

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

ACCESS

YEAR FIVE

ANNUAL IMPLEMENTATION PLAN – PART A

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training Center
ART	Antiretroviral Therapy
BEmONC	Basic Emergency Obstetric and Neonatal Care
BP/CR	Birth Preparedness/Complication Readiness
BPHS	Basic Package of Health Services
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
DHS	Demographic and Health Survey
EMNC	Essential Maternal and Newborn Care
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
ESOG	Ethiopian Society of Obstetricians and Gynecologists
FANC	Focused Antenatal Care
FBO	Faith-Based Organization
FIGO	International Federation of Gynecology and Obstetrics
FP	Family Planning
HHCC	Household-to-Hospital Continuum of Care
HIV	Human Immunodeficiency Virus
HSSP	Health Service Support Project
HTSP	Healthy Timing and Spacing of Pregnancies
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IIP	Investing in People
IP	Infection Prevention
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
LHV	Lady Health Visitor
LOE	Level of Effort
LOP	Life of Project
MCPC	Managing Complications in Pregnancy and Childbirth
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MIP	Malaria in Pregnancy
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
MPS	Making Pregnancy Safer
NGO	Non-governmental Organization
OR	Operations Research
PAC	Postabortion Care
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)

PNC	Postnatal Care
PPH	Postpartum Hemorrhage
PQI	Performance and Quality Improvement
PY	Program Year
RBM	Roll Back Malaria
RH	Reproductive Health
RSM	Repositioning Safe Motherhood
SBAI	Safe Birth Africa Initiative
SBM-R	Standards-Based Management and Recognition
SNL	Saving Newborn Lives
SO	Strategic Objective
SP	Sulfadoxine-Pyrimethamine
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
WHO	World Health Organization
WRA	White Ribbon Alliance

OVERVIEW OF WORKPLAN

The ACCESS Program's goal is to contribute to the increased use of key maternal health and nutrition interventions through both field-based implementation and global leadership. Specifically, the Program has been charged with responding to the United States Agency for International Development's (USAID) vision of impact on maternal and newborn health through increased use and coverage of maternal/neonatal and women's health and nutrition interventions. To achieve this Strategic Objective (SO), ACCESS is working with national governments and USAID missions to: 1) improve the implementation of health programs catalyzing systemic change to improve maternal and newborn health and assure that these services reach poor and marginalized populations and involve women and men as full partners; 2) refine and replicate evidence-based, cost-effective community- and facility-based interventions or approaches that have proven successful on a small scale, but have yet to be adopted by other programs or partners; and 3) bring together constituents, partners and champions from among policymakers, private-sector entities, civil society organizations and community leaders to increase commitment and resources so that maternal and newborn health figures more prominently in national health plans and programs and there is a favorable environment conducive to and supportive of maternal and newborn health at local, national and international levels.

USAID's Results Pathways under Strategic Objective 2 and 3 (SO2 and SO3) address Congressional needs for reporting on an outcome and results level for priority activities. ACCESS program addresses four of USAID's results pathways: 1) Skilled Birth Attendance; 2) Postpartum Hemorrhage (PPH); 3) Newborn; and 4) Antenatal Care (ANC). ACCESS is well-positioned to respond to these pathways. Also, during the past year, USAID/Washington introduced the US Foreign Assistance Frame. ACCESS activities contribute to the MCH Element of the Health Area of the "Investing in People (IIP) Objective."

Activities in the ACCESS Program Year 5 (PY5) workplan will conclude program activities, most of which have been built on partnerships developed over the past four years at the county, regional and global levels, to improve the enabling environment, scale up proven interventions, and initiate country-level activities. ACCESS promotes the household-to-hospital continuum of care (HHCC), which includes basic newborn and maternal health services as well as obstetric care and postpartum services that can be effectively provided in the home, community and peripheral health facilities. ACCESS will continue to collaborate with global partners, including the World Health Organization (WHO), the Partnership for Maternal, Newborn and Child Health (PMNCH), the International Confederation of Midwives (ICM), the White Ribbon Alliances (WRAs) and WHO regional office in Africa (WHO/AFRO) to advocate and promote essential maternal and newborn care (EMNC) and increase resources invested in country programs. ACCESS will partner with USAID missions, global partners, USAID global Cooperating Agencies (CAs), ministries of health and local partners to address gaps in maternal and newborn health systems and build on existing programs and services to put in place these evidence-based interventions.

ACCESS will conclude multi-year programs in Rwanda, India, Cambodia, Ethiopia, Ghana, Malawi (using both core and filed funds) and Kenya, complete the four-year Africa Pre-service Midwifery Training Initiative and transition other programs, including Bangladesh, Tanzania and

Nigeria, to other funding mechanisms. These country-level programs will scale up maternal and neonatal health (MNH) interventions to produce the greatest positive impact for survival of mothers and newborns, influence policy and guidelines in pre-service and in-service education, and enhance the knowledge and skills of those health workers who play a key role in delivering service to communities. See Annex 12 for summary of Core activity end dates.

At present, ACCESS has programs in 19 countries, with some activities in an additional six countries (see Annex 8 for more detail). This document represents the ACCESS PY5 Annual Implementation Plan for the period of 1 October 2008–30 September 2009 and for a few select activities in PY6. It begins with a review of the ACCESS conceptual framework and monitoring and evaluation plan, followed by a discussion of the PY5 workplan for core, regional and field activities (forthcoming).

Table 1: ACCESS Country-Level Activities, Year Five

ACCESS PY5 Country-level Activities				
ACCESS Country	Programmatic Focus	Funding Source	FY08 Funding for PY5 (est.)	LOP
Afghanistan Associate Award	Strengthen national quality improvement systems Develop and implement an e-learning system for midwifery pre-service education Improve clinical training sites in newborn care Assess effect of gender interventions through knowledge, attitude and practices survey	Associate Award	\$TBD	\$12,891,056 ¹
	Support to AMA Continuation of PPH study	Field	\$0	\$3,000,000
Bangladesh	Community mobilization and behavior change for maternal and newborn health Policy work and advocacy for strengthening services Improve knowledge and skills of TBAs in infection prevention, recognition of danger signs, emergency first aid and Kangaroo Mother Care (KMC) Improve knowledge and skills of facility-based providers to deliver EMNC	Field	\$0	\$5,661,152

¹ Associate award only

Cambodia Core and Associate Award	Policy support for maternal, newborn and child health (MNCH) Strengthening midwifery skills and increasing access to skilled providers Expansion of evidence-based maternal and newborn interventions, including PPC	Associate Award	\$100,000	\$1,800,000
	PPH prevention	Core	\$184,112 (Carry forward)	\$212,466
Ethiopia	Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists (ESOG)	Core	\$6,182	\$126,812
	Build the capacity of key Ethiopian institutions charged with training Health Officers and Health Extension Workers in EMNC	Field	\$764,000	\$2,556,476
Ghana	Expand emergency obstetric and neonatal care (EmONC) training	Core	\$114,989	\$229,753
	Develop supplement to procedure manual on malaria in pregnancy (MIP) Strengthen MIP prevention and treatment by improving focused antenatal care (FANC) in-service training Adapt MIP standards for implementing MIP at the facility level	Field - PMI	\$250,000	\$250,000
Guinea	Improve the capacity of the National Faculty of Medicine to conduct pre-service training in emergency obstetric and neonatal care	Field	\$0	\$200,000
India	Improving auxiliary nurse midwives' (ANMs') skills to provide services and increasing demand in the community	Core	\$144,825 (includes carry-forward)	\$614,825
	Support operations research (OR) for the ANM program	Field	\$0	\$50,000
Kenya	Strengthen counseling and testing services for HIV in clinical settings Enhance quality of PMTCT including care and support for HIV-infected women and their infants Decentralize antiretroviral therapy (ART) service delivery through IMAI and clinical mentorship with engagement of PLHA support groups Injection safety Print and distribute MIP materials MIP stakeholders meeting Pre-service MIP curriculum development	Field	\$0	\$4,552,332

	Finalize guidelines on provision of active management of third stage of labor (AMTSL) at all levels of health facilities AMTSL-related job aids developed and disseminated	Core	\$0	\$125,000
Madagascar	Identify the key barriers to SP uptake nationwide Roll out the malaria SDGs Conduct a nationwide cascade orientation/refresher course for service level providers on FANC/MIP, support supervision Conduct an orientation on QAS in selected new sites and development of consequential action plans for improvement	Field - PMI	\$300,000	\$725,000
Malawi	Expansion of PAC, family planning (FP) and EmONC in eight districts Community-based EMNC;FANC/IPT KMC	Field	\$2,255,000	\$4,845,000
	Integrate PMTCT and MNCH and implement as part of ACCESS model in two districts	Core - OHA	\$300,000	\$300,000
	Further expand PAC activities throughout the country	Core Field	\$280,000 \$200,000	\$480,000
Nepal	Strengthen the national in-service training systems and eight sites Study of factors affecting skilled birth attendance; National guidelines development for low birth weight (LBW) infants; Community management of LBW infants	Field	\$500,000	\$3,150,000
	Set up KMC at 5 health care facilities	Core	\$0	\$160,000
Nigeria	Improve EmONC services Community mobilization regarding access to skilled providers Improve quality of FP services	Field	\$750,000	\$6,073,000
	Implement local financing mechanisms in Nigeria to increase health services equity and accessibility for vulnerable populations	Core	\$0	\$125,000

