplemental questionnaire during routine sentinel site surveillance to assess issues with regard to SP service provision (this was a repeat of a similar survey conducted approximately a year ago). In September 2009, MAISHA technical and M&E staff visited four sentinel site facilities in Dar es Salaam – Mnazi Mmoja Health Center, Mikocheni Hospital, Magomeni Health Center and Sinza Health Center – to conduct a root cause analysis for the issue of low IPTp2 rates. Results from both assessment exercises indicate that knowledge of SP is high; stockouts are less of an issue but still affect FBOs, private facilities and high volume sites; and recording practices are not up to standard, particularly at high volume sites. This information was shared at the September 2009 PMI meeting. The report detailing the results of the supplemental questionnaire is in process. Action plans were developed for each of the four facilities and will be followed up in the next quarter.
- **USAID branding workshop (August 2009)** – The MAISHA COP participated in the USAID branding workshop held in August 2009 at USAID.
- **USAID/MAISHA visit to Mtwara (August/September 2009)** – Charles Llewellyn, Team Leader HPO, USAID, and the MAISHA COP and KMC Coordinator made a joint visit to Mtwara to discuss the status of the MAISHA program with the RMO; introduce the recently-hired MAISHA Program Officer who is based at the RHMT, working with the regional RCH coordinator; and review the next steps for support to the region under the MAISHA program. They also visited the postnatal ward and observed the KMC services that have recently been established with technical assistance from Save the Children through MAISHA. A detailed trip report is on file with MAISHA.

- **Preservice meetings with USG-funded partners and USG activity managers (September 2009)** – Jhpiego staff participated in a meeting organized by the PEPFAR preservice education team to present their experience in working with PSE in Tanzania. Both AIHA and I-TECH also participated in and presented at this meeting. The three technical assistance agencies were then asked by USG to hold a separate meeting to draw up a framework for PSE technical assistance, noting which areas would be covered by which agency. A number of these separate meetings were held, with a proposed strategy presented to USG for consideration at the end of September. All documents are on file with MAISHA.
- **Helping Babies Breathe program launch and training of trainers (September 2009)** – MAISHA was invited to attend the national launch of the Helping Babies Breathe program, an initiative to train all health care workers in maternities in newborn resuscitation. In addition, MAISHA sent two staff to attend a two-day national TOT organized by the MoHSW to prepare HBB trainers. During the course of this training it was confirmed that the HBB training content and the LSS/BEmONC training content (with regard to newborn resuscitation) were consistent.
- **Participation in WRATZ board meeting (September 2009)** – The MAISHA COP, as current chairperson of the WRATZ board of directors (BOD), facilitated the semi-annual BOD meeting at Plan International. Meeting minutes are on file with MAISHA.
- **Participation in Tanzania Christian Medical Association (TCMA) meeting (September 2009)** – The MAISHA Senior Program Manager made two presentations at the annual TCMA meeting – one on the status of maternal and newborn health in Tanzania, and one introducing the MAISHA program and its work with FBOs. Copies of both presentations are on file with MAISHA.
- **Meeting with PSI to discuss collaboration (September 2009)** – The MAISHA COP and Senior Program Manager met with a PSI team in September 2009 to discuss respective programs and opportunities for collaboration. MAISHA shared the list of regions in which the program is currently operational as well as plans to expand. At this point PSI only plans to cover 10 regions and is looking for partners for expansion beyond those areas. There was agreement for MAISHA to distribute the recently developed uterotonic guidelines in its regional advocacy meetings, as well as the misoprostol information packets that PSI has put together. Also, PSI has just received funding for a clean delivery kit and is looking for ideas on development and distribution. There was agreement to hold further discussion on this, particularly since the MoHSW has now expressed interest in making such a kit available through MSD.
- **MAISHA introductory planning meeting with regional stakeholders in Iringa (September 2009)** – The MAISHA COP and Senior Program Manager met with stakeholders in Iringa Region to introduce the MAISHA program and discuss plans for Iringa. Present at the meeting were representatives from the RHMT, PHCI-Iringa

