



Access to clinical and community
maternal, neonatal and women's health services

Access to Clinical and Community Maternal, Neonatal and Women's Health Services Program

ACCESS

YEAR ONE SEMI-ANNUAL REPORT

1 October 2004–31 March 2005

Submitted to:

United States Agency for International Development (USAID)
under Cooperative Agreement #GHS-A-00-04-00002-00

Submitted by:

JHPIEGO in collaboration with
Save the Children
Futures Group International
Academy for Educational Development (AED)
American College of Nurse-Midwives (ACNM)
Interchurch Medical Assistance (IMA)

April 2005

TABLE OF CONTENTS

INTRODUCTION.....	1
I. CORE FUNDED ACTIVITIES.....	4
IR 1: Global leadership for maternal, neonatal, and women's health and nutrition programs and policies strengthened.....	4
Activity 1.1: Global Networking and Partnerships.....	4
Sub Activity 1.1.a: The Partnership for Safe Motherhood and Newborn Health (PSMNH) and The Healthy Newborn Partnership (HNP).....	4
Sub Activity 1.1.b: Africa road map for safe motherhood and newborn health	4
Sub Activity 1.1.c: International Confederation of Midwives.....	5
Sub Activity 1.1.d: The White Ribbon Alliance	5
Sub Activity 1.1.e: Partner coordination and collaboration	5
Sub Activity 1.1.f: Country Level Advocacy for Lancet Series on Neonatal Health...6	6
Activity 1.2: Health Care Financing and Policy	6
Sub Activity 1.2.a: Policy tools adapted and used	6
Activity 1.3: Dissemination of ACCESS Program Materials and Resources.....	7
Sub Activity 1.3.a: Website development and use	7
Sub Activity 1.3.b: Materials disseminated to partnerships and alliances, donors, country level stakeholders, and USAID cooperating agencies, bilaterals and other Stakeholders Working in maternal and newborn health	7
Sub Activity 1.3.c: Particiaption in Global Health Fundamentals E-Learning Course (sponsored by USAID) through formuation of an online mini-course on a topic related to essential matenral and newborn care	7
Activity 1.4: Small Grants.....	8
Activity 1.5: Technical Assistance to Strengthen Maternal, Newborn and Women’s Health Services = Targets of Opportunity	8
IR 2: Preparation for childbirth improved.....	8
Activity 2.1: Define the ACCESS Program Household-to-Hospital Package of Essential Maternal and Newborn Care Interventions.....	8
Activity 2.2: Promote the Integration of Essential Maternal and Newborn Care and PMTCT	9
Sub Activity 2.2.a: Develop and evaluate integrated EMNC and PMTCT through health system in Tanzania.....	9
Sub Activity 2.2.b: Conduct workshop on integration of EMNC and PMTCT in Tanzania with local partners, including WRA, faith based organizations, and others	9
Sub Activity 2.2.c: Develop and evaluate integrated EMNC and PMTCT activities in health programs in Kenya	9
Activity 2.3: Implementation of “Home Based Mother and Baby Care” Model	9
Sub Activity 2.3.a: Adapt the home-based model of care and document the process for implementation of a scaled-up program	9
Activity 2.4: Implementation of Social and Community Mobilization and Advocacy.....	10

Activity 2.5: Malaria Action Coalition (MAC)	10
Sub Activity 2.5.a: Burkina Faso followup survey on malaria in pregnancy (MIP) and dissemination of results to key stakeholders	10
Sub Activity 2.5.b: Continued support of and participation in the RBM Partnership/ Malaria in Pregnancy Working Group (MPWG).....	10
Sub Activity 2.5.c: Technical support to the RBM Partnership and other malaria coalitions.....	11
Sub Activity 2.5.d: Support adaptation of performance and quality improvement (PQI) materials targeting integrated antenatal care (ANC) including malaria in pregnancy (MIP), prevention of mother-to-child transmission (PMTCT) and syphilis	11
Sub Activity 2.5.e: Support regional workshop in ESA for faith-based and other private service delivery organizations and MOH representatives to update knowledge on essential maternal and newborn care (EMNC), including malaria during pregnancy and prevention of mother-to-child transmission (PMTCT)	11
Sub Activity 2.5.f: Expand the Safe Motherhood Model to include malaria	12
Sub Activity 2.5.g: Mali malaria insecticide treated nets advisor	12
IR 3: Safe delivery, postpartum care, and newborn health.....	12
Activity 3.1: Prevention of Postpartum Hemorrhage	12
Sub Activity 3.1.a: Dissemination of resource materials and program tools	12
Sub Activity 3.1.b: Technical support to countries as they introduce PPH prevention in homebirths through community education and community-based distribution of misoprostol.....	12
Activity 3.2: Strengthening skilled attendance through performance and quality improvement.....	13
Sub Activity 3.2.a: Review and adapt the PQI tool package for EMNC facility and community care	13
IR 4: Management of obstetric complications and sick newborns improved	14
Activity 4.1: Strengthening preservice midwifery education in EMNC.....	14
Sub Activity 4.1.a: Regional preservice midwifery education in selected African Anglophone countries	14
Activity 4.2: Development and application of the resource allocation model.....	14
Sub Activity 4.2.a: Enhancement of resource allocation model, ALLOCATE, to include neonatal component	14
Activity 4.3: Finalize training manual for Kangaroo Mother Care (KMC).....	14
IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity).....	14
Activity 5.1: Fistula Prevention.....	14
Sub Activity 5.1.a: Improve Ability of Health Care Providers to Prevent and Manage Obstetric Fistula	14

I. BUREAU AND COUNTRY ACTIVITIES.....	16
Africa/Sustainable Development Bureau.....	16
Asia Near East Bureau.....	16
Latin America and the Caribbean.....	17
Haiti.....	17
Nepal.....	18
Tanzania.....	18
West Africa Regional Project (WARP).....	20
Malaria Action Coalition.....	20
Kenya.....	20
Madagascar.....	21
REDSO.....	21
Rwanda.....	22
West Africa Regional Project (WARP).....	22
 III. ADDITIONAL FY05 FIELD SUPPORT FUNDING	 23