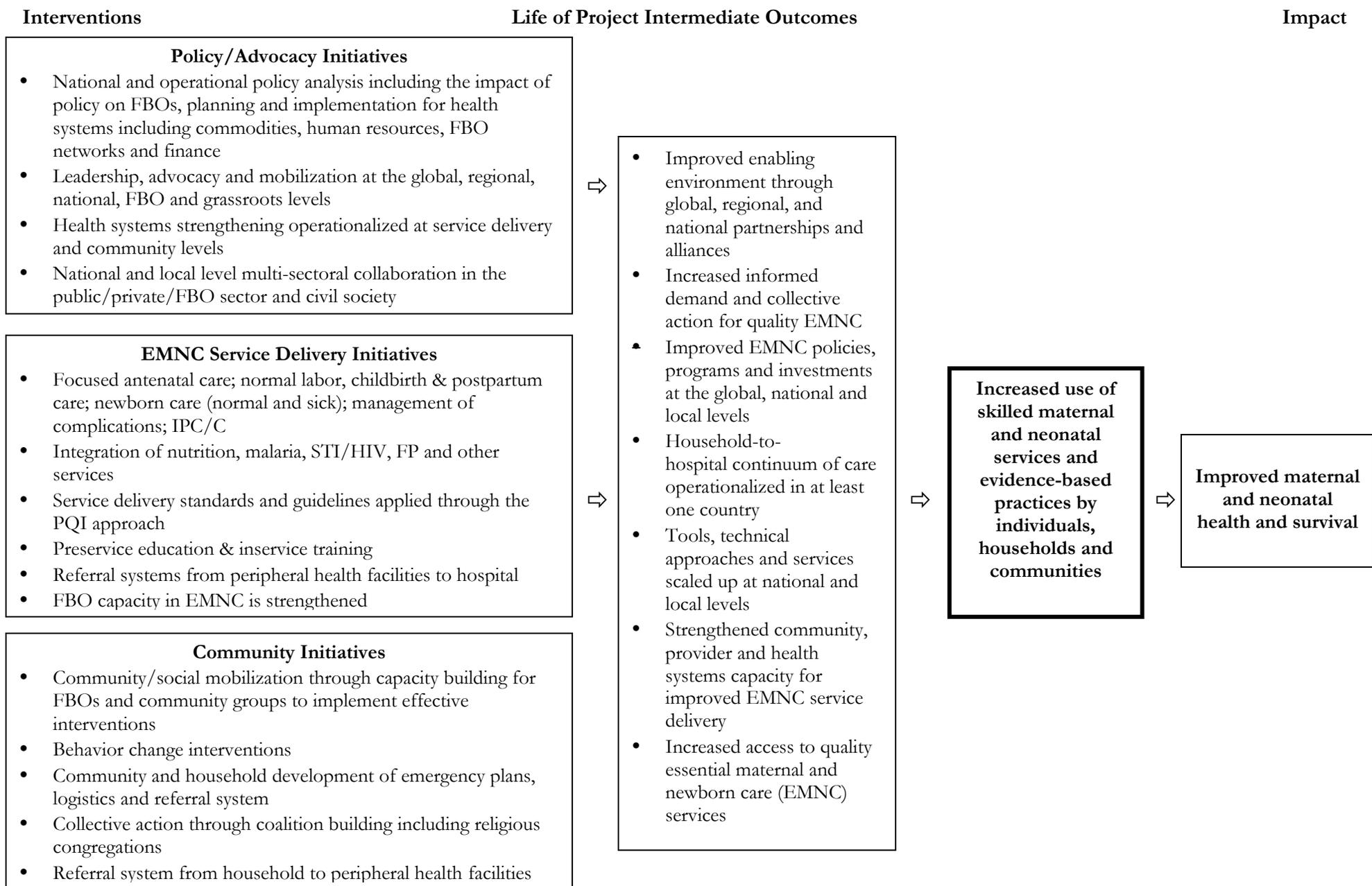
Rwanda	Implement Safe Birth Africa Train providers in EMNC in four hospitals Develop national policy and guidelines for use of KMC Establish KMC centers of excellence Form interfaith task force to develop 8–10 messages on maternal and newborn health developed for use by religious leaders with their constituencies	Core	\$601,299 (includes carry-forward)	\$1,242,945
	Support Ministry of Health (MOH) FANC facility assessment and/or service provision assessment (SPA) to collect baseline data on antenatal care and prevention of MIP services Improve health worker knowledge of FANC and MIP as well as quality of these services in facilities Revise and adapt training materials to reflect national policies and guidelines Refresher training for FANC/MIP trainers at national level Follow-up and supportive supervision of FANC providers in four SBAI districts Meetings with FANC providers to share experiences and address gaps	Field - PMI	\$650,000	\$920,000
South Africa	Disseminate clinical guidelines around HIV/AIDS prevention and treatment	Field	\$0	\$1,845,000
Tanzania	Scale up FANC and malaria in pregnancy	Field – PEFPAR	\$743,016	\$10,028,016
ACCESS PY5 Regional Activities				
AFR/SD	Improve pre-service midwifery training in Ghana, Malawi, Tanzania and Ethiopia Support Africa Road Map activities	AFR/SD	\$100,000	\$1,500,000
ANE	PAC translation	ANE	\$22,582	\$430,000
ACCESS PY5 MAC Activities				
MAC Activities	Programmatic Focus	Funding Source	Amount	Amount

	Personnel support in field and HQ to consolidate lessons learned through MAC in selected countries in Africa	MAC Core	\$100,000	\$2,220,000
ACCESS PY5 Small Grants				
Small Grant Programmatic Focus	Countries	Funding Source	Amount	Amount
FANC/MIP (Faith-based organization (FBO) (awarded PY02)	Kenya, Tanzania, Uganda (three total grants)	Core	\$0	\$112,000
PPH prevention (awarded PY02)	Burkina Faso, Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Mali (seven total grants)	Core	\$0	\$155,000

Conceptual Framework

The ACCESS conceptual framework (see Figure 1) illustrates the three major types of EMNC interventions—policy, service delivery, and community-based knowledge and behavior change—implemented by the ACCESS Program, as well as the associated results that ACCESS expects to achieve over the life of the Program. These intermediate results should in turn lead to improved maternal and neonatal health outcomes over the long term.

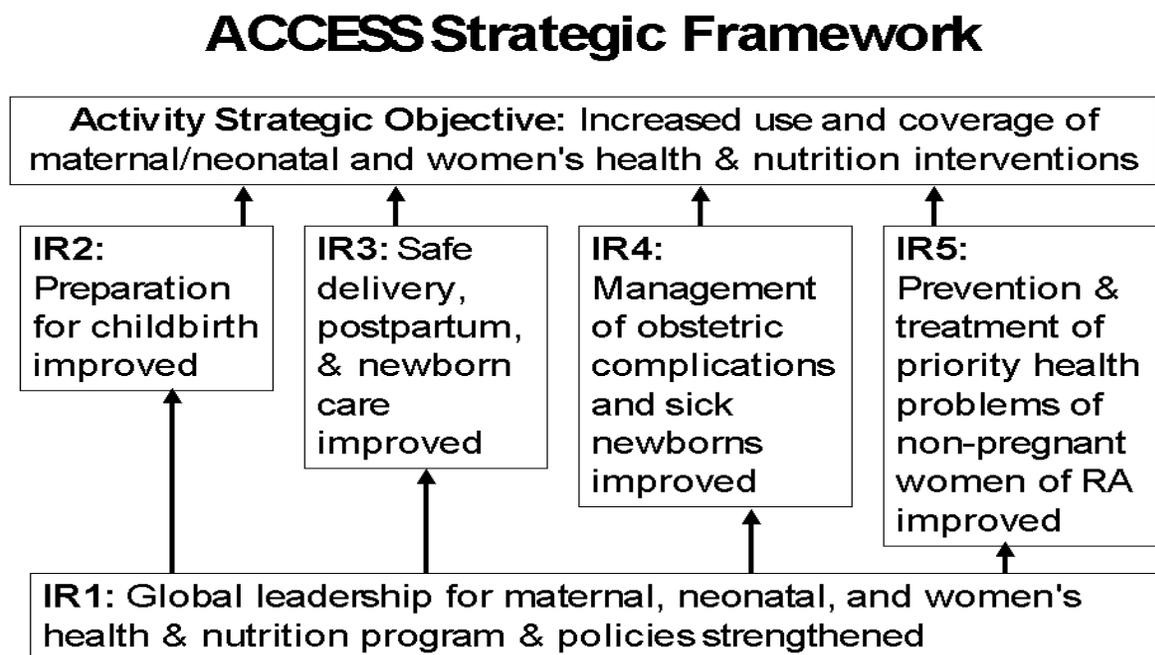
Figure 1: ACCESS Conceptual Framework



Monitoring and Evaluation

The strategic framework below (Figure 2) illustrates the results the ACCESS Program aims to achieve globally. In addition to this strategic framework, each ACCESS country or regional program with at least \$300,000 of annual funding has its own results framework that has been approved by the corresponding USAID Mission or Regional Office and linked to their strategic frameworks (in addition to the ACCESS global strategic framework). These country and regional results frameworks are presented in the field support workplan included in Part B of the ACCESS Annual Implementation Plan. The ACCESS Global Performance Monitoring Plan (PMP) was approved in PY1 and revised in PY2.

Figure 2: ACCESS Strategic Framework



During the past year, USAID/Washington introduced the US Foreign Assistance Framework and the reporting requirement is included in the “Operational Plan” process. ACCESS activities contribute to the MCH element of the Health Area of the “Investing in People Indicators (IIP)” Objective. This important development has affected how the ACCESS Program monitors and reports its results—ACCESS has now completed operational plans for several sub-Saharan African countries (Rwanda, Tanzania, Malawi, Nigeria, Kenya, Ethiopia) and Asian countries (Afghanistan, India, Bangladesh, Cambodia). As part of this process, ACCESS selected indicators from the IIP list to be monitored for each country program. We are currently in the process of incorporating these indicators into the associated performance monitoring plans and data collection systems.

Summary of PY4 Results

During PY4, ACCESS continued collaboration with the World Health Organization (WHO), The Partnership for Maternal, Newborn and Child Health (PMNCH) and the WRA. ACCESS continues to monitor small grant awards for innovative work in PPH and with faith-based organizations (FBOs) that

have the potential for programmatic lessons learned and scale-up. During the first half of the year, more than 1,140 people completed the seven ACCESS-developed USAID Global Health e-learning courses, including three new courses that were uploaded to the site in this reporting period. Since October 2007, core funds have also supported the final review of clinical practice guidelines on prevention and management of PPH developed last year in Kenya,² and the second year of the Safe Birth Africa Initiative (SBAI) in Rwanda, which has expanded beyond the initial four districts. Regional AFR/SD activities also boost key core results: strengthening the planning/implementation of the Road Map for Safe Motherhood in several countries and upgrading pre-service education in four countries (Ethiopia, Ghana, Malawi and Tanzania). Kangaroo Mother Care (KMC) activities have been introduced in four country programs—Rwanda, Nigeria, Malawi and Nepal. In India, where ACCESS, along with CEDPA, is increasing access to and demand for skilled community-based midwives, a second group of auxiliary nurse midwives (ANMs) has been trained and posted, and is now providing services in the community.