and Zonal Health Management Team. The RMO noted that the plans for MAISHA fit well with the regional strategy to reduce maternal and newborn mortality. He indicated that the region was working with each district to strengthen two health centers to provide comprehensive emergency obstetric care (CEmOC), in addition to the district hospital. The list of facilities was shared and it was agreed that MAISHA should focus its efforts on those sites for first strengthening BEmONC. It was also agreed that Jhpiego would conduct an update for the 10 zonal LSS trainers used by PHCI-Iringa so that they are aware of the recent approved changes to the national LSS curriculum. As such, the subsequent USAID-funded LSS training they conduct on behalf of PHCI-I will be consistent with other LSS trainings conducted with support from MAISHA elsewhere in the country. Also, as part of this zonal trainer update, Jhpiego will orient the trainers to the BEmONC performance standards and the site strengthening process, so that these trainers will assist in strengthening the MAISHA-supported sites in each district. A detailed trip report is on file with MAISHA.

### **1.1 Achievement progress against planned for the period**

Please see Appendix 1 for updated progress report table (USAID OP indicators and other MAISHA program indicators).

## ***2.0 Integration of crosscutting issues:***

- 2.1 **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 and IMA, and eventually 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.
- 2.2 **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, through T-MARC, will be integrating MNH messages into its HIV prevention outreach program for Sikia Kengele as from program year 2.
- 2.3 **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 prior

to LSS/BEmONC site strengthening and provider training to review program plans and confirm local support.

**2.4 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 a number of capacity-building activities are being implemented for this target audience.

### **3.0 Lessons learned, best practices and challenges/issues of concern**

- Monitoring the impact of the FBO advocacy and coordination workshops is a challenge – an appropriate monitoring mechanism will be developed by MAISHA in the next quarter.
- There continue to be 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.
- There is need for further discussion with the MoHSW's newborn advisor as to inclusion of emergency neonatal care within LSS/BEmONC training. There has been some confusion over the role of MAISHA with regard to its role in training in newborn care.
- Sentinel site data collection continues to be a useful mechanism for monitoring program trends, and providing data for decision-making.
- 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.

### **4.0 Planned activities for next quarter**

- *Improve policy environment for FANC, BEmONC (PPH and ENC) and PMTCT through advocacy*
  - Participate in WHO technical expert meeting for review/update of national BEmONC guidelines (Jhpiego)
  - Conduct BEmONC advocacy meeting with key stakeholders in Arusha, Iringa and Kilimanjaro regions to launch BEmONC program efforts in those three regions (Jhpiego)

- Conduct four district level advocacy workshops with religious leaders to discuss FANC and BEmONC support issues (IMA)
- Conduct 14 district-level coordination workshops for FBOs and CHMTs to discuss FANC and BEmONC support issues (IMA)
- Conduct a national coordination workshop for MoHSW and FBOs to discuss FANC and BEmONC support issues (IMA)
- Follow up districts regarding implementation of their annual advocacy workplan and support advocacy activities of WRATZ members (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 on mainland where FANC service provider training has not yet been conducted (Jhpiego)
  - Support implementation of FANC training for service providers and follow-up FANC trainers during trainings, in districts on Zanzibar 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
  - Commencement of development of regional hospitals in Arusha, Iringa and Kilimanjaro as BEmONC training sites (Jhpiego)
  - Continued site strengthening at regional hospitals in Mtwara and Lindi (Jhpiego)
  - Initial and continued BEmONC/LSS site strengthening visits to the 12 health facilities in Mtwara who sent participants for BEmONC/LSS training (Jhpiego)
  - Initial site assessment of identified health centers and dispensaries in Iringa and Arusha regions (Jhpiego)
  - Identification of health centers/dispensaries in Kilimanjaro districts to be supported under this program (Jhpiego)
  - Conduct 5-day KMC training of trainers for 10 additional KMC master trainers (Save)
  - Develop and produce additional KMC job aids (Save)
  - ANC QI baseline and follow-up assessments at sites by FANC-trained providers (Jhpiego)
  - Support for regional RCH coordinators to conduct FANC supervision visits (Jhpiego)
  - Recognition of Mnazi Mmoja Health Center for quality ANC service delivery (Jhpiego)
  - ANC quarterly supervision in Zanzibar (Jhpiego)
  - Advocacy meeting with health facility leadership and district health management teams (for three additional facilities) on the implementation of the QI approach and identification of QI teams – Zanzibar (Jhpiego)
  - Conduct SBM-R Module 1 for BEmONC for three additional facilities in Zanzibar (Jhpiego)
  - Conduct follow-up BEmONC assessments at five health facilities in Zanzibar (Jhpiego)