ABBREVIATIONS AND ACRONYMS

ACNM	American College of Nurse Midwives
AED	Academy for Educational Development
ANC	Antenatal Care
ANE	Asia, Near East
ATN	Assistance Technique Nationale
BASICS	Basic Support for Institutionalizing Child Survival
CCP	Center for Communication Programs
CDC	Centers for Disease Control
CMT	Core Management Team
EMNC	Essential Maternal and Neonatal Care
FANC	Focused Antenatal Care
FBO	Faith-based Organization
HHCC	Household to Hospital Continuum of Care
HNP	Healthy Newborn Partnership
ICM	International Confederation of Midwives
IPT	Intermittent Preventive Treatment
IPTp	Intermittent Preventive Treatment during pregnancy
IMA	Interchurch Medical Assistance
KMC	Kangaroo Mother Care
MAC	Malaria Action Coalition
MIP	Malaria in Pregnancy
MIPESA	Malaria in Pregnancy/East and Southern Africa
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MPW	Malaria in Pregnancy Working Group
NGO	Nongovernmental Organization
PAC	Postabortion Care
PAHO	Pan-American Health Organization
PMTCT	Prevention of Mother-to-Child Transmission
POPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	Postpartum Hemorrhage
PQI	Performance and Quality Improvement
PSMNH	Partnership for Safe Motherhood and Newborn Health
RBM	Roll Back Malaria
REDSO/ESA	Regional Economic Development Support Office/East and Southern Africa
SC	Save the Children
SMM	Safe Motherhood Model
TA	Technical Assistance
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance

INTRODUCTION

The ACCESS Program launched on its mission to improve maternal and newborn health and survival in July 2005, with four country programs, five malaria action coalition countries and activities in another 17 countries. Globally, ACCESS, through its partnership, is recognized as the focal point for policy and advocacy, technical expertise, and implementing and scaling up programs in maternal and newborn health. The ACCESS results framework links field programs and global and national level advocacy to address: 1) *what* are the most effective interventions; and 2) *how* to provide essential maternal and newborn care (EMNC) both through improving household practices and developing strategies for integrating EMNC into existing service delivery systems.

Summary of Achievements

From August 2004 through April 2005, ACCESS focused primarily on strategic planning at the global and country level, raising awareness among international and national policymakers, and establishing a strong organizational structure and building a strong staff that reflects the program goals and the partner's strengths. This systematic planning has set the stage for full-scale implementation of programs that will have a substantial impact on newborn health and survival worldwide. Here are some achievements:

- ***Defining core program strategies:*** A key component of ACCESS is strengthening community support and home based care for the mother and newborn. ACCESS is reviewing the current most effective experiences and developing guidance to support implementation of home-based models of care, including defining the household to hospital package of essential maternal and newborn care interventions and guidance on community mobilization and advocacy approaches. ACCESS's approach to community intervention addresses key barriers to health care quality, access, and use, and seeks to change household behaviors that are among the major causes of maternal, perinatal and neonatal mortality. ACCESS promotes interventions that are practical and affordable in preventing and managing the major causes of maternal and newborn illness and death.
- ***Developing field programs:*** Operational plans are in progress in two countries Haiti and Tanzania, and planning for field programs in Nepal and Afghanistan is well underway. Key components of the ACCESS country plans include strengthening provider skills and improving the quality of services. In Tanzania, for example, ACCESS organized a national workshop on the integrating the prevention of mother to child transmission of HIV-AIDS (PMTCT) within reproductive and maternal and child health services and has supported the roll out of inservice integration of focused antenatal care including Intermittent Preventive Treatment during pregnancy (IPTp) and PMTCT in select areas of the country.
- ***Enhancing knowledge and awareness*** of the plight of the dying mothers and newborn. ACCESS has worked with the Partnership for Safe Motherhood and Newborn Health (PSMNH) on the restructuring of the Partnership and participated in the WHO Meeting on Maternal and Child Health in India. Our work on the global and country level advocacy of the Lancet series on newborn health is helping to place newborn health on the global agenda. Subsequent country-level advocacy in Nepal, Indonesia and Tanzania will enable decision-makers in these countries to consider ways of implementing an

essential package of effective and affordable solutions for reducing neonatal mortality in their particular settings. ACCESS is also a steering committee member of the Asia regional network on Community Based Postpartum Care that will support research and also strengthen postpartum care in existing maternal and child health programs supported through USAID bilateral programs.

- ***Building new country programs:*** Greater number of field Missions are expressing an interest in the ACCESS partnership and the skills the program brings to assist in addressing maternal and newborn survival. This year ACCESS initiated activities in Afghanistan. Discussions of new country programs are underway in Rwanda and Southern Sudan.

Approach

ACCESS is working to capitalize on ACCESS partner prominence and ties with national governments and local partners to establish essential maternal and newborn care in local settings. ACCESS works both as a leader and as a partner, strengthening maternal and newborn health services and household practices. In all our country-based programs, ACCESS collaborates with USAID missions, government agencies and assistance agencies, including local non-governmental organizations (NGOs) and faith based organizations (FBOs).

To establish ACCESS in our field programs, the ACCESS team worked closely with in-country USAID Mission staff and government officials to develop work plans. Our goal is to develop or support EMNC activities that are integrated into existing maternal and newborn health programs that in each country will have an impact at the national level. As a key element of our approach, where possible, we work with international and national governments, assistance agencies, and local associations. Our partners include the United States Agency for International Development (USAID), World Health Organization (WHO), United Nations Fund for Children (UNICEF), United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO), West African Malaria in Pregnancy Network, Hopital de L'Universite d'Etat and Hopital Justinien in Haiti, the International Confederation of Midwives (ICM), Johns Hopkins University Center for Communication Programs (CCP) and the USAID-financed BASICS, MACRO, QRP, AWARE RH, CEDPA, and EngenderHealth Programs. ACCESS is building upon these many partnerships and resources to expand this initiative in order to achieve a much wider impact on maternal and newborn health.

Organization

ACCESS staff are leaders in fostering partnerships to bring maternal and newborn health services to those most in need. A dedicated staff is at the heart of what we do, and we are proud that our team is highly skilled, motivated and capable of playing a leadership role at every level to expand maternal and newborn health services. In January, Koki Agarwal was appointed the new ACCESS Director. Since that time ACCESS has recruited Sarla Chand, who works for IMA and is the ACCESS Faith-Based Coordinator, and an additional Program Officer. The ACCESS management team is actively recruiting for the M&E Specialist position.

The Core Management Team (CMT) meets monthly to plan and review program status. The CMT is supported by field staff from partner organizations and a team of USAID CTOs who consult periodically on major issues related to program strategy and advocacy.

The ACCESS Program intends to be a driving force behind the movement to improve the health of mothers and newborn babies worldwide. ACCESS's goal is to provide communities and families in developing countries with improved health services for their mothers and newborns, and to establish household practices to reduce maternal and neonatal mortality. Through proven, cost-effective approaches to maternal and newborn care, ACCESS has laid a foundation to enable families in the poorest environments to achieve what many in the world take for granted—the health and survival of their mothers and newborns.

The following pages provide key information on the accomplishments, constraints and barriers, and next steps by each activity and sub activity.

I. CORE FUNDED ACTIVITIES

IR 1: Global Leadership for Maternal, Neonatal and Women's Health and Nutrition Programs and Policies Strengthened

1.1. Global Networking and Partnerships

1.1.a. *The Partnership for Safe Motherhood and Newborn Health and the Healthy Newborn Partnership*

Accomplishments: ACCESS continued to be engaged with the Partnership for Safe Motherhood and Newborn Health (PSMNH) and the Healthy Newborn Partnership (HNP) during this period. The Director and Deputy Director participated in PSMNH meetings and ACCESS supported the participation the Tanzania delegation to attend the WHO World Health meeting in Delhi.