ACCESS also worked to develop and provide input into national policies on MNH as well as to scale up capacity building, community outreach and demand generation for MNH interventions, using field support funds in multiple countries:

- In **Ethiopia**, ACCESS initiated the basic emergency obstetric and newborn care (BEmONC) skills strengthening of faculty and providers and prepared materials for training health extension workers along with upgrading 12 health centers in the Oromia region.
- In **Cambodia**, ACCESS contributed to the revision of national postabortion care (PAC) guidelines, assisted national MNH working groups and prepared for a pilot program on the prevention of PPH. Additionally, ACCESS updated an integrated postnatal care (PNC) package for the MOH, which is being field-tested and developed through a partnership of nine international and local organizations. This activity will result in an updated national PNC policy, which incorporates key evidenced-based MNH interventions, a substantial group of trained trainers and midwives, extension to community level workers, a revised supervision and M & E plan, 135 health centers oriented and implementing PNC services according to the new protocols, and a standardized approach to PNC care applied by the MOH and all the major nongovernmental organizations (NGOs) working in this area. In addition, by using this coalition, a jump start on scale-up will have been achieved, with continuing potential for further expansion.
- **Afghanistan** Health Service Support Project (HSSP) finalized national quality assurance standards, which were used to help conduct baseline assessments. HSSP also continued to build the capacity of local NGOs implementing the basic package of health services (BPHS). Results of the pilot project for community-based prevention of PPH in Afghanistan showed that misoprostol is safe and programmatically effective. HSSP also provided technical assistance to the Information, Education and Communication (IEC) department in revising the national IEC strategy for health, which was endorsed by the MOPH.
- At ACCESS/**Tanzania's** 30 sentinel facilities, over 33,400 ANC clients were provided services. Of these, 56% received IPT1 (intermittent preventive treatment, first dose) and 54% received IPT2, while 64% received tetanus toxoid (TT)2 and 77% received vouchers for insecticide-treated nets (ITNs).
- Facilities in **Malawi** implementing a quality improvement approach for reproductive health (RH) and infection prevention (IP) demonstrated performance and quality scores of 80% on IP standards in three facilities, which were nationally recognized as a result of their scores.

² Training is ongoing using the draft PPH guidelines in two provinces through the local USAID bilateral programs: APHIA East and West programs.

- **Bangladesh** ACCESS-trained counselors promoted essential newborn care at 38,306 home births: 96% of newborns had clean cord care, 85% of mothers initiated breastfeeding within one hour of birth, and 87% of newborns were dried and wrapped immediately.
- In **Kenya**, ACCESS worked to support the Division of Reproductive Health (DRH) to move forward with prevention of mother-to-child transmission of HIV (PMTCT) standards and services. Providers at ACCESS-supported pilot sites in Kenya successfully provided integrated ANC/tuberculosis screening services. In addition, Kenya helped develop new policy guidelines on reproductive tract cancer and HIV counseling and testing.
- In **South Africa**, ACCESS-supported facilities demonstrated improved quality of antiretroviral therapy (ART) services.
- ACCESS continued work with Mada community in **Nigeria** to address financial barriers to maternal and newborn health services, including developing ways for women to save and loan money to one another. ACCESS also expanded its facility-based and community-based safe motherhood work to a new state. ACCESS also increased the capacity of community mobilizers in Nigeria to promote MNH using the Community Action Cycle (CAC) concept. Twenty one community mobilizers in Kano, Katsina and Zamfara States were trained as trainers, who in turn trained Community Mobilization Teams (CMT) and Community Core Groups (CCG) on how to mobilize communities for MNH in the 10 new LGAs in the three states. The trained CMT's and CCGs created 24 work plans, which are now being implemented.

While new country programs, such as Malawi and Ethiopia, began activities during this reporting period, several other existing ACCESS country programs closed, including Haiti, West Africa and ACCESS/Afghanistan (separate from HSSP).

Expected Life of Project Results

ACCESS expects to help increase the use of key maternal health and nutrition services through both field-based interventions and global leadership activities. The eight major expected life of project (LOP) results, which remain the same as they were in the PY4 workplan, are included below:

1. Expanded country-level safe motherhood and newborn health programming through global, regional and national partnerships and alliances
2. Increased informed demand and collective action for quality EMNC
3. Improved EMNC policies, programs and investments at the global, national and local levels
4. Critical elements of the comprehensive household-to-hospital continuum of care (HHCC) for maternal and newborn health operationalized in select countries
5. Tools, technical approaches and services scaled up at national and local levels
6. Strengthened community, provider and health systems capacity for improved EMNC service delivery
7. Increased access to quality EMNC services
8. Increased use of skilled maternal and neonatal services and evidence-based practices by individuals, households and communities

The expected results outlined above will be concentrated in USAID priority countries where the greatest needs exist or where ACCESS can build on existing programs to strengthen EMNC. Significant ACCESS countries, those where the program has received at least \$300,000 in field support (excluding those with a separate associate award – Afghanistan) include Haiti, Tanzania, Nepal, Bangladesh, Kenya, Nigeria, India, Rwanda and South Africa. In each significant country where we work, ACCESS would

like to take successful interventions to full-scale implementation. Key regional ACCESS initiatives include a USAID/WA-funded project, work with AFR/SD and the ANE Bureau.

IR 1: GLOBAL LEADERSHIP FOR MATERNAL, NEONATAL, AND WOMEN'S HEALTH AND NUTRITION PROGRAM AND POLICIES STRENGTHENED

IR 1: GLOBAL LEADERSHIP FOR MATERNAL, NEONATAL, AND WOMEN'S HEALTH AND NUTRITION PROGRAM AND POLICIES STRENGTHENED

Strategic Approach

ACCESS has strategic partnerships at the global, regional and national levels that allow ACCESS and its global partners to have an impact beyond the abilities of a single organization working alone. Since PY1, important progress has been made in expanding the evidence base for MNH, including: organizing the launch and subsequent dissemination of the Lancet Special Supplement on Maternal Survival; continuing support to the Partnership for Maternal, Newborn and Child Health (PMNCH); assisting USAID in the development of e-learning courses on newborn care, prevention of PPH, and postpartum care; collaborating with WHO to revise the *Managing Complications in Pregnancy and Childbirth* (MCPC) manual, supporting participation at international conferences and dissemination of key findings through technical forma.

ACCESS global leadership has promoted the increased commitment to FBOs for improving the overall health status of women and newborns through a small grants program to scale up EMNC through FBO health networks in three countries in Africa—Kenya, Uganda and Tanzania—as well as incorporating MNH messages into religions sermons in collaboration with country-based religious groups.

IR 1 Year Five Expected Results

These results cut across the four HIDN results pathways: Skilled Birth Attendance (SBA), PPH, Newborn Care and ANC

- Improved EMNC policies at the international level
- Revised final MCPC manual
- Finalization and dissemination of toolkits (sermon guides) for Christian and Islamic religious leaders
- Provision of input to USAID's regional meeting in Africa to scale up best practices in country programs
- Close-out of ACCESS award & dissemination of lessons learned

Intermediate Result 1

Activity 1.1: Through Global Partnerships, promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal, and women's health goals and incorporation of evidence-based strategies in country programs

Activity Lead: Koki Agarwal/Pat Daly	Funding Sources: Core Elements – MCH	Sub-element(s): 1.6.1, 1.6.2	Activity Cost: \$113,932
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Objective

ACCESS works to make maternal and newborn health and survival a priority for national and international policymakers. ACCESS supports USAID efforts to incorporate MNH with appropriate health policies and strategies in all USAID countries, and to ensure that reductions in maternal and neonatal mortality are explicit objectives of each country's Millennium Development Goals (MDGs). ACCESS continues to foster global and national partnerships by contributing evidence-based advocacy to donors and host countries, including collaborating with FBOs and other local organizations to demonstrate results at scale in the four USAID result pathways— SBA, PPH, newborn care and ANC.

Rationale

ACCESS will continue to achieve its objective of building a network of partners and positively influencing their policies and programs in MNH. Building on progress of the first four years, ACCESS will continue to partner with WHO, UNICEF and other global organizations such as ICM, International Federation of Gynecology and Obstetrics (FIGO) and WRA. ACCESS will work with FBOs and through their programs in Africa to promote the expansion and scale up of EMNC, particularly the expansion of skilled providers.

Contribution to HIDN Results Pathway

This activity is cross-cutting and will contribute to all four results pathways: SBA, PPH, newborn care and ANC.

Outputs of PY5

- Revised timeline formulated in collaboration with Making Pregnancy Safer (MPS) for revision of *Managing Complications in Pregnancy and Childbirth* manual completed (in collaboration with WHO) to give providers a more user-friendly guide reflecting new evidence-based practices
- Contribute to supporting MotherNewBorNet to share technical information with countries in Asia
- Provide input to USAID's regional meeting in Africa to scale up best practices in country programs

Subactivity 1.1a: Collaborate with WHO/Geneva in revision of the manual <i>Managing Complications in Pregnancy and Childbirth</i>	
Subactivity Lead: Patricia Gomez	Subactivity Cost: \$36,570
ACCESS Activity Partners: Jhpiego	
Other Collaborating Organizations: WHO	

Objective

To provide technical assistance to the Making Pregnancy Safer Department (MPS) of WHO in revision of the IMPAC manual *Managing Complications in Pregnancy and Childbirth* (MCPC).