- Conduct SBM-R Module 2 for BEmONC for five health facilities in Zanzibar (Jhpiego)
- Develop a recognition mechanism and guidelines for a BEmONC SBM-R coordinating body in Zanzibar (Jhpiego)
- *Increase demand for quality services through behavior change communication and community mobilization*
  - Approval of MoHSW for safe motherhood messages in the sermon guide tool (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)
  - Develop radio drama for MAISHA program (T-MARC)
  - Incorporate MNH messages into Sikia Kengele initiative (T-MARC)
  - Workshop to develop essential health package for community health in Zanzibar (Jhpiego)
  - Mapping of existing CBDs in Zanzibar (Jhpiego)
  - Community baseline assessment in Zanzibar (Jhpiego)
- *Other*
  - Finalize MAISHA Year 2 workplan for approval (Jhpiego, in collaboration with partners)
  - Meeting with national level stakeholders on mainland to review the proposed MAISHA Year 2 workplan (all partners)
  - Meeting with national level stakeholders on Zanzibar to review the proposed MAISHA Year 2 workplan (Jhpiego)
  - Planning visit by MAISHA and RCHS staff (as possible) to Arusha, Kigoma, and Kilimanjaro (Jhpiego)
  - Recruitment of remaining Year One as well as Year Two MAISHA staff (Jhpiego and T-MARC)
  - Commencement of office renovations at the MAISHA head office (Jhpiego)
  - Program launch (all partners)
  - Sentinel site surveillance (Jhpiego)
  - Finalization and approval of protocol for observational assessments (Jhpiego)
  - Continued participation in SMWG meetings (all partners)
  - Continued participation in Zanzibar DPG meetings (Jhpiego)

**Appendix 1 – MAISHA Program Indicators**

## Appendix 2 - Status of Action Plan Implementation by Regional WRATZ Focal Persons

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
1.	Salome John Mwinjuma	Kilimanjaro	RAS and DED to employ and deploy skilled health workers to reduce shortage by 10%	Met three times with DMO and Regional Council Health Committee concerning her objective	Was promised that there will be a budget to employ more health workers
			By the end of 2009 the community leaders in 2 villages (Umbwe in Kibosho and Kahe) to put in place mechanism of retaining skilled health workers in their dispensaries	Requested money from regional leaders to enable travel to the villages	The regional leaders promised to set aside money to enable her to go to Kibosho and Kahe to dialogue with communities on how to retain health workers in their villages
2.	Mechtilda Byambwenu	Kagera	The DED of Ngara District in Kagera to budget for 20 skilled health providers in the next financial year and build a maternity waiting home	Met with local government leaders and Nickel Company in Kabanga in efforts to secure funds for the maternity waiting home	The company agreed to set aside money in their 2010 budgets for building a maternity waiting home. A maternity waiting home built by Norwegian Peoples Aid is already in place near Murugwanza Hospital.
			To advocate with district and community leaders to reduce delay to health facilities during pregnancy by building and utilizing maternity waiting home	Mobilized men to escort women to ANC clinics and more women to utilize the maternity waiting home	Many men are escorting their wives to ANC clinics and they both test for HIV and receive results together. Many more women are using the maternity waiting homes than ever before. Local government set aside 1.5M to ensure the maternity waiting home is conducive for the women