Next steps:

- ACCESS will continue to be an active partner in the newly formed Partnership and carve out a leadership role in advocacy, technical approaches and country programs.

1.1.b. *Africa road map for safe motherhood and newborn health*

Accomplishments: ACCESS has collaborated with USAID, WHO/AFRO and the SARA Project to identify priorities and plan to support activities to support the implementation of the Road Map in Ethiopia and Tanzania. This activity includes training of the core group of regional experts on maternal and newborn health, conducting a national meeting, and the roll out of Road Map in these countries. ACCESS participation will allow (1) a fuller understanding by USAID of the Road Map roll-out and its in-country results, (2) the inclusion of USAID priority areas in the roll out, e.g. community approaches to improving MNH, attention to the newborn, etc. (3) some contact / knowledge of other country strategy development, (follow-up of AFRO trained facilitator/trainers). ACCESS continues to work out with WHO/AFRO the details of this activity, including WHO's expectations, contributions, participation, and human resource availabilities.

Constraints and issues to be resolved: Moving this forward has been severely hindered by the very limited availability of WHO/AFRO's Senior Technical Managers for maternal health to provide input in planning process and making key decisions in a timely manner. Some critical unanswered questions remain regarding the implementation mechanism and alignment of this work with the ACCESS workplan timeline and WHO/AFRO's time horizon and resources limitations.

Next steps:

- Agree on date and venue for the regional workshop on the Africa Road Map initiative.
- Develop a session on Advocacy and an introductory package for the participants of the regional workshop, including an advocacy "tools" that the Road Map that regional workshop participants can adapt and use in country.
- Liaise with WHO/AFRO co-facilitator of the regional workshop on the Africa Road Map to harmonize future facilitation of the workshop.

- Make initial contact with and/or gather relevant documents on ACCESS/Road Map's two countries: Ethiopia and Tanzania.

1.1.c. International Confederation of Midwives

This activity is covered under IR 5

1.1.d. The White Ribbon Alliance

Accomplishments: The WRA serves as a platform for advocacy work on maternal and newborn health as well as activities related to youth and women's health. To date, ACCESS is collaborating with the WRA on the youth advocacy package, including conducting a literature review. In addition, planning is underway for a WRA regional workshop in Indonesia to be held in August 2005 as well as collaboration with WRA work in Tanzania and Afghanistan.

Constraints and issues to be resolved: The agenda and timing for the regional WRA meeting in Indonesia has been difficult to pin down both because of the divergent goals of stakeholders preparing the meeting and conflicting time schedules.

Next steps:

- Finalize concept paper, literature review and advocacy package on youth and meet with the WRA youth committee.
- Finalize date and time of Indonesian workshop and the agenda for the skill-building workshop.

1.1.e. Partner coordination and collaboration

Accomplishments: In April 2005, the ACCESS Faith Based Coordinator was hired. One of the first initiatives that she will be spearheading is the development of a global and country-level faith based strategies for ACCESS. The FBO Coordinator will also begin the process of educating ACCESS staff about IMA's FBO partner organizations and the potential for collaboration. ACCESS was introduced at a plenary session of the Christian Health Association conference in Malawi, November 2004.

Constraints and issues to be resolved: Efforts to integrate FBOs were severely constrained by not having a coordinator in place until the end of this period. IMA's potential for resource mobilization in support of ACCESS has not been fully utilized, i.e. Nevirapine for PMTCT. How FBOs integrate into the approach of ACCESS dissemination still requires further definition.

Next steps:

- In conjunction with activity IR 2.5.e, the Faith Based Coordinator is scheduled to travel to East Africa in May 2005 to represent ACCESS to FBO executives and individual leaders in safe motherhood who come out of the FBO community and develop a plan to engage them with ACCESS partners and strengthen EMNC in their programs.
- Coordinate of the Office for Faith-based Initiatives.
- Meet with IMA member agencies and other FBO organizations to clarify their work and needs around EMNC.

1.1.f. *Country level advocacy for Lancet Series on neonatal health*

Accomplishments: ACCESS has been a member of the External Committee for the Launch of the Lancet series on neonatal health. In this capacity, ACCESS participated in the planning for the global launch and, more specifically, has supported the country level advocacy efforts in Nepal, Indonesia, and Tanzania. The Nepal event is taking place on April 29, 2005 and the Indonesia and Tanzania events are being planned.

Constraints and issues to be resolved: The dates and agenda for the country level advocacy events in Indonesia and Tanzania are not finalized. In Indonesia, ACCESS is supporting Save the Children to coordinate an event with the MOH and other stakeholders. Understandably, the MOH has given priority to the Tsunami related assistance but has said this is a priority activity and will link this with an event later this year. In Tanzania, the work on neonatal health has been limited and there has not been an ACCESS partner in-country to take this forward. With the support of USAID, ACCESS is now working with the USAID mission and they have agreed to move this forward with the MOH. ACCESS is waiting for USAID Tanzania to finalize the type of events and dates. There is concern that insufficient lead time is available to organize this meeting in early June.

Next steps:

- ACCESS will participate in the April 29th neonatal forum in Nepal.
- In Indonesia, Save the Children is working with the MOH and other stakeholders to identify an appropriate time and meeting for this event.
- In Tanzania, USAID has expressed an interest in coordinating an advocacy effort with a planned MOH meeting in early June. ACCESS will work with the USAID Mission to support this effort but will need to have a point person in country who can coordinate this effort at a high level.

1.2 Health Care Financing and Policy

1.2.a. *Policy tools adapted and used via application of Safe Motherhood Model (SMM)*

Accomplishments: ACCESS held a policy tools seminar for staff and USAID participants where the partners presented various policy tools. ACCESS has explored opportunities to apply the SMM in several countries resulting in USAID/Senegal requesting that this be applied in Senegal. This will be done in collaboration with the USAID bilateral maternal health project (PREMOMA), BASICS and USAID funded PAC activities.

Constraints and issues to be resolved: The neonatal component of the SMM is still being developed by the Futures Group and will require additional time before the revised model can be applied in Senegal. Inclusion of the neonatal component will delay the application and may not align with the PREMOMA work plan. Further discussion about whether to adapt the model for Senegal or apply as is needed with USAID/Senegal.

Next steps:

- Define expected results from strengthening neonatal component of SMM application in Senegal and discuss with USAID/Senegal to finalize dates and a work plan for the Senegal application.