Rationale

Front-line providers of MNC in over 40 countries have depended on the MCPC as a source of evidence-based information in caring for women and newborns experiencing life-threatening situations in pregnancy, at the time of birth, and in the postpartum and newborn periods. In the nearly nine years that the manual has been in use, research efforts have resulted in new data about maternal and newborn care. In addition, in 2007 MPS and Jhpiego undertook a field survey of MCPC use in all regions of the world that resulted in excellent suggestions from providers themselves about how to strengthen the manual. Thus MPS set forth a timeline and objectives that would lead to launch of a second edition of the MCPC by June 2009.

To date the following have been accomplished:

- Technical topics identified and questions developed to identify gaps in the manual
- Topics assigned to review teams for their input
- Content of the WHO MNH library defined, which will inform revision of the manual
- ACCESS/Jhpiego technical assistants began work on assigned topics and have continued dialogue with WHO on how to move the process forward more rapidly

Other components of the timeline for PY4 have been delayed due to competing priorities for staff at WHO/Geneva. However, WHO remains committed to this activity, given the need expressed by providers for an updated version and because the manual is still the only one of its type for use in low-resource settings.

Contribution to HIDN Results Pathways

Skilled birth attendance and newborn health: Enhance quality of maternal and newborn care by doctors, midwives and nurses through policy/advocacy dialogue at the national level as well as through building capacity of front-line providers at all levels of the health system.

Outputs of PY5

- Revised timeline formulated in collaboration with MPS
- ACCESS technical experts complete revision of assigned content areas and maintain contact with WHO staff steering the process
- ACCESS participates at WHO-organized meeting of experts to provide recommendations on content and format

Key Tasks and Milestones

- Task 1 Revise assigned chapters on treatment of: elevated blood pressure; fetal distress and cord prolapse; fever; loss of pregnancy; use of local, paracervical and pudendal anesthesia
- Task 2 Submit revised chapters to WHO/Geneva
- Task 3 Participate in WHO-organized meeting of technical experts in Geneva
- Task 4 Research/edit/format chapters as requested by WHO

Subactivity 1.1b: Support Scaling Up Best Practices in MNH, including support in Asia (MotherNewBorNet) and Africa	
Subactivity Lead: Pat Daly	Subactivity Cost: \$77,362
ACCESS Activity Partners: Jhpiego, Save the Children,	
Other Collaborating Organizations: Asia-Near East Region, Africa	

Objective

To improve MNH outcomes, ACCESS will continue to collaborate on regional MNH work through supporting the regional USAID-supported MNH alliances, either MotherNewBorNet in Asia and/or a regional meeting in Africa on scaling up evidence-based practices in FP/MNH.

Rationale

During the past four years, ACCESS participated in regional activities in Asia, including MotherNewBorNet, a collaborative partnership consisting of key NGOs, donors and other stakeholders dedicated to supporting the development and implementation of integrated, community-based postpartum care in Asia. In PY1–2, ACCESS assisted with strengthening partnerships and sharing knowledge on technical interventions through involvement with MotherNewBorNet. In PY3 and PY4, ACCESS provided technical leadership in MNH for the regional meeting “Scaling Up High-Impact FP/MNCH Best Practices: Achieving Millennium Development Goals in Asia and the Near East,” in Bangkok, Thailand. The meeting disseminated high-impact FP/MNCH best practices for scaling up in the Asia and Near East region in an effort to achieve the MDGs. ACCESS supported follow-up to this meeting including input into the small grants for scaling up MNH activities.

ACCESS has also worked with partners to synthesize technical findings for MotherNewBorNet. In September 2007 USAID, WHO and Saving Newborn Lives (SNL) hosted an expert collaborative meeting on community-based neonatal sepsis. A report of this meeting was issued in April 2008, and ACCESS is preparing a summary of the recommendations on community management of neonatal sepsis for an issue of MotherNewBorNet. The second report for MotherNewBorNet newsletter is on KMC. ACCESS collaborated with SNL and USAID on the technical consultation on community-based KMC in May 2008. Recommendations from this meeting are being prepared and ACCESS is writing an article for MotherNewBorNet on KMC.

In PY5, ACCESS will complete these articles for MotherNewBorNet and support the Secretariat to prepare this issue. If needed, ACCESS will also assist USAID, Africa 2010, and other partners to prepare a regional meeting in Africa on scaling up best practices in FP/MCNCH.

Contribution to HIDN Results Pathways

This activity will support all HIDN Results Pathways. By working with MotherNewBorNet and the Africa regional work on MNH, ACCESS can support partners in Asia and Africa to scale up evidence-based MNH interventions and monitor progress in meeting the HIDN results pathways for MNH.

Outputs of PY5

- Finalize KMC article for MotherNewBorNet newsletter and support technical input into the MotherNewBorNet newsletter
- Provide input to support USAID's regional meeting in Africa to scale up best practices in country programs
- Participation of key staff in the Africa regional meeting

Key Tasks and Milestones

Task 1 Work with MotherNewBorNet to finalize articles for MotherNewBorNet

Task 2 Technical input for Africa FP/MNCH best practices work

Task 3 Participation in Africa FP/MNCH regional meeting

Intermediate Result 1			
Activity 1.2: Collaborate with FBOs, specifically Religious Leaders at Global and National Level to Advocate for and Expand Resources, Capacities and Services of Evidence-Based Maternal & Newborn Health Care Among FBO Health Services			
Activity Lead: Sarla Chand	Funding Sources: Core Elements – MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$53,719
ACCESS Activity Partners: IMA, Jhpiego, Constella Futures			
Other Collaborating Organizations:			
Subactivity Location: Global			

Objective

Continue strengthening partnerships with and capacity of FBOs in Africa in providing maternal and newborn health care services through their extensive FBO networks. This will be done through two activities continued from PY4.

- Strengthening capacity of FBOs in evidence-based maternal and newborn interventions to improve services through dissemination of ACCESS technical resources
- Increasing awareness and knowledge of religious leaders through finalization and dissemination of Christian and Islamic Safe Motherhood Toolkits

Rationale

The toolkits for religious leaders started in the previous program year will be reviewed, finalized and disseminated.

By working with selected FBOs in East Africa during the first two years, ACCESS has shown working with FBO networks offers opportunities to scale up maternal and newborn services in the country.

In furthering its mandate of building relationships and the capacity of FBOs, during the past three years ACCESS has developed resources to mobilize Christian and Islamic religious leaders. In several countries in East Africa, namely, Kenya, Malawi, Tanzania, Uganda and Zambia, both Islamic and Christian health care network representatives have had their knowledge updated in FANC, MIP, and PMTCT . ACCESS also provided small grants to Christian Social Services Commission (CSSC) in Tanzania, Uganda Protestant Medical Bureau (UPMB) and Christian Health Association of Kenya (CHAK) to implement FANC and MIP training both at facility and community levels with community health workers (CHWs).

During this final year, ACCESS will continue to advocate with FBO networks and structures at the national, provincial and local levels to improve maternal and newborn care services. In addition, ACCESS will finalize and disseminate the toolkits (Sermon Guides) for Islamic and Christian religious leaders. This will strengthen the community mobilization efforts for improving maternal and child health.

Contribution to HIDN Results Pathways

Outputs of PY5

- Finalization and dissemination of toolkits (Sermon Guides) for Christian and Islamic religious leaders
- Advocacy and dissemination of ACCESS resources to expand maternal and newborn health services among FBOs
- Expanded networking and strengthening of FBO partnerships and building of new relationships with other stakeholders committed to improving MNH

Key Tasks and Milestones

Interfaith Safe Motherhood Guide

- Task 1 Adapt, coordinate the Regional Safe Motherhood Guide based on field test feedback from Rwanda
- Task 2 Work with Jhpiego Publications unit to edit, format and get print-ready
- Task 3 Disseminate to Islamic and Christian religious leaders in select African countries for use
- Task 4 Monitor use, gathering periodic feedback (using brief tool)
- Task 5 Final report on the usefulness of the Safe Motherhood guide from the feedback from Rwanda and other countries
- Task 6 Expanded networking by participating and leading a session at the UNFPA Global Forum on Strengthening Partnerships with Faith-based Organizations

Intermediate Result 1

Activity 1.3: Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in

Maternal and Newborn Health			
Activity Lead: Juliet MacDowell & Barbara Rawlins	Funding Sources: Core Element – MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$273,925
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations:			

Objective

To share program materials, inform USAID and other global, regional and national partners and stakeholders on program learning related to maternal and newborn health. This activity covers both the creation of materials (compiling, analyzing and documenting program results and lessons learned to inform current and future MNH programs), as well as their dissemination (distributing tools and materials to policymakers, facility-based staff, CHWs, local NGOs and FBOs, and other partners).

Rationale

ACCESS will increase documentation and dissemination of lessons learned and best practices. ACCESS also supports the dissemination of evidence-based maternal and newborn materials, tools and approaches produced in previous program years at the global- and country-levels to advance knowledge, information and programming in maternal and newborn health.

Contribution to HIDN Results Pathways

This activity contributes to all four results pathways by providing key EMNC resources to individuals, organizations and active stakeholders in maternal and newborn health.

Outputs of PY5

- Global KMC training manual printed and disseminated
- Community mobilization manual printed and disseminated
- At least three journal articles completed and submitted?

Key Tasks and Milestones

- Task 1 Finalize KMC training manual
- Task 2 Finalize community mobilization manual
- Task 3 Disseminate maternal and newborn materials and documents (listed in Annex 7)
- Task 4 New materials for PY05:
 - KMC training manual
 - Close-out report
- Task 5 Maintain and update Web site
- Task 6 Continue with the preparation & dissemination of the monthly “ACCESS Updates”
- Task 7 Prepare semi-annual and annual results reports
- Task 8 Develop programmatic brief on lessons learned
- Task 9 Prepare abstracts and presentations for key conferences, such as Global Health Council and American Public Health Association
- Task 10 Prepare at least one article for publication, including the results of Activity 2.1 in India: Bringing Skilled Birth Attendance Closer to Home: Results of Pilot Program in Rural India

Intermediate Result 1			
Activity 1.4: Financial Administration and Management of the Small Grants to Expand and Scale Up Postpartum Hemorrhage			
Activity Lead: Nalinee Sangrujee	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1	Activity Cost: \$24,026 (carry forward)
ACCESS Activity Partners: Constella Futures			
Other Collaborating Organizations:			

Objective

This activity manages the process of expanding EMNC interventions at community and facility levels through small grants to in-country NGOs to implement PPH activities. The small grants initiative allowed ACCESS to support a range of smaller partners or collaborating institutions in-country and contributed to the long-term sustainability of interventions through these local organizations.