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
3.	Jasper Nduasinde	Rukwa	RAS Rukwa and DEDs from 5 Rukwa districts to budget for 100 (50 for RAS and 50 for DED) new nurse/ midwives in FY 09	Met with RC, RAS and DEDs from the 5 councils in Rukwa concerning how to address the HR shortage	Rukwa Region set aside 240M to employ 49 registered nurse midwives for Sumbawanga Regional Hospital. The other plan is to have one newly employed qualified health care provider for each health facility (they set aside 290M for this). RC and RAS decided to fundraise for the new health care providers and their incentives with Rukwa, Dar es Salaam residents and other interested people. They got 90M cash and 1.9billion pledges. Any new health employee willing to work in Rukwa will get Tsh 500,000 and furniture as incentives.
			By the end of 2009, 50 communities establish mechanisms (by-laws, incentives) to support women to deliver at health facilities	Could not do community mobilization as planned due to financial constraints	N/A
4	Mellania Mwinuka	Iringa	DED of Iringa Rural to budget 40M for 2 vehicles for 2 rural health centers by 2009/2010	Met with DEDs and DMOs of Iringa Rural	District leaders of Iringa Rural decided to have 2 ambulances on standby at Idodi for all obstetric emergencies at their dispensaries
			By June 2010, community leaders to have transport plans for pregnant women from villages to health facilities	Mobilized community leaders and women during outreach services concerning the importance of women delivering at health facilities	Approximate increases in deliveries per month: <ul style="list-style-type: none"> <li>o 20 at Nyamhim Dispensary</li> <li>o 8 at Ilala Simba</li> <li>o 15 at Ugwachanya</li> <li>o 10 at Lulafalama</li> <li>o 10 at Tosamaganaga</li> </ul>

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
5	Marietha Mugabonutwe	Dodoma	RAS/DED in Dodoma to increase budget for 200 new skilled health workers in the financial year 2009/2010	Met with RAS and DEDs of Dodoma to increase budget to employ new health workers	The leaders supported the objective but did not implement because they are renovating the regional hospital, so the issue is pending
			By the end of 2009, 30 communities will have transport plans in place for facility -ased deliveries	The community dialogue on transport changed into talking with TBAs to promote health facility deliveries rather than home deliveries	Several TBAs escort women to deliver at health facilities in particular at Dodoma Regional Hospital where Marietha works
6.	Seraphina Lutta	Mwanza	At the end of 2009, 8 DEDs will ensure planning and budgeting for SP, iron, folic acid for pregnant women in their district health facilities/clinics	Met with the 8 DMO and DEDs and MSD Zone Manager of Mwanza concerning the availability of SP, folic acid and iron at ANC	All pharmacy request forms from health facilities are not approved by DMOs unless SP, iron and folic acid are included. Thus these important supplements for pregnant women are available at ANCs this was confirmed by a health worker in Magu District
			At the end of 2009, 200 villagers will be able to establish a mechanism for supporting the availability of SP, iron and folic acid	Not done	N/A
7	Hanuni Sogora	Zanzibar	Employ/deploy/retain health workers for disadvantaged districts in Zanzibar	Met with Minister of Health and Permanent Secretary regarding shortage of health care providers	Government employed 17 new skilled health workers and posted them to 7 districts that were facing critical shortage (this was confirmed by DMOs from those districts during the WRA Zanzibar capacity building workshop)
			By the end of 2009, 5 villages from North Unguja to establish mechanism for health staff retention	Not done	N/A

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
8	Salome Kulinganila	Coast	RAS/RMO/DEDS of Coast Region to increase budget to employ more skilled workers	Met with RAS, RMO and DEDS	RMO insisted they have to complete the new regional hospital first
			Conduct meeting with community leaders to plan transport for pregnant women	Conducted dialogue with community concerning danger signs in pregnancy, health facility deliveries and the importance of pregnant women going early to health facilities before the establishment of labor	Most of maternal deaths at the hospital were related to delay in arriving from home. After the community dialogue there has not been one death at the hospital in the Mission Hospital in Rufiji where Salome is the in-charge
9	Judith P. Mkuchu	Mbeya	8 DEDs to employ 90 enrolled nurse/ midwives to work in dispensary and health centers at village level by the end of 2009/2010 financial year	Did not take any action, too busy running her school of nursing	N/A
			By the end of 2009 8 communities in Mbeya to establish mechanisms to support women to deliver at health facilities	Did not take any action, too busy running her school of nursing	N/A
10	Fredeswida Daat	Manyara	By the end of 2009 Manyara DEDs to budget for training of 10 midwives	Did not do anything here because she needed money to move around, DED would not provide	N/A
			Conduct meeting with community to identify 10 candidates for training in nursing at Dareda School of Nursing	Conducted dialogue with community regarding the identification of candidates	The district authority was not convinced to give money to train the candidates