1.3. Dissemination of ACCESS Program Materials and Resources

1.3.a. *Website development and use*

Accomplishments: ACCESS has selected and registered the website domain www.accesstohealth.org and www.accesstohealth.net. During the design phase of the website, ACCESS partners provided information and review of website content, logos, photos and contact information. ACCESS also worked closely with the USAID/W Knowledge Management contact regarding USAID Mission text, acknowledgement and branding. ACCESS expects to launch the website in May 2005. In addition to the website development, ACCESS developed a program logo and materials (stationary, PowerPoint template and business cards).

Next steps:

- Update technical elements of website (e.g., navigation script, style sheets, etc.) and create pages with final content and graphics, conduct reviews and finalize.
- Launch website and release announcement to partners et al.

1.3.b. *Dissemination of ACCESS materials*

Accomplishments: An initial ACCESS program information flyer and a quarterly update and announcement were completed and sent to partners in February 2005. ACCESS is planning to produce several technical briefs this program year. These briefs will focus will include revising/updating four MNH Program technical briefs (malaria during pregnancy; focused antenatal care; newborn health; PPH) and preparing two new briefs (household-to-hospital continuum of care; quality improvement for maternal and newborn care). In April, several MNH Program documents were disseminated at World Health Day Meeting in Delhi and at the Postpartum Care Network meeting in Bangladesh.

Constraints and issues to be resolved: These projects could not be started until the workplan and program start up activities were complete.

Next steps:

- The next ACCESS Program update is scheduled for April 2005.
- Once the ACCESS website is launched, we will begin investigating websites/listservs that might routinely carry news/information from the ACCESS Program.

1.3.c. *Participation in global health fundamentals E-learning course (sponsored by USAID) through formulation of an online mini-course on a topic related to essential maternal and newborn care*

Accomplishments: The focused antenatal care (FANC) course outline is developed; reviewers identified; key concepts and learning objectives formulated; materials, references, and graphics compiled; and development of questions begun. The course manager has formatted content for the web site and begun loading material onto it. The prevention of postpartum hemorrhage (PPH) course outline is developed.

Constraints and issues to be resolved: One of the partners helping to implement the website (MSH) has not yet provided “read-only” privileges so that ACCESS may need to adjust questions and materials when the on-line site is viewable. ACCESS is working with USAID to resolve the issue.

Next steps:

- Continue to work with USAID and the InfoNet collaborator to complete development of the FANC course and with Harshad Sanghvi to continue development of the PPH course.

1.4. Small Grants

Accomplishments: The ACCESS small grant mechanism will be used to support NGOs and local midwifery associations working in the area of prevention of obstetric fistula. The total funding amount will allow approximately 8-15 grants ranging in size from \$2500 to \$10,000 per grant and the geographic focus will be on Sub Saharan Africa and South Asia. ACCESS will use the Fixed Obligation Grants mechanism for these grants. ACCESS has prepared criteria for the grant and a draft of grant guidelines for use by the ACCESS program. A technical review committee for the grants program is in place.

Constraints and issues to be resolved: Small amount of grants monies place burden on constructing a strategic approach to grants component that will achieve goals and objectives of ACCESS. As part of the annual review, ACCESS will examine how small grants can be used to build incremental results in achieving improvements in maternal and newborn health.

Next steps:

- Establish grants criteria, select eligible candidates, review proposals, award grants and monitor and record results.

1.5. Technical Assistance to Targets of Opportunity

Accomplishments: This is a target of opportunity for ACCESS to provide technical assistance in the area of maternal and newborn health. To date, TA beyond that which is funded through core or field activities has not been used.

IR 2: Preparation for Childbirth Improved

2.1. Define the ACCESS Program household-to-hospital package of essential maternal and newborn care interventions

Accomplishments: The working group established and held three meetings to discuss purpose and contents of the Household to Hospital Continuum of Care (HHCC) technical brief. The Draft HHCC technical brief developed and reviewed.

Constraints and issues to be resolved: Drafting and review of the document by the working group took more time than anticipated.

Next steps:

- Final draft circulated to external reviewers and document finalized and disseminated.

2.2. Promote the integration of essential maternal and newborn care and PMTCT

2.2.a. and c. *Develop and evaluate integrated EMNC and PMTCT activities in health programs in Tanzania and Kenya*

Accomplishments: ACCESS has reached agreement with the USAID/Kenya to provide technical assistance in integrated essential maternal and newborn care to the bilateral project AMKENI, for whom the prime is EngenderHealth. A workplanning trip will take place in April/May.

Constraints and issues to be resolved: Initial requests from USAID/W to work in Mozambique and Tanzania needed to be discussed with USAID Missions in-country. After several months of discussion, the USAID missions in Mozambique and Tanzania decided that they did not want to start this work in this fiscal year and other countries (Ethiopia, Malawi and Kenya) were canvassed. USAID/Kenya did express an interest for this support and the initial planning for this is underway. Tanzania also expressed interest in this activity but chose to wait for a workplanning trip until July 2005.

Next steps:

- Plan and carry out a workplanning trip to Kenya in April/May 2005.
- Remain in contact with the USAID Mission/Tanzania to plan and carry out a workplanning trip in July 2005.

2.2.b. *Conduct a workshop on integration of EMNC and PMTCT in Tanzania with local partners, including WRA, faith-based organizations, and others*

Accomplishments: The MCH-PMTCT Integration Conference was held on 6-7 December in Dar es Salaam, Tanzania. The USAID Mission/Tanzania declared it to be a successful beginning to the continuation of productive communication among organizations working in this arena in Tanzania.

Next steps:

- The December conference was to be the initial event in a series of conferences that will bring together on a regular basis the many organizations working in maternal and child health and PMTCT in Tanzania. The ACCESS Program is awaiting word from the USAID Mission about the next meeting and will coordinate/participate as directed by the mission. In the meantime the ACCESS Program continues to collaborate with other organizations to the extent possible in order to assure coordination and integration of maternal-child health services.

2.3. Implementation of “home-based mother and baby care” model

2.3.a. *Adapt the home-based model of care and document the process for implementation of a scaled-up program*

Accomplishments: A literature review on home base care was conducted and several meetings held with experts to review the experiences of home-based care activities. This review has informed the development of the implementation guide for home-based maternal and new born care (ongoing).

Next steps:

- Draft home-based care implementation guide ready for internal review. After revision, a second draft for external review will be prepared.

2.4. Implementation of social and community mobilization and advocacy

Accomplishments: A community mobilization and advocacy working group was established and this group defined the purpose and contents of the EMNC community mobilization facilitator's guide. Materials and tools on community mobilization have been collected.

Constraints and issues to be resolved: The work has been delayed because of conflicting demands of working group members making it difficult for the group to meet as scheduled. The group is about a month behind in planned activities.

Next steps:

- Complete the review of existing tools and prepare a draft facilitator's guide for internal review.