This activity supports the completion of the administrative management of the grants to seven local NGOs working in PPH activities.

Rationale

Beginning in PY2, the ACCESS Program contributed to its mandate of scaling up proven interventions to save the lives of pregnant women, mothers and newborns by awarding small grants to local organizations to implement activities to prevent obstetric fistula and PPH, and to improve FANC services. Ongoing management of these small grants is required until they are complete. The process of managing small grants over the life of the ACCESS Program has been met with several challenges as well as many successes. Documenting and sharing these lessons learned with USAID and other global partners implementing small grants activities will strengthen the process of awarding and managing small grants.

Contribution to HIDN Results Pathways

- PPH: By administratively supporting recipients of small grants to support PPH prevention interventions, this activity will improve the identification and treatment of PPH.

Outputs of PY5

- ACCESS supports capacity of up to 7 local organizations to manage and expand EMNC interventions
- Report on small grants lessons learned finalized and disseminated

Key Tasks and Milestones

- Task 1 Handle the administration and monitoring of current small grants
 Task 2 Closing and reporting of 7 PPH small grants

Intermediate Result 1			
Activity 1.5: Small Grant Activities			
Activity Lead: Diana Beck	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1	Activity Cost: \$33,474 (carry forward) <i>Definite commitment based on contract/agreements from PY3</i>
ACCESS Activity Partners: IMA World Health, ACNM			
Other Collaborating Organizations:			

Objective

Implementation of small grant activities focused on PPH activities.

Rationale

In PY3, ACCESS awarded seven grants to organizations in six countries to implement PPH prevention activities. Of the seven grants, two have closed and the remaining five will close in the first quarter of Y5.

Contribution to HIDN Results Pathways

- PPH: By distributing funds to the small grant recipients, this activity will improve the identification and treatment of PPH.

Intermediate Result 1			
Activity 1.6: Technical Assistance			
Activity Lead:	Funding Sources: Core Element(s) –	Sub-element(s):	Activity Cost: \$0
ACCESS Activity Partners:			
Other Collaborating Organizations:			

Not applicable in ACCESS PY5.

Intermediate Result 1			
Activity 1.7: Close-out Activities			
Activity Lead: Koki Agarwal	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$287,565
ACCESS Activity Partners: Jhpiego, Save the Children, IMA, ACNM, Constella Futures			
Other Collaborating Organizations:			

Objective

To completely and accurately close out all ACCESS activities, disseminate results, and provide final programmatic and financial reporting to USAID.

Rationale

With over \$8 million of new funding available in the final year of ACCESS, a full 12 months (October 1, 2008 through September 30, 2009) will be required to complete program activities. Close-out activities are planned for the period October 1, 2009 through March 30, 2010. During the October through December 2009 quarter, ACCESS, with decreased level of effort (LOE) of prime and partner staff, will:

- Begin the financial close-out process with its partners
- Help countries to finalize results and publications related to their activities
- Hold a close-out meeting to disseminate ACCESS results

Outputs of PY5

- ACCESS results disseminated at close-out meeting
- Programmatic reports summarizing major results within key ACCESS countries finalized and disseminated/published (linked with Activity 1.3)
- Final financial reporting produced and delivered to USAID

Key Tasks and Milestones

- Task 1 Hold close-out meeting
- Task 2 Assist countries to complete final reports or publications summarizing their major achievements
- Task 3 Prepare and complete final financial report

STRATEGIC APPROACH OVERVIEW FOR INTERMEDIATE RESULTS TWO, THREE AND FOUR

The ACCESS Program was designed to address essential MNH services by focusing on preparation for childbirth, safe delivery, postpartum and newborn care; and prevention and treatment of obstetric and newborn complications and care of sick newborns—which are reflected in IRs 2, 3 and 4. ACCESS focuses on basic newborn and maternal health, and obstetric care and postpartum care services that can be effectively provided in homes, communities and peripheral health facilities. Although the IRs represent distinct periods of care for mothers and newborns, ACCESS has found difficulty placing the activities into specific IRs. Much of the ACCESS work—such as pre-service education, community-based activities or improved care at facilities—includes elements that span all three IRs and are not easily compartmentalized. Therefore, as in the PY3 and PY4 annual implementation plans, the PY5 workplan continues to group IRs 2, 3 and 4 in one section.

An important focus of the PY5 workplan is supporting USAID’s Safe Birth Africa Initiative (SBAI). ACCESS will direct core funding to Rwanda to continue activities in collaboration with Twubakane, the in-country partner, by applying a performance and quality improvement (PQI) approach to ongoing activities in EmONC; expanding KMC services; and continuing engagement with FBO health networks to strengthen and scale up skilled birth attendance.

The following sections cover the ACCESS activities for IRs 2, 3 and 4. IR 2 supports the conclusion of activities in India and Cambodia. IR 3 presents the ACCESS proposed workplan for continued expansion of activities for prevention of PPH and the SBAI in Rwanda. In addition to the SBAI work, ACCESS proposes to continue to expand the EMNC services by improving Ghana’s national midwifery programs. IR 4 presents regional work to promote adoption of the Africa Road Map and pre-service education; expansion of EmONC services to health centers in one district in Ethiopia; and continued KMC activities in Ethiopia.

IR 2: PREPARATION FOR CHILDBIRTH IMPROVED

Strategic Approach

Under IR 2, ACCESS will use core funds to continue expansion of skilled providers to provide MNH services in India and Cambodia. In India, core funds will support the final year of a three-year program in Jharkhand State to implement and evaluate a model to increase skilled birth attendance and to increase access to high-quality maternal and newborn care services. This will improve skilled birth attendance at home birth, and will inform the design of any scale-up of these interventions by the Indian government.

During PY3 and PY4, core funds in Cambodia complemented the ACCESS Cambodia Associate Award through starting demonstration activities related to active management of the third stage of labor (AMTSL) and community-based distribution of misoprostol and a technical update on PPH. During PY5, ACCESS plans to implement PPH-specific work with limited core funds.

Finally in PY4, ACCESS completed the Malaria in Pregnancy Learning Resource Package and assisted Nigeria in submitting a proposal to the Global Fund.

IR 2 Year Five Expected Results

- Approximately 4,700 pre-service students trained on AMSTL and ENC
- Comparison study of 3 training models (in collaboration with MCHSTAR).
- India project OR results and overall lessons learned disseminated at the state and/or national level to support discussions on strengthening government reporting systems related to maternal and newborn care.
- Malaria Resource Package (MRP) and MIP Program Implementation Guide disseminated to MOH program managers for reproductive health and malaria control.

Intermediate Result 2			
Activity 2.1: India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program			
Activity Lead: Koki Agarwal	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$219,825
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations: CEDPA/White Ribbon Alliance, Government of India, Government of Jharkhand			

Objective

The key objectives are:

- To demonstrate the increases in use of Auxiliary Nurse Midwives (ANMs) as skilled birth attendants, both at the facility and community levels in Dumka District in the State of Jharkhand;
- To mobilize communities and create awareness to increase demand for skilled birth attendance including postnatal care;
- To establish the role of early postnatal care provided according to the guidelines by ANMs with other community-level workers; and,
- To share results with the state authorities and the Ministry of Health and Family Welfare (MoHFW) to develop a plan for the roll out and implementation of the guidelines in the remaining districts of Jharkhand and throughout other states

Rationale

One mandate of the ACCESS Program in India is to scale up proven interventions to save the lives of pregnant women, mothers and newborns. Utilization of skilled birth attendants, appropriate PPH prevention and management, and appropriate newborn care services have been shown to reduce maternal and newborn mortality. ACCESS will use core funding to assist the Government of Jharkhand to continue using the new guidelines on skilled attendance at birth, early postnatal care and to recommend, develop and test a training model and a community-based approach to increase access and quality of services for women and newborns during pregnancy, labor and the postpartum period.

Dumka-based activities will be completed by January 2009, followed by an endline survey. The endline will be conducted at the point when all ACCESS-trained ANMs have been providing community-based services in areas where community mobilization efforts have been sufficiently supported. ACCESS anticipates the completion of the endline results by March 2009.

Additionally, ACCESS will be providing technical assistance to the Indian Nursing Council (INC) to finalize their curriculum and to train ANM's in the 5 NIPI States (UP,MP, Rajasthan, Nihar and Orissa).

Contribution to HIDN Results Pathway

Skilled birth attendance/Newborn: Will increase availability of and access to skilled attendance at birth and high-quality early newborn care provided at the facility and in the community by ANMs and Lady

Health Visitors (LHVs). This activity will also result in increased awareness and demand for skilled birth attendance including postnatal care.

Key highlights from ACCESS Program Year 4

- Trained an additional 19 ANMs to competency as SBAs in evidence-based care in antenatal care (ANC), normal delivery, postnatal/postpartum care and the management of complications as per the GoI guidelines and supported the total of 37 ACCESS-trained ANMs to provide care in communities
- Continued to strengthen two hospitals and two ANM schools/training centers (ANMTCs) as training sites.
- Mobilized 223 communities in 180 locations of 3 blocks (Jarmundi, Shikaripara and Saraiyahat) by the local NGO *Chetna Vikas* subcontracted by CEDPA
- Trained a total of over 2600 community members — including 434 safe motherhood volunteers (SMVs), 231 safe motherhood advocates (SMAs) and over 1300 mahila mandal leaders (through May 2008)
- Mobilized 99% of the 223 ACCESS-supported villages to create a functional emergency transport system for Birth Preparedness/Complication Readiness (BP/CR) during pregnancy and childbirth and 70% to use the services provided by the ACCESS-trained ANM in their area (as of May 2008).
- Reported AMSTL provided at over 90% of deliveries—with 100% AMSTL in 4 of 8 months.
- Reported nearly 100% of newborns delivered by ACCESS-trained ANMs had clean cord care, immediate breastfeeding within an hour and immediate drying and wrapping.
- Collaborated with and provided resources and support to Vistaar (USAID-funded bilateral program).