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
11	John Ndumbalo	Morogoro	RAS Morogoro/DEds of 2 Morogoro councils (Mvomero and Morogoro Rural to employ and fill 20% of the current shortage of health workers in their councils by 2009-2010	Met with regional and district leaders concerning his objective	Mvomero District deployed 8 skilled health workers from regional and district hospitals to their dispensaries and health centers. Morogoro Rural did the same by deploying 20 health workers. The councils set aside budget for new nurse/ midwife employees, but they are not available
			By the end of 2009, 6 communities to establish mechanisms/by laws to support women to deliver at health facilities	Could not mobilize communities	N/A
12	Mackrene Shao Rumanyika	Arusha	By the end of 2009, 4 DEds in Arusha Region will increase their budget for a 10% increase in skilled health workers	Met with the leaders concerning her objectives	Arusha Municipal decided to involve non health departments to work on the issue. They also selected their municipal focal person from the department of Community Gender and Children Affairs for close follow-up
			By September 2009, 15 KM road constructed by villagers of Lepuruko and Engaruka in Monduli District	Met with village leader who were interested to work on the road	Due to the long time drought in Arusha, the villagers moved to greener pastures, will be contacted when things are better
			Other not in the original action plan	Mobilized the community surrounding a Health Center in Longido district, which had very small labor room to expand the room because women expressed their discomfort because of the size of the labor ward	The community raised Tsh. 250,000 to expand the labor ward

No.	Name of Focal Person	Region	Objectives from January 09 action plan	Actions taken	Outcome
			Other not in the action plan: establish WRATZ youth advocacy for MNH group to liaise with the Global WRA youth group	Youths under the supervision of Mackrine met several times to strategize their advocacy roles	A youth leader (Consolata Kinabo) was identified and selected, and they developed advocacy and mobilization plans. The leader went to China with the other global WRA youth
13	Florian Mbungu (Mtwara District) and Neema Kasembe (Newala District)	Mtwara	Action plan not submitted even after helping to improve during USAID visit in Mtwara.	Neema Kasembe requested money from Newala DMO to go to Mtwara to advocate with RMO and RAS concerning safe motherhood, but the DMO was not convinced to give money	N/A
				Florian Mbungu was busy, could not implement his action plan, is planning to do it next year	N/A
14	Gaudence Marube	Singida	DEDs in Singida to budget 20M for extra duty allowance for skilled MNH workers	None	Gaudence could not be accessed, by phone or post. However he organized the advocacy dissemination workshop with district leaders in Singida Region.
			Villagers of Mgongo in Iramba District to construct a 15 kilometer road from health facility to the main road		
15	Joachim Urassa	Mara	Action Plan not submitted	Met with Mara CHMTs concerning the improvement of MNH budget in the region for the purpose of increasing the number of skilled birth attendants	The idea was supported by the district council leaders of Mara and will be given attention during next district budget plans. The region has increased its WRATZ members and district WRATZ focal persons are identified.