2.5. Malaria Action Coalition

2.5.a. Burkina follow up survey on malaria in pregnancy (MIP) and dissemination of results to key stakeholders

Accomplishments: Survey results were presented at the national malaria policy consensus meeting in Burkina Faso, during which intermittent preventive treatment (IPT) with sulfadoxing pyrimethamine (SP) was adopted into policy.

Constraints and issues to be resolved: There has been a delay in producing the final survey report and the national meeting to disseminate results, which will now take place in May 2005.

Next steps:

- Prepare report on survey results and disseminate this to stakeholders at the national meeting.

2.5.b. Continued support of and participation in the RBM Partnership/Malaria in Pregnancy Working Group (MPWG)

Accomplishments: ACCESS provided technical guidance to WHO for use of IPT fact sheet to be finalized and disseminated by WHO and continues to with MPWG members to support core technical areas.

Constraints and issues to be resolved: Overall support and guidance from RBM Secretariat has been nebulous and since all members have full time jobs, support, follow up and output has been challenging for the working group. The next meeting of the MPWG meeting has been delayed.

Next steps:

- Meeting among Secretariat, Co-Chair and Chair to develop plan of action and agenda for next MPWG meeting.
- Continued facilitation of dialogue among MPWG members and representation at sub-regional networks.

2.5.c. Technical Support to the RBM Partnership and other malaria coalitions

Accomplishments: Participation in MIPESA Steering Committee Meeting and EARN annual meetings and partners' meetings and provided support to RAOPAG as planned.

Constraints and issues to be resolved: The MAC/WARP workplan is still not approved.

Next steps:

- MIPESA support will be funded through REDSO/MAC.
- Continued technical support to RAOPAG for development of GFATM Round 5 proposal and technical guidance for RAOPAG plan of action.

2.5.d. Support adaptation of performance and quality improvement (PQI) materials targeting integrated antenatal care (ANC) including malaria during pregnancy, prevention of mother-to-child transmission (PMTCT) and syphilis

Accomplishments: ACCESS developed the standards based management tool for focused ANC including MIP and PMTCT. The SBM tool was also developed and field tested in Tanzania and Madagascar.

Constraints and issues to be resolved: In Tanzania, PMTCT interventions are currently supported by different organizations so coordination among partners is needed in order to unify the messages and recommendations for providers and decision makers. In Tanzania, because of limited capacity of the MOH staff, there is a need for focused support from ACCESS to bridge initial implementation with scale up efforts.

Next steps:

- Integrate FANC component including MIP, syphilis and PMTCT into one comprehensive package.
- Plan how the SBM model can be integrated into other MAC programming efforts.

2.5.e. Support regional workshop in ESA for faith-based and other private service delivery organizations and MOH representatives to update knowledge on EMNC, including malaria during pregnancy and PMTCT

Accomplishments: The regional workshop will be held in Tanzania in August 2005 and will consist of 25 participants from both the faith based and private sector. Teams will be selected from five MIPESA countries (Kenya, Uganda, Malawi, Zambia and Tanzania). An initial letter has been sent to USAID Missions in each country requesting assistance with the identification of faith based and private sector groups as well as participants. Currently ACCESS is in the process of developing participant selection criteria and arranging workshop logistics.

Constraints and issues to be resolved: USAID Missions were not responsive to communications from ACCESS regarding group/participant identification. As such, a participant list has not been developed and participants have not been invited. Given that they workshop is planned for early August, ACCESS is planning to re-send the request and the FBO Coordinator will also be following up with individual countries during her visit to the region in May.

Next steps:

- It is proposed that the FBO Coordinator will visit these countries (Kenya, Malawi, Tanzania, Uganda and Zambia) to represent ACCESS to FBO executives and discuss the objectives of the regional workshop and identify participants (see IR 1.1.e).

2.5.f. *Expand the Safe Motherhood Model to include malaria*

Accomplishments: Initial technical meeting held with partners and technical experts and the literature review has begun.

Next steps:

- Completion of literature review revision of model by Futures Group.

2.5.g. *Mali malaria insecticide treated nets advisor*

Accomplishments: Dr. Mamadou Soumana Sissoko, the Mali malaria insecticide treated net advisor, was hired in March and is now working with the Assistance Technique Nationale (ATN) program.

IR 3: Safe delivery, postpartum, and newborn health

3.1. Prevention of postpartum hemorrhage

3.1.a. *Dissemination of resource materials and program tools*

Accomplishments: The CDROM demonstration of active management of third stage of labor has been revised, printed, and is ready for dissemination. The ACCESS Program, in conjunction with the Prevention of Postpartum Hemorrhage Initiative (POPPHI) is tracking the dissemination of the Prevention of PPH Toolkits as well as the CDROM. The final data calculations for Lancet article on misoprostol have been completed and the final report is being written.

Constraints and issues to be resolved: Finalization and dissemination of the Misoprostol Report and Training Package and Implementation Guide are ongoing utilizing technical assistance in the US and Indonesia.

Next steps:

- A completed draft of the Lancet article will be done by April 15.
- Consultants are being engaged to finalize the PPH training materials and the PPH Implementation. The completed product will be sent to external reviewers by the end of April.

3.1.b. *Technical support to countries as they introduce PPH prevention in homebirths through community education and community-based distribution of misoprostol*

Nepal:

Accomplishments: The PPH prevention at homebirth intervention using misoprostol was approved by the USAID Mission/Nepal and the Nepal Ministry of Health and approval from the appropriate Nepalese ethical review committees was obtained. The USAID/Nepal bilateral, NFHP, has implementation responsibility for this work in Banke District while the ACCESS Program will provide TA

Constraints and issues to be resolved: The continuing political instability in Nepal should be monitored closely to assess its impact on ACCESS Program activities

Next steps:

This work will be done under Nepal field support.

Other countries:

Accomplishments: USAID/Afghanistan field funding will support PPH activities in that country and an initial assessment is planned for May.

Constraints and issues to be resolved: ACCESS needs to further explore opportunities in Bangladesh, Pakistan and/or Indonesia for other opportunities.

3.2. Strengthening skilled attendance through Performance and Quality Improvement (PQI)

3.2.a. Review and adapt the PQI tool package for EMNC facility and community care

Accomplishments: A technical meeting on Quality Improvement with key partners was held and information regarding QI approaches and tools developed for maternal and neonatal health were reviewed. ACCESS is now developing a technical brief on PQI approaches for maternal and newborn care. Performance standard for focused antenatal care including Malaria in Pregnancy, syphilis and PMTCT were elaborated and tested in Tanzania

Constraints and issues to be resolved: The final QI technical brief will need additional time for completion because of the large amount of information gathered and input from technical experts received and work schedules of partners contributing to this effort.

Next steps:

- Finalize the written document that describes the synthesis of approaches that will be used in ACCESS maternal and newborn interventions
- Finalize the PQI package, which includes updated and/or adaptation, if needed, of the tools and the manual to implement the PQI process.