Outputs of PY5

- All 37 midwifery-focused ANMs repositioned in communities and healthcare systems.
- Clinical training sites further strengthened.
- Up to an additional 40 ANMs trained in 3-month course from other blocks of Dumka and/or ANM tutors from other ANMTCs in other districts using remaining GOJ funding in the MOU.
- LRP finalized in Hindi and disseminated at the state and national level.
- Community awareness of Birth Preparedness/Complication Readiness (BP/CR) increased.
- Project M&E conducted and completed including quarterly monitoring and endline survey.
- Project OR results and overall lessons learned disseminated at the state and/or national level to support discussions on strengthening government reporting systems related to maternal and newborn care.
- Approximately 4,700 pre-service students trained on AMSTL and ENC
- Comparison study of 3 training models (in collaboration with MCHSTAR)
- TAG meeting to disseminate project results & make recommendations

Key Tasks and Milestones

- | | |
|--------|--|
| Task 1 | Designate the second batch of ANMs with an exclusive mandate to provide skilled care at homebirth in communities |
| Task 2 | Supervise and support ANMs to fulfill this community-based midwifery care role |
| Task 3 | Oversee clinical site strengthening which will continue through the end of |

- Task 4 Use findings from the baseline to focus BP/CR implementation and define additional issues to be explored by the community mobilization (CM) NGO
- Task 5 Support NGO to develop partnerships to implement BP/CR package based on defined roles and responsibilities of different health-related providers/educators working at village level
- Task 6 Support LHV's in their supervisory role
- Task 7 Train and prepare state and/or national level master trainers to be able to roll out ANM training using ACCESS-developed resources
- Task 8 Finalize formative research at the community level to understand the demand for maternal and newborn care
- Task 9 Conduct behavior change communication activities
- Task 10 Monitor, evaluate and disseminate results at TAG meeting and elsewhere
- Task 11 Provide technical assistance to the Indian Nursing Council (INC) to finalize their curriculum and to train ANM's in the 5 NIPI States

IR 3: SAFE DELIVERY, POSTPARTUM CARE AND NEWBORN HEALTH IMPROVED

Strategic Approach

Proposed PY5 activities:

- Expanding and scaling up activities targeting prevention and treatment of PPH in Kenya
- Continuing implementation of USAID's Safe Birth Africa Initiative in Rwanda
- Implementing local financing mechanisms in Nigeria to increase health services equity and accessibility for vulnerable populations
- Developing collaborative relationships with FBOs to support efforts in Safe Birth Africa Initiative countries

PPH continues to be the major cause of maternal mortality throughout the developing world. A WHO report found that hemorrhage is responsible for even more maternal deaths than previously thought. Programs must make every effort to ensure that skilled birth attendants have the knowledge, skills and tools to perform AMTSL at every birth and, in settings where skilled birth attendants are not available, community-based distribution of misoprostol should be considered. Through these activities, ACCESS will continue providing necessary global leadership, but also focus interventions that will increase prevention of PPH at the country level.

ACCESS will continue work started in PY3 under the Safe Birth in Africa Initiative in Rwanda , including establishing a team of national KMC trainers, producing BEmONC job aids, and training CHWs in MNH. In addition, ACCESS will work with FBO health networks in Rwanda to develop MNH messages that religious leaders can use with their constituencies.

In PY5, ACCESS will continue using core funds in Ghana, but shift the focus of the activities to national-level midwifery trainings, which will link with the Africa Pre-service Training Initiative of Activity 4.1.

The activities under IR 3 will contribute to improved safe delivery, postpartum and newborn care by focusing on PPH prevention and addressing the retention and deployment of skilled birth attendants.

IR 3 Year Five Expected Results

Cambodia

- Summary of AMSTL practices and mag sulp in Cambodia
- Recommendation document on improvements to be made in the implementation and supervisory systems

Rwanda

- ACCESS collaboration to ensure adoption by MOH of evidence-based norms and protocols for MNH
- ACCESS collaboration to ensure national policy and guidelines formulated for KMC and technical assistance provided to ensure scale-up
- National level meeting carried out to disseminate national safe motherhood strategy (Road Map); revised norms and protocols; and evidence-based practices to decrease maternal and newborn mortality such as prevention of PPH, use of BEmONC, KMC, etc.
- Learning resource package combining FANC, BEmONC, and KMC finalized and approved by MOH
- Formulate and disseminate at least three job aids relating to BEmONC for use by providers
- Safe motherhood messages and tools for use by CHWs finalized and adopted
- CHWs trained on MNH household counseling
- Safe motherhood sermon guide finalized and disseminated for use by religious leaders
- Team of national EmONC trainers trained in KMC
- Partners assisted in setting up KMC activities in their sites
- Follow-up facility assessment completed in four ACCESS districts

Ghana

- Performance standards in BEmONC for pre-service midwifery programs and clinical sites developed and adopted at national level.
- Koforidua Central Hospital strengthened as clinical training site.
- 16 tutors and clinical preceptors updated in BEmONC skills and effective training skills.
- Clinical Schedule Book adapted to include midwifery students' BEmONC competencies and demonstrate that students are acquiring these competencies.
- Assessment of 13 pre-service midwifery programs for midwifery education standards.
- Results disseminated and plan formed for scale-up to other pre-service programs and clinical sites.

Intermediate Result 3			
Activity 3.1: Prevention of PPH in Cambodia			
Activity Lead: Patricia Gomez, Judith Moore	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1	Activity Cost: \$184,112 (carry forward)
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations: POPPHI, RACHA, A2Z, MOH			

Objective

The ACCESS program in Cambodia aims to implement evidence-based maternal and newborn health interventions in a scalable manner through existing services.

Select activities for the full ACCESS Cambodia program are presented in the Associate Award work plan.

Rationale

Objective

The prevention and treatment of PPH remains a mainstay of nearly all ACCESS program activities. Global organizations as well as ministries of health at the country level are now sensitized to the importance of PPH as a major cause of maternal mortality at the time of childbirth, and they understand that evidence-based strategies exist that are appropriate for low-resource settings at both the community and facility level. Thus, in PY5, ACCESS will continue to play a leading role to maintain the impetus gained to date and will:

- Collaborate and jointly fund (with RACHA and A2Z), the drug logistics expert, Mr. Vimal Dias, to examine the drug logistics situation regarding oxytocin and magnesium sulphate and make clear recommendations on how the system can be improved at every level of the health system.
- Employ a consultant with an international reputation to carry out a survey on AMTSL and use of mag sulph, examine the programmatic issues surrounding AMTSL/mag sulph protocols and oxytocin use and training.
- Develop a concise summary on AMTSL and oxytocin use from other reports and sources.
- Make clear recommendations on how the implementation system could be improved and present the results and
- Advocate for action and responses to these recommendations at the highest MOH levels

Rationale

Despite extensive lobbying and discussions, the proposal has been turned down by the National Health Ethics committee, who were concerned that it may discourage women from following the national policy of delivering with a skilled provider (despite global evidence to the contrary).

At a meeting with USAID Cambodia, the ACCESS Advisor and the ACCESS Deputy Director on July 21st, the options for managing a delay in the approval process were discussed.

Since then further discussions with USAID HQ and the Mission have taken place with regard to the use of the core funds. USAID HQ still wish them to be applied to work on PPH and so the following solution is proposed..

Since PPH is an important cause of maternal mortality, ACCESS proposes to continue with the elements of the program aimed at the health facility level, which follow existing MOH policy. This would ensure that USAID RH programs, including those of the local NGO implementing partner, RACHA, can expand these services, including a community distributed misoprostol pilot, should the political environment change. The modified PPH program would focus on the upgrading of skills for professional health staff and examine and record the status of the situation in the program area regarding oxytocin use, availability and efficacy. Recommendations will be developed for improving oxytocin and AMTSL coverage. It may also raise the issue of whether there is the case to be made for having misoprostol available as a second line drug, and developing appropriate guidelines and protocols for its use.

The ACCESS program believes we need to gather together in one document, representative data and conduct a status report looking at both the drug logistic mechanisms and the program and AMTSL issues and make clear recommendations, followed up with advocacy efforts to the MOH and other donors and implementers to address this issue urgently.

Contribution to HIDN Results Pathway

- SBA: Skilled birth attendants possess updated knowledge and skills in AMTSL for prevention of PPH and in recognition and management of PPH
- PPH: Providers will prevent PPH through use of AMTSL as the standard of care; where there is no skilled provider women can prevent PPH at home birth through use of misoprostol

Outputs of PY5

- Summary of AMSTL practices and mag sulp in Cambodia
- Recommendation document on improvements to be made in the implementation and supervisory systems
- Advocate for action and responses to these recommendations at the highest MOH levels

Key Tasks and Milestones

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|--------|--|
| Task 1 | • Complete data collection and analysis and completion of results summary |
| Task 2 | • Dissemination of results, documents and lessons learned identified, and presentations provided to the MOH and partners to inform national scale up |

Intermediate Result 3

Activity 3.2: Build Strategic Opportunities to Improve Safe Delivery in Africa

Activity Lead: Juliet MacDowell	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$716,288
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ACCESS Activity Partners: Jhpiego, Save the Children, ACNM, IMA, AED, Constella Futures

Other Collaborating Organizations: USAID mission in Rwanda, IntraHealth

Rationale

In PY3, ACCESS was requested by USAID to place resources into a focused Safe Birth Africa Initiative in Rwanda and to collaborate with the existing bilateral program to improve skilled attendance at birth. PY5 will build on results achieved to date to ensure continued commitment to MNH at the national level as well as to scale up services at district and health center levels. In two districts, ACCESS will also work with existing community resources and FBOs to ensure that the most appropriate messages are disseminated about household-based care as well as use of maternal and newborn health care services. ACCESS will also work with appropriate partners to strengthen national-level efforts to ensure MIP services and increase uptake of IPTp1 and IPTp2, as well as use of ITNs and evidence-based case management of MIP. In addition, ACCESS will continue progress toward establishing centers of excellence for KMC to decrease newborn mortality caused by low birth weight.