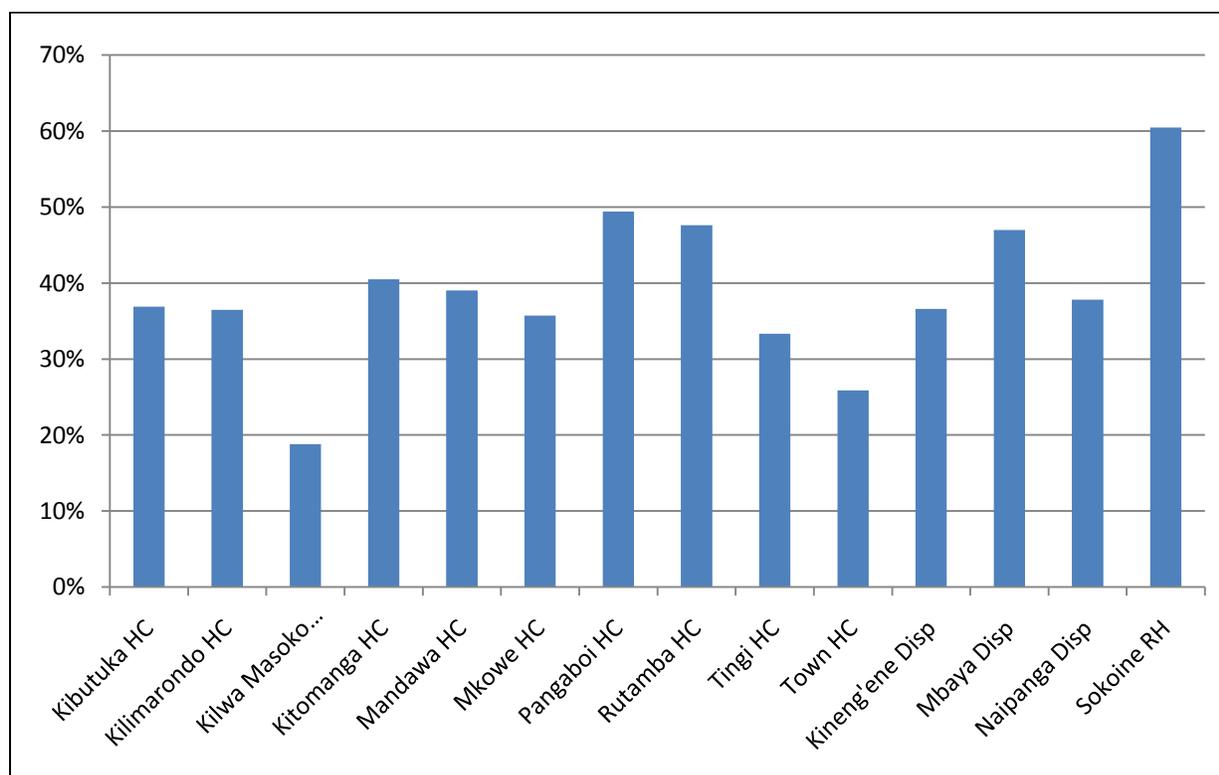
### Appendix 3 – Sites being strengthened under MAISHA as of 30 September 2009

Lindi Region		Mtwara Region	
	<b>Training site</b>		<b>Training site</b>
1	Sokoine Regional Hospital	1	Ligula Regional Hospital
	<b>Health centers and dispensaries</b>		<b>Health centers and dispensaries</b>
	<u>Kilwa</u>		<u>Masasi</u>
1	Tingi Health Center	1	Mikuledi Dispensary
2	Masoko Health Center	2	Namombwe Dispensary
	<u>Lindi Rural</u>		<u>Mtwara Rural</u>
3	Pangaboi Health Center	3	Kitere Health Center
4	Kitomanga Health Center	4	Kiromba Dispensary
5	Rutamba Health Center		
			<u>Mtwara Urban</u>
	<u>Lindi Urban</u>	5	Likombe Health Center
6	Town Health Center	6	Mikindani Dispensary
7	Kineng'ene Dispensary		
			<u>Nanyumbu</u>
	<u>Liwale</u>	7	Michiga Health Center
8	Kibujuka Health Center	8	Mkangaula Dispensary
9	Mbaya Dispensary		
			<u>Newala</u>
	<u>Nachingwea</u>	9	Mkunya Dispensary
10	Kilimarondo Health Center	10	Chiwonga Dispensary
11	Naipanga Dispensary		
			<u>Tandahimba</u>
	<u>Ruangwa</u>	11	Mahuta Health Center
12	Nkowe Health Center	12	Mchichila Dispensary
13	Mandawa Health Center		