IR 4: Management of obstetric complications and sick newborns improved

4.1. Strengthening preservice midwifery education in EMNC

4.1.a. Regional preservice midwifery education in selected Anglophone African countries

Accomplishments: Collaborated with Dr. Seipati Mothebesoane from WHO/AFRO and Subhi Medhi from Africa/SD to select the following countries for the pre-service initiative: Ethiopia, Ghana, Nigeria, Tanzania, and possibly Malawi.

Constraints and issues to be resolved: The biggest constraint to date has been the difficulty in maintaining communication with the liaison from WHO/AFRO. Without the information from WHO/AFRO in terms of reports, names of potential technical experts, etc. it is impossible to move ahead.

Next steps:

- A request has been made to Africa/SD lead Subhi Medhi to facilitate communication with WHO/AFRO.
- Collaborate with WHO/AFRO to coordinate activities as outlined in the implementation plan.

4.2. Development and application of the Resource Allocation Model

4.2.a. Enhancement of resource allocation model, ALLOCATE, to include neonatal component

Accomplishments: An initial technical meeting was held with partners and other technical experts on February 14, 2005 and the literature review is underway.

Constraints and issues to be resolved: Need to accelerate implementation of this activity.

Next steps

- Completion of literature review and adaptation of the model.

4.3. Finalize training manual for Kangaroo Mother Care (KMC)

No activity was planned for the period under review.

Next steps

- Establish a KMC working group.
- Revise Malawi KMC manual for global use.
Review draft KMC manual.

IR 5. Prevention and Treatment of Priority Health Problems of Non-Pregnant Women of Reproductive Health Age

5.1 Fistula Prevention

5.1.a. Improve ability of health care providers to prevent and manage obstetric fistula

Accomplishments: ACCESS has collaborated with UNFPA as part of the fistula working group. The initial planning and development of the small grants mechanism is underway. ACCESS will support and facilitate a Fistula workshop at ICM Triennial Congress.

Constraints and issues to be resolved: The intent of the small grants mechanism for obstetric fistula is to provide small grants (< \$10,000) to a few local NGO and midwifery associations working in Sub Saharan Africa and South Asia. It is important that procedures and process for these small grants are simple, efficient and respond to the capacity of these organizations.

Next steps:

- Finalize planning for the ICM fistula workshop.
- Contact WHO AFRO to discuss development of a plan to incorporate fistula prevention into pre-service curricula in sub-Saharan Africa.
- Finalize concept paper and grant procedures for fistula small grants.

II. BUREAU AND COUNTRY ACTIVITIES

AFRICA/SUSTAINABLE DEVELOPMENT BUREAU

Accomplishments:

- Countries selected to participate in training of Africa Road Map facilitators – Angola, Ethiopia, Ghana, Mozambique, Nigeria, Mali, Senegal and Tanzania.
- In collaboration with WHO selected two initial countries for the implementation of the Road Map – Ethiopia and Tanzania.
- Countries selected to participate in preservice education activity – Ethiopia, Ghana, Nigeria, Tanzania and possibly Malawi.
- ACCESS reviewed and provided feedback on the AFR/SD Framework for Action 2004 – 2006.

Constraints and issues to be resolved:

- It has been difficult to finalize and implement the AFR/SD workplan due to limited communications from WHO/AFRO. Since December, ACCESS has been trying to communicate with WHO/AFRO in order to make decisions regarding program implementation and budgeting. ACCESS has discussed this with AFR/SD lead (Subhi Mehdi) and asked for USAID’s assistance to resolve this issue.

Next steps:

- Organize Africa Road Map Training – date, venue, logistics, participants, facilitators, agenda, etc.
- In coordination with WHO/AFRO plan the pre-service education initiative activities.

ASIA NEAR EAST BUREAU

Accomplishments:

- ACCESS leadership participated in planning sessions and discussions with partner organizations for the development of a community based postpartum care regional network in Asia.
- During the High Level Meeting in India, ACCESS met with WHO/SEARO and USAID to discuss the value of collaborating with WHO/SEARO to engage governments in developing strategies with a focus on postpartum care programs ACCESS will work with WHO/SEARO to arrange a meeting that will allow the invited government representatives to focus on the issues related to postpartum care.

Constraints and issues to be resolved:

- ACCESS is negotiating using a portion of the ANE funds to cover PPH activities in Nepal. The remaining funds will need to be programmed to support an additional country in the region. To date, ACCESS and ANE have not identified this additional country.

Next steps:

- Participation in Community Based Postpartum Care Network (CBPPCN) Meeting in Bangladesh and planning for future TA to support selected bilaterals in Asia for the implementation of PPC activities.
- Pat Daly will go to Delhi to meet with WHO/SEARO in early May.

- Lancet Series launch in Indonesia planned for later this year to coincide with the launch of the Indonesian Ministry of Health Neonatal Strategy.
- ACCESS to meet with ANE to discuss programming of PPH funds.

LATIN AMERICA AND THE CARIBBEAN BUREAU

Accomplishments:

- A working and interagency group (WIG) was created that included representatives of PAHO, Save the Children, BASICS, CORE, CRS, ACCESS and USAID/W - LAC Bureau.
- An implementation Plan was defined by the WIG and approved by USAID/W-LAC Bureau. This plan has two main tasks: 1. Conduct a Situation analysis in 4 LAC countries; Dominican Republic, Paraguay, Guatemala and Bolivia, and Task 2. Regional Strategy for Newborn officially approved by MOH of LAC countries
- A meeting, sponsored by PAHO, took place on April the 15th in PAHO/W in order to gather specific information from the LAC countries representatives about barriers, action developed and key issues for the development of the regional strategy for Neonatal Health.

Constraints and issues to be resolved:

- Given that the project has expanded since it was first planned, and now involves many more partners, the regional workshop will now take place in the next fiscal year and will be supported by BASICS.

Next steps:

- Conduct country visits and prepare the situation analysis and strategy.

HAITI

Accomplishments:

- Country operations in process of being established through a partnership with a Haitian NGO, INHSAC. Recruitment for two new positions underway (PMTCT Technical Advisor and Postabortion Care/Performance and Quality Improvement Technical Advisor).
- PMTCT Guidelines Revision workshop was successfully conducted in April in collaboration with USAID, CDC, GHESKIO, MOH, and several local partners. International experts from CDC, NIH, and Johns Hopkins, Tulane, Vanderbilt, Cornell, and Harvard Universities participated.
- Postabortion care activities beginning to be revitalized, through site visits and baseline performance assessments completed for the standards-based management process.

Constraints and issues to be resolved:

- Workplan authorization was an extremely lengthy process, partly in due to long lags in response time from USAID/Haiti, as well as the socio-political situation in Haiti that prevented travel for workplan development.
- At the request of USAID/Haiti, local country operations are rapidly being expanded to transfer the responsibility for management of program activities to the field. Due to the nature of logistics to achieve this goal, the process may be slower than desired. In the meantime, Baltimore-based staff will continue to provide extensive support.