ACCESS worked in Ghana in PY3 and PY4 to improve the quality of BEmONC in Birem North District. ACCESS will shift focus to improving national midwifery training schools, using tools developed during previous program years.

Contribution to HIDN Results Pathways

These activities contribute to all Results Pathways. In Rwanda, skilled attendance at birth, PPH and newborn care are being improved through the strengthening of providers and facilities in EMNC and EmONC; in Rwanda, KMC also contributes to newborn care, and ANC services are utilized as a platform to conduct MIP activities.

Outputs of PY5

Rwanda:

- ACCESS collaboration to ensure adoption by MOH of evidence-based norms and protocols for maternal and newborn health.
- ACCESS collaboration to ensure national policy and guidelines formulated for KMC and technical assistance provided to ensure scale-up.
- National level meeting carried out to disseminate national safe motherhood strategy (Road Map); revised norms and protocols; and evidence-based practices to decrease maternal and newborn mortality such as prevention of PPH, use of BEmONC, KMC, PNCetc.
- Learning resource package combining FANC, BEmONC, and KMC finalized and approved by MOH.
- Formulate and disseminate at least three job aids relating to BEmONC for use by providers.
- Safe motherhood messages and tools for use by CHWs finalized and adopted.
- CHWs trained on MNH household counseling.

- Safe motherhood sermon guide finalized and disseminated for use by religious leaders.
- Team of national EmONC trainers trained in KMC.
- Partners assisted in setting up KMC activities in their sites.
- Follow-up facility assessment completed in four ACCESS districts.

Ghana:

- Performance standards in BEmONC for pre-service midwifery programs and clinical sites developed and adopted at national level.
- Koforidua Central Hospital strengthened as clinical training site.
- 16 tutors and clinical preceptors updated in BEmONC skills and effective training skills.
- Clinical Schedule Book adapted to include midwifery students' BEmONC competencies and demonstrate that students are acquiring these competencies.
- Assessment conducted of 13 pre-service midwifery programs for midwifery education standards.
- Results disseminated and plan formed for scale-up to other pre-service programs and clinical sites.

Subactivity 3.2a: Support Safe Birth Africa (SBA) Initiative in Rwanda

Subactivity Lead: Juliet MacDowell

Subactivity Cost: \$601,299

ACCESS Activity Partners: Jhpiego, Save the Children, IMA World Health

Other Collaborating Organizations: Twubakane (IntraHealth), MOH Rwanda, other partners

Subactivity Location: Rwanda

To continue to provide technical assistance to in-country partners to promote scale-up of targeted life-saving interventions around the time of birth that will result in measurable improvement in maternal and newborn health.

Rationale

The intervention focuses on building the capacity of the health system in general, and skilled providers in specific, to provide care to women and newborns at the time of birth to address the major causes of mortality in these groups.

To date, ACCESS has built strong alliances not only with Twubakane, but also with various sections within the Rwanda Ministry of Health and organizations such as the Capacity Project, Elizabeth Glaser Pediatric AIDS Foundation and UNICEF. ACCESS coordinates capacity building and strengthens services in its four assigned districts as well as in nearly all other districts in the country through partners. It also works at the national level to influence formulation of policies, strategies, processes and tools that ensure the scale-up of evidence-based approaches throughout the country that will contribute to better outcomes for mothers and newborns.

Highlights of PY4 progress include:

- Engage the safe motherhood desk of the MOH to design a national-level scale-up plan for BEmONC training as well as support other interventions carried out in collaboration with ACCESS and other partners
- Revise national norms and protocols for MNH
- Develop an evidence-based model for community-based care of mothers and newborns
- Completion of the baseline survey in facilities in four ACCESS districts; results used to inform the MOH and district health management teams about gaps in human resources, equipment and supplies, and quality of maternal and newborn care
- Completion of baseline survey in two ACCESS districts; results being used to formulate targeted safe motherhood messages for CHWs to use to increase use of positive household practices as well as antenatal and birth services
- Introduction of the Standards-Based Management and Recognition (SBM-R) process in four ACCESS districts, and three others, through UNICEF (2 district hospitals) and Twubakane (1 district hospital), to guide quality improvement efforts
- Capacity building in BEmONC to improve the quality of care for mothers and newborns at the time of birth through:
 - Strengthening of services in five district hospitals and 33 health centers
 - Training and follow-up of 21 doctors, midwives and nurses from 5 district hospitals BEmONC

- Training of 22 doctors, midwives and nurses from 15 district hospitals BEmONC to complete the EmONC dismembered teams in Twubakane/ACCESS, Capacity, Elizabeth Glaser Pediatric AIDS Foundation, UNICEF and UNFPA assisted districts
- Training of 12 BEmONC trainers in four districts
- Training of 59 providers from 31 health centers in three districts
- Capacity building in KMC to decrease mortality due to low birth weight through:
 - Strengthening of services in nine hospitals to provide KMC services
 - Training of 36 providers in KMC
- Thirty religious leaders trained to give appropriate messages to their congregations about safe motherhood

Given the momentum and influence already achieved by the SBAI in Rwanda, in Program Year 5 ACCESS will build on its achievements and continue to work with the MOH and partners to ensure that policies are in place to support quality care to women and newborns at the time of birth. In addition, ACCESS will work with partners to ensure that all 40 district hospitals have BEmONC training teams and are rolling out training to 406 health center staff. Work will also continue at the national level to finalize and disseminate policies and strategies aimed at providers in facilities as well as CHWs and families.

Contribution to HIDN Results Pathways

- SBA: Midwives doctors and nurses will improve their knowledge and skills to provide higher quality care at the time of birth and immediately after. Community interventions will facilitate the use of these improved services by pregnant women, mothers and newborns.
- Newborn: The use of essential newborn care and newborn resuscitation in hospitals and health centers will reduce newborn morbidity and mortality. In addition, improved household essential newborn care practices and the establishment of KMC centers will contribute to improved newborn survival.
- PPH: Providers will prevent PPH through consistent and correct use of AMTSL, and will manage PPH using basic emergency obstetric care knowledge and skills in hospitals and health centers. Early recognition of and care-seeking for PPH by mothers and their families will be improved.

Outputs of PY5

- ACCESS collaboration to ensure adoption by MOH of evidence-based norms and protocols for MNH
- National policy and guidelines formulated for KMC and technical assistance provided to ensure scale-up
- National level meeting carried out to disseminate national safe motherhood strategy (Road Map); revised norms and protocols; and evidence-based practices to decrease maternal and newborn mortality such as prevention of PPH, use of BEmONC, KMC (This activity assumes a cost share from other stakeholders and partners such as Twubekane, UNICEF, MOH, etc.)
- Learning resource package combining FANC, BEmONC, and KMC finalized and approved by MOH
- Formulate and disseminate at least three job aids relating to BEmONC for use by providers
- Safe motherhood messages and tools for use by CHWs finalized and adopted
- CHWs trained on MNH household counseling (also assumes a cost share with Twubekane.)
- Safe motherhood sermon guide finalized and disseminated for use by religious leaders

- Team of national EmONC trainers trained in KMC

Key Tasks and Milestones

- Task 1 Continue participation in and support of Safe Motherhood, Community Health, and MIP Technical Working Groups; formulate job aids in EmONC for providers through these groups
- Task 2 Support finalization and dissemination of Safe Motherhood Strategy (Road Map)
- Task 3 Work with MOH to finalize quality assurance strategy; continue work in ACCESS and partner districts to ensure use of SBM-R process in hospitals and health centers
- Task 4 Ensure all ACCESS districts have EmONC training teams and that staff from all health centers are trained and followed up
- Task 5 National EmONC training team is trained in KMC
- Task 6 Carry out support supervision and SBM-R activities in KMC units
- Task 7 Carry out training of trainers for national community health team in use of behavior change communication tools, and support training of CHWs in their use
- Task 8 Test sermon guides for MNH
- Task 9 Coordinate with PMI to carry out FANC emphasizing ITN use and case management of malaria in all ACCESS and partner districts
- Task 10 Carry out national-level dissemination meeting to include MOH policies, protocols, strategies and findings from ACCESS work, along with the latest information on PNC with partners in facilities and the community

Subactivity 3.2b: Repositioning Safe Motherhood in Ghana	
Subactivity Lead: Patricia Gomez	Subactivity Lead: \$114,989 (carry forward)
ACCESS Activity Partners: Jhpiego, ACNM	
Other Collaborating Organizations: Koforidua Central Hospital and Koforidua Midwifery Training School (MTS), Ghana Nurses and Midwives Council	
Subactivity Location:	

Objective

Establish a core group of national-level BEmONC trainers and establish midwifery education performance standards at the national level to improve pre-service education in Ghana.

Rationale

ACCESS initiated a demonstration quality improvement activity in Birim North District in January, 2007, in collaboration with the USAID bilateral, Quality Health Project. This activity, called Repositioning Safe Motherhood (RSM), began work with one district hospital and two health centers to improve MNH care through a performance improvement process and subsequently scaled up the intervention to an additional nine facilities. Each facility formed a quality improvement team and created, with collaboration by ACCESS and the DHMT, a tool for measuring their performance on a continual basis using updated standards in BEmONC. RSM also collaborated with the ACCESS Program's Africa/SD pre-service initiative to update midwifery tutors and preceptors from the school and hospital at Koforidua in BEmONC so that the classroom and clinical practice sites delivered the same evidence-

based information using consistent clinical protocols. Data on use of AMTSL and the partograph are being collected by the midwives of the 12 Birim North facilities. To date, based on data from three facilities, 83–100% of women served received AMTSL and 48–81% of births were managed using the partograph.

Encouraged by the positive results from Birim North, USAID/Ghana requested that ACCESS target improvement of pre-service midwifery education programs at a national scale since newly graduated students are not trained to perform BEmONC skills. By targeting pre-service education programs, ACCESS will increase graduation of students with BEmONC competencies.