## Appendix 4 – Baseline BEmONC QI scores for Lindi, by facility

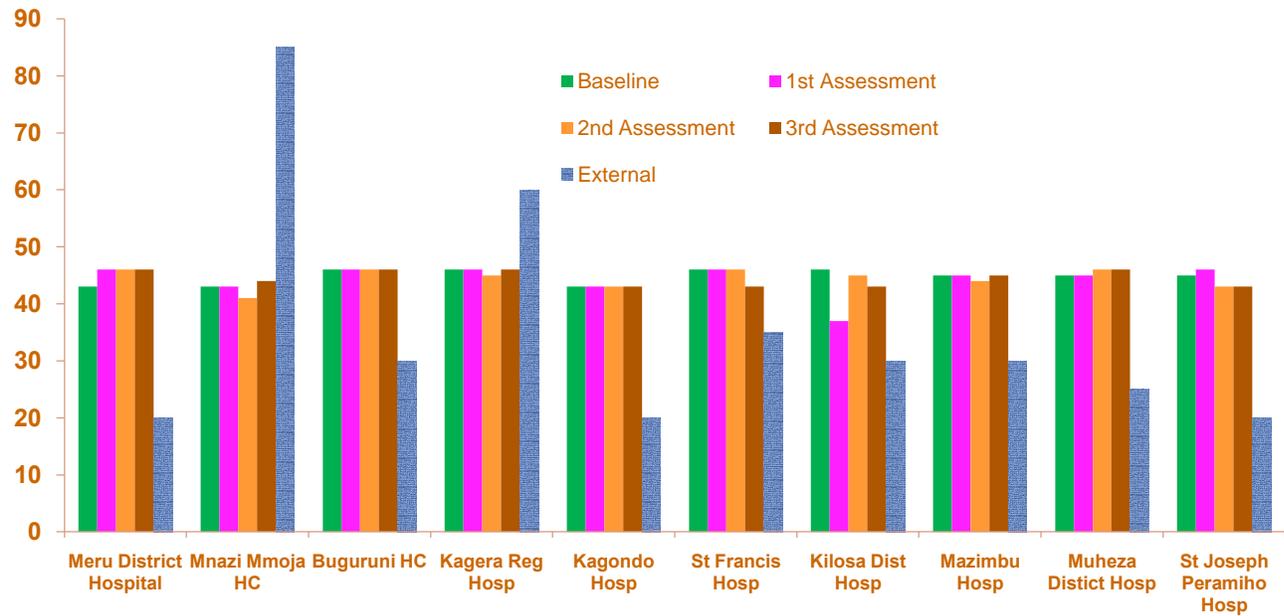
	Human, Physical and Maternal Resources	IEC and Community Participation	Management Systems	Postpartum Care	Management Of Antenatal, Intrapartum and Postpartum Complications	Normal labor, Childbirth & Immediate Newborn Care	Overall Score by facility
Kibutuka HC	18%	63%	7%	78%	22%	61%	<b>37%</b>
Kilimarondo HC	18%	88%	36%	44%	28%	37%	<b>36%</b>
Kilwa Masoko HC	12%	38%	14%	22%	38%	11%	<b>19%</b>
Kineng'ene Disp	12%	88%	36%	0%	50%	44%	<b>37%</b>
Kitomanga HC	6%	63%	50%	22%	33%	63%	<b>40%</b>
Mandawa HC	6%	75%	64%	44%	17%	47%	<b>39%</b>
Mbaya Disp	18%	67%	36%	78%	44%	63%	<b>47%</b>
Mkowe HC	6%	63%	29%	44%	35%	53%	<b>36%</b>
Naipanga Disp	6%	75%	39%	78%	25%	42%	<b>38%</b>
Pangaboi HC	24%	75%	43%	78%	33%	68%	<b>49%</b>
Rutamba HC	18%	88%	31%	44%	61%	58%	<b>48%</b>
Sokoine Reg Hosp	44%	88%	93%	11%	67%	58%	<b>60%</b>
Tingi HC	12%	75%	39%	33%	11%	53%	<b>33%</b>
Town HC	6%	75%	21%	0%	33%	32%	<b>26%</b>
<b>Total</b>	<b>15%</b>	<b>73%</b>	<b>39%</b>	<b>41%</b>	<b>36%</b>	<b>49%</b>	<b>39%</b>

### Overall score by facility



**Appendix 5 – ANC QI scores for 10 facilities externally assessed in September 2009**

## Internal Baseline – 3<sup>rd</sup> assessment Vs External assessment



**Appendix 6 – Initial baseline scores for BEmONC QI at Zanzibar facilities**