- Travel to Haiti is difficult, and unpredictable. USAID/Haiti has tightened restrictions for granting travel concurrence, and will be prioritizing activities if limits are set for the number of visitors who can be in country at one time. This could impact the ability to implement on schedule since many activities depend upon at least one technical advisor visit.

Next steps:

- PMTCT Program Roll Out, starting with PMTCT Guidelines Revision Meeting 5-7 April and followed by PMTCT Facility Assessments at HUEH and Hopital Justinien, adaptation of training materials, and the first PMTCT training for providers.
- Reinvigoration of Postabortion Care services at existing sites, beginning with site visits during which time actual performance assessments will be conducted. A Gaps Analysis workshop for 6 sites will occur in late April.
- Postabortion Care On the Job training orientation for 4 sites, in May and Infection Prevention Update for Trainers, in June.

NEPAL

Accomplishments:

- Development of Human Resources Strategy and presentation to USAID/Nepal.
- Finalization of NFHP’s prevention of postpartum hemorrhage (PPH) implementation plan for Banke district and identification of technical assistance needed from ACCESS.
- Collaboration with CEDPA to act as a “pass through” of field support funds to support year two (1 April 2005 – 31 January 2006) of CEDPA’s “Building Demand for Reproductive Health Awareness among Adolescent Girls in Conflict Affected Districts of Nepal” (BuD for RH).

Constraints and issues to be resolved:

- Given the findings from the Human Resources Strategy, ACCESS and USAID/Nepal is anxious to move ahead with implementation of selected recommendations and activities outlined in the strategy. ACCESS will use Asia Near East Bureau funds and Nepal field support funds (both previously set aside for PPH activities), to complete the planning process. Both ANE Bureau and USAID/Nepal are amenable to this idea and ACCESS will provide each with an updated budget and scope of work.

Next steps:

- Pat Daly will visit Nepal in May to discuss options for implementing the Human Resources Strategy and community interventions activities and outline a plan of action.
- Dr. Zulkarnain from Indonesia will provide technical assistance starting in June to the PPH Banke project under Nepal Family Health Program. Dr. Harshad Sanghvi is also expected to visit the PPH project in August as part of a mid-term quality assurance and advocacy visit.

TANZANIA

Accomplishments:

- Successfully organized national workshop on the subject of integrating the prevention of mother to child transmission of HIV-AIDS (PMTCT) within reproductive and maternal and child health, held in December 2004. Local and regional experiences were shared as

were lessons learnt on the integration of RCH and PMTCT services. The critical programmatic elements for RCH and PMTCT integration were also defined and discussed and there was an attempt to identify gaps in geographical coverage.

- Planning at the national level, advocacy at the regional and local level and training of trainers initiated for inservice integration of focused antenatal care (FANC) with PMTCT in 12 hospitals. In 6 of these hospitals the trainers have started rolling out the training so as to effectively establish comprehensive antenatal services, which also cover syphilis screening, presumptive treatment for malaria and HIV counseling and screening. The other hospitals will start in April.
- Formulate, adapt and integrate a standards-based management assessment tool for FANC/PMTCT sites. Service providers will use to assess the quality of their services and address gaps in an ongoing improvement process. The Ministry of Health has been very supportive of this effort.
- The program to strengthen preservice education of certificate nurse midwives in FANC has begun preparatory activities, such as printing of resource learning packages, ordering of materials, such as the Zoe models, and advocacy with school administrators.
- Editing and formatting of national Infection Prevention Guidelines has been completed. A dissemination workshop for national, zonal and regional stakeholders was held in January 2005. The guidelines will be used to sensitize policy makers and service providers to infection prevention and as a guide in training staff in the referral and selected district hospitals.
- A meeting of the White Ribbon Alliance was held in December 2004 to revitalize existing and bring in new members.
- The ACCESS office was established (shared with Interchurch Medical Assistance); JHPIEGO registered as an NGO and new staff was hired.
- Tutor orientation and training workshop on FANC for 20 participants from 12 preservice schools conducted in April 2005.

Constraints and issues to be resolved:

- Initial efforts to hire a Country Director were not met with success. After widening the search, new and stronger candidates have been identified. It is hoped that a Country Director will begin work within a month.
- Clearing goods at the airport has been a long tedious and complicated process. However, now that JHPIEGO is registered as an NGO, it will be easier to clear the goods. Also underway is the development of a comprehensive MOU with the Ministry of Health to include all the MOH sections and departments that ACCESS collaborates with.

Next steps:

- Tutor Orientation to FANC –remaining workshop for 13 of the 25 preservice schools and Preservice Education Training Skills (PETS)
- Conduct a TOT- for the remaining 16 hospitals
- Assess all 28 District and FBO Hospitals for integrated services
- Hold a FANC Orientation and modified CTS for clinical preceptors
- Support a WRA workshop

WEST AFRICA REGIONAL PROGRAM (WARP)

Accomplishments:

- For Year One, WARP has decided to focus on two non-USAID presence countries – Cameroon and Mauritania. ACCESS will be collaborating with AWARE-RH and UNICEF in these two countries to implement “best practices” for essential and maternal newborn care.
- In March 2005, ACCESS, AWARE-RH and UNICEF conducted planning session and site visit for Cameroon. Based on findings, ACCESS submitted workplan to USAID with a technical focus on EMNC training of providers and community mobilization. All activities in Cameroon will take place in the Ngaoundéré region (North).
- Due to the location of program implementation, the ACCESS/WARP program will be managed out of JHPIEGO’s Burkina Faso office with limited support from US-based staff.

Constraints and issues to be resolved:

- Workplan approval process took a long time since ACCESS’s role was not clearly defined within the new context of partnering with AWARE-RH and UNICEF.
- The success of the WARP program in Cameroon and potentially Mauritania depends upon close partner collaboration and coordination between ACCESS, AWARE-RH and UNICEF. In the case of Cameroon, each partner has defined roles and responsibilities and committed resources that must be maintained in order for implementation of activities to succeed. Since returning from Cameroon in early March, both AWARE-RH and UNICEF has been unresponsive to ACCESS emails requiring program follow up and implementation. Since activities in Cameroon are planned to commence in mid-April, ACCESS will need to resolve this situation quickly.

Next steps:

- Contact UNICEF/Cameroon and AWARE-RH to resolve programmatic questions and follow up.
- Conduct planning and site visit to Mauritania (May).
- Conduct three-week EMNC training for 20 providers in Ngaoundéré region, Cameroon (June).
- Develop community social mobilization strategy for Ngaoundéré region (April).

MALARIA ACTION COALITION/KENYA

Accomplishments:

- Draft community RH orientation package developed

Constraints and issues to be resolved:

- Ensuring a consensus is achieved with the MOH on the specified activities has taken a lot of time leading to delays in implementation.

Next steps:

- Finalization of community orientation package on safe motherhood and production.
- Stakeholders consensus meeting and training of community resource persons.

MALARIA ACTION COALITION/MADAGASCAR

Accomplishments:

- Trained 26 competent providers in infection prevention in five pilot malaria in pregnancy sites (training recommended based on FANC/MIP needs assessment conducted in FY04; training was used to qualify 5 additional trainers).
- Established close collaboration with SanteNet, which will ensure ongoing support to reinforce quality services at sites where providers have been trained in FANC/MIP.
- Trained 26 providers and trainers in the performance and quality improvement process, both for facilitation of future sessions and for the conduct of evaluating actual performance.
- Developed desired performance standards for focused antenatal care and malaria in pregnancy for all levels of healthcare providers in Madagascar; the standards are currently being validated by the National Malaria Control Program and will be used to develop protocols in FANC/MIP.
- Provided materials for scale up of FANC/MIP training by WHO/AFRO and provided input into the FANC/MIP section of the final draft of Madagascar's National Malaria Policy.

Constraints and issues to be resolved:

- Need to put in place a MOU with SanteNet to ensure the relationship is understood by both parties and a clear methodology for counting participants trained by award is put in place.
- ACCESS non-presence in country contributes to administrative and logistical challenges (e.g. coordination of workshops, incountry communication and facilitation with in country partners).
- MAC consultant, Dr. Desire, has taken on new responsibilities at the MOH, and the new MAC consultant has not been available due to illness, contributing to confusion between the roles of SanteNet and MAC in terms of coordination of activities.
- JHPIEGO's Standards Based Management (SBM) materials that should be used for the work in quality in Madagascar were not finalized in English and have not yet been translated into French. Consequently, the program will need to consider how to ensure the materials are available for service providers in Madagascar.

Next steps:

- Ensure performance standards are validated by the NMCP.
- Conduct actual performance evaluation, root cause analysis and action plan preparation for five model MAC sites.
- Conduct an advanced training skills course for 8 MAC qualified trainers who will go on to conduct technical updates and a clinical training course for private sector providers (the technical update and CTS activities for the private sector was a request from the NMCP and will need to be budgeted).
- Follow up infection prevention training and PQI activities.

MALARIA ACTION COALITION/REDSO

Accomplishments:

- Participation in MIPESA Steering Committee meeting
 - Plan of Action developed

- Adoption of documentation of best practices activity as outlined in workplan
- WHO is planning to co-support the activity

Constraints and issues to be resolved:

- Consultant- one has been identified through Steering Committee- there may be a need to have two.

Next steps:

- Hire Consultant, prepare for country visits and coordinate closely with WHO, Secretariat and Country teams.

MALARIA ACTION COALITION/RWANDA

Accomplishments:

- Technical guidance contributing to policy adoption of intermittent preventive treatment.
- Maternal and Newborn Health, *Prevention and Control of Malaria during Pregnancy*- Learning Resource Package adapted to Rwanda context and adopted nationally.
- Technical oversight with WHO and CDC on material development.

Constraints and issues to be resolved:

- ACCESS non-presence in country contributes to administrative and logistical challenges (e.g. coordination of workshops, incountry communication and facilitation with in country partners).
- WHO is MAC lead, although not clear who is leading the effort for MAC coordination.

Next steps:

- Technical update (focused ANC targeting the prevention and control of malaria during pregnancy) for country trainers. This is originally outlined as a TOT in the workplan. However, the country requested a technical update because trainers have sufficient clinical training skills.
- Follow up technical support, co-training with country trainers.

MALARIA ACTION COALITION/WEST AFRICA REGIONAL PROGRAM (WARP)

Accomplishments:

- MAC representatives met with USAID/WARP and AWARE-RH in Ghana to discuss the MAC/WARP workplan, specifically how it will complement the AWARE-RH workplan.
- Three versions of the MAC/WARP workplan have been prepared and submitted to USAID/WARP and MAC representatives have been in ongoing discussions with USAID/WARP and AWARE-RH to finalize the workplan.

Constraints and issues to be resolved:

- The MAC/WARP workplan is not yet approved causing a six-month delay in implementation of activities.

Next steps:

- Finalize the workplan and provide operational support to ensure the functioning of the Secretariat for the West Africa Malaria in Pregnancy Network (RAOPAG).
- Support the development a database of malaria in pregnancy resources to make available on the RAOPAG website.

- Support the participation of up to 30 participants from member countries to the RAOPAG annual meeting.

ADDITIONAL FY05 FIELD SUPPORT FUNDING

AFGHANISTAN

ACCESS has been in contact with the USAID/Afghanistan Mission, which has indicated it will provide FY05 field support of approximately \$4 million for activities complementary to its existing bilateral program, REACH.

The objective of USAID's health care program in Afghanistan is to reduce the mortality and morbidity of women and children. USAID has built and renovated health centers in needy areas to increase women and children's access to basic health care. Grants are provided to NGOs to operate clinics and train new community health workers, midwives, and clinic staff. USAID is helping build Ministry of Health (MOH) capacity at the national and provincial levels. In addition to the ongoing work in safe motherhood funded by USAID through the REACH program, other donors active in safe motherhood include UNICEF, UNFPA and JICA.

ACCESS partners will work together to strengthen maternal and child health and family planning services in Afghanistan. The plan emphasizes support and technical assistance in the following three areas:

1. Support the organization of the Afghan Midwives Association (AMA);
2. Implement Maternal Neonatal Health Index to compile all existing / required maternal health inputs for improved health outcomes as part of a comprehensive review of the Afghan safe motherhood strategy;
3. Initiate plans for establishment of prevention of Post Partum Hemorrhage for home births.

ACCESS is currently developing a workplan and budget for review and approval by the Mission. In the meantime, initial activities have begun to: 1) establish an ACCESS country office in Kabul and 2) support the first Annual Meeting of the Afghan Midwives Association on May 3-5, 2005.

KENYA

USAID/Kenya elected to fund a couple of proposals submitted by the JHPIEGO office in Nairobi through ACCESS. ACCESS will be working with other organizations in country to support the MOH's implementing best practices efforts with the ultimate goal of reducing maternal mortality in 18 months. The main thrust of the work is to increase use of contraceptives and reduce drop out. This will be carried out through training of providers to improve FP counseling and infection prevention as well as training of district health teams in supportive supervision in 3 districts. In another effort, JHPIEGO working in collaboration with community organizations and the US Centers for Disease Control and Prevention will strengthen voluntary testing and counseling for HIV in 3 provinces in Kenya. Eight new counseling and testing centers will be established in district hospitals. ACCESS is also preparing a proposal for the mission to support community based malaria in pregnancy and birth preparedness activities.