This activity will target participants who have received BEmONC training as part of the ACCESS Pre-service Initiative to update them in teaching and coaching skills and how to use educational performance standards to measure quality of pre-service education. Thus ACCESS will update the knowledge and skills of midwifery tutors who teach in the classroom and skills labs as well as clinical preceptors who supervise students in facilities. Through this process, ACCESS will impact quality at the pre-service program and clinical site simultaneously, using the performance improvement approach and lessons learned from Birim North. This process can serve as a template for all pre-service programs in Ghana.

Contribution to HIDN Results Pathways

This activity contributes to the HIDN Results Pathways of SBA, PPH, and Newborn.

Outputs of PY5

- Performance standards in BEmONC for pre-service midwifery programs and clinical sites developed and adopted at national level.
- Koforidua Central Hospital strengthened as clinical training site.
- 16 tutors and clinical preceptors updated in BEmONC skills and effective training skills
- Clinical Schedule Book adapted to include midwifery students' BEmONC competencies and demonstrate that students are acquiring these competencies.
- Assessment of 13 pre-service midwifery programs for midwifery education standards
- Results disseminated and plan formed for scale up to other pre-service programs and clinical sites

Key Tasks and Milestones

- | | |
|--------|--|
| Task 1 | Technical advisory group (TAG) formed consisting of MOH, Nurses and Midwives Council, tutors, clinical preceptors, and administrators from 13 pre-service programs and clinical sites, to 1.) review and adopt national standards for BEmONC at clinical sites, and 2.) set national standards in pre-service midwifery education programs to assess students' achievement of competency in BEmONC (RSM) |
| Task 2 | Follow-up of tutors and preceptors trained in PY4 under Activity 4.1 |
| Task 3 | Conduct assessment of 3 clinical sites – linked with Africa/SD pre-service initiative |
| Task 4 | Conduct 2 week Effective Teaching Skills course for 16 tutors and preceptors who have not gone through a tutor training program (RSM) |
| Task 5 | Adapt Clinical Schedule Book to include BEmONC competencies (RSM and NMC) |
| Task 6 | Implement standards at the pre-service setting once materials and educational supplements have been given |
| Task 7 | Implement standards at the service delivery point |
| Task 8 | Periodic monitoring of progress and standards in both settings. |

- Task 9 Internal assessment of BEmONC standards at the schools and the clinical sites
- Task 10 Additional training based on needed areas of improvement
- Task 11 External assessment of BEmONC standards at the schools and the clinical sites
- Task 12 Stakeholder's meeting to discuss/share results of project

Intermediate Result 3			
Activity 3.3: Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria			
Activity Lead: Nalinee Sangrujee, Terri Lukas	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1	Activity Cost: \$48,126 (carry forward)
ACCESS Activity Partners: Jhpiego, Constella Futures			
Other Collaborating Organizations:			

Objective

The objective of this activity is to increase local women’s use of ANC and delivery services by assisting communities to identify and reduce relevant economic and financial barriers. The focus of this work is to increase women’s financial resources to pay for services and to deepen their understanding of the benefits of these services to themselves and their families.

Rationale

In PY3, ACCESS analyzed the baseline survey of households conducted (in 2006) in selected local government areas in Zamfara state to identify whether and to what extent financial and economic barriers to accessing specific EmONC services existed, that is, ANC and delivery in a medical facility. The analysis concluded that rural women in Zamfara are disadvantaged relative to urban women in having physical and financial access to selected EmONC services and in being aware of the need for preparing for birth. Furthermore, even if the availability and quality of services in rural areas were to be improved, it is unlikely that rural women will use those services if their financial barriers are not also addressed.

A follow-on qualitative study revealed that women’s non-use of ANC and obstetrical services results from rural households’ lack of income generally, and women’s in particular (as a side effect of their living under the restricted conditions of purdah). Interviews held with groups of women, men, health providers, government officials and NGOs (June–July 2007) yielded unexpected community enthusiasm for establishing a sustainable means to lend money to women to permit them to finance the costs of accessing ANC and birth delivery services.

In PY4, a village savings and loan association (VSLA) model was selected from among others as the most sustainable and culturally acceptable vehicle for providing loans to women within the ACCESS project in Zamfara State. The VSLA is community-based, suited to very poor rural populations who have irregular incomes and needs for lump sums for “life-cycle” events, such as the birth of a child. The members of a VSLA meet regularly to save small amounts of money and use their accumulated capital to extend loans to one another on terms predetermined by the VSLA. It is a self-governing organization and does not have to rely on a financial intermediary. Furthermore, the VSLA model is well-tested in Africa and specifically in the neighboring Hausa areas of Niger by CARE/Niger.

In April 2008, ACCESS/Nigeria, and the ACCESS community in Mada invited experts from CARE/Niger to send two women selected by the Mada community to Niger to be trained as facilitators for establishing one or more VSLAs in Mada. The VSLA(s) would be organized within the ACCESS

community structure, in order to provide a regular forum to reinforce women's use of ANC and delivery services while they are saving and accessing the financing needed to use these services.

The Mada facilitators completed their training in May 2008, and upon their return, organized eight VSLAs (with 15 members each, for a total of 120 women) within the ACCESS project area, in response to women's enthusiasm to participate. (The local women renamed the VSLAs *Tallafi*, or "Self-Help" in the Hausa language.) The ACCESS field staff has been monitoring the formation and implementation of the *Tallafi* and was assisted in these activities by a visit from CARE/Niger staff in August 2008.

In Year 5, this activity will consist of maintaining the ongoing monitoring of the operation of the *Tallafi* and a final evaluation of the program. These results will be disseminated in Nigeria and through the global ACCESS Program.

Contribution to HIDN Results Pathways

This activity contributes to the HIDN Results Pathways of SBA, PPH, and Newborn.

Outputs of PY5

- VSLA groups established

Key Tasks and Milestones

- Task 1 First cycle of VSLA ends and share "cash out" takes place.
- Task 2 Recruit consultant and develop TOR for consultant for final evaluation of VSLA/Mother's Club.
- Task 3 Carry out final evaluation in Zamfara.
- Task 4 Produce final evaluation report.

Intermediate Result 3			
Activity 3.4: BEmONC Technical Updates and Clinical Skills Standardization for providers from Phalombe, Malawi			
Activity Lead: David Burrows	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$103,121
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations: BASICS, MOH/RHU			

Objective

Strengthen BEmONC skills in providers from Phalombe, Malawi to complement Activity 5.1, PMTCT Integration with Maternal, Newborn, and Child Health (MNCH) wrap-around Services.

Rationale

In Malawi, ACCESS is implementing a set of interventions that span the MNH continuum of care in three districts, Machinga, Nkhonkhotakota, and Rumphi. In addition, ACCESS is using funds from the Office of HIV/AIDS to include PMTCT and MNCH elements into in the interventions in Nkhonkhotakota and adding a fourth district, Phalombe (Activity 5.1). The ongoing field-supported activities across the continuum of care in Nkhonkhotakota includes BEmONC trainings to address the knowledge and skills gaps of providers. Phalombe is a new district for ACCESS and the planned PMTCT-MNH activities in Phalombe are focused on PMTCT and do not include BEmONC training for providers. Therefore, ACCESS will use core funds to address this gap by strengthening the skills of providers in Phalombe through BEmONC trainings with strengthened PMTCT content. Combined, the set of community and facility activities supporting PMTCT-MNH integration under Activity 5.1 and this activity will implement interventions across the MNH continuum of care in Phalombe districts.

Contribution to HIDN Results Pathway

This activity contributes to the HIDN Results Pathways of SBA, PPH, and Newborn.

Outputs of PY5

- 32 providers updated in BEmONC.

Key Tasks

Task 1 Conduct BEmONC technical update and Clinical Skills Standardization course for providers from targeted facilities in Phalombe, Malawi

IR 4 MANAGEMENT OF OBSTETRIC COMPLICATIONS AND SICK NEWBORNS IMPROVED

Strategic Approach

UN Indicators recommend that the ideal ratio of facilities providing emergency care to mothers is four basic emergency centers/500,000 population, and one comprehensive emergency center/500,000 population. The reality in most developing countries is far from this ideal, and even if centers do exist the care is often poor due to lack of infrastructure, supplies, and insufficient and/or poorly trained skilled providers. Frequently services are not accessible to poor populations or to those who live in remote areas due to financial barriers and/or lack of transportation, or are under-utilized because of cultural barriers. Thus ACCESS Program activities to date have aimed at improving provision of high-quality, life-saving care as close to the mother, newborn, and family as possible.

In the last year of the ACCESS Program will increase access to skilled birth attendance in two countries (Ethiopia, Ghana) through the strengthening of pre-service midwifery education of frontline providers and improve the delivery of EmONC at health centers referring to the facility targeted through collaboration with the ESOG.

In Malawi, ACCESS field funds will support training of providers and staff from ten pre-service institutions over a two year period (October 2007 through September 2009) to strengthen the site and provide technical updates and clinical skills standardizations to tutors at those sites. Master trainers trained by ACCESS-core in PY2 and PY3 will support the field-funded activity. In Tanzania, ACCESS will work with eight pre-service institutions to develop master trainers.

Care of the sick newborn will be improved through expansion of KMC services to provide high-quality care to LBW babies in Rwanda and Ethiopia. The draft of the KMC Training Manual will use feedback from the field tested in PY3 and this will be finalized. ACCESS will also collaborate with SNL and other partners to review findings from community-based KMC programs to inform program work and develop a training tool.

IR 4 Year Five Expected Results

Africa Regional Pre-service Education Initiative

- Midwifery tutors provide supportive supervision to reinforce skills, revise midwifery curricula, and continue advocacy efforts that advance midwifery practice

KMC

- KMC centers of excellence established in Ethiopia
- KMC services expanded to at least three peripheral health facilities in Ethiopia
- Generic training manual for integrating KMC into community MNH programs available for use
- Sharing ACCESS KMC work through the International KMC meeting

Intermediate Result 4			
Activity 4.1: Conclude Pre-service Initiative to improve access to skilled attendance at birth in Ethiopia and Ghana			
Activity Lead: Patricia Gomez	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$171,753
(Note: this activity receives an additional \$25,000 from Afr/SD)			
ACCESS Activity Partners: Jhpiego, ACNM			
Other Collaborating Organizations: WHO/Afro; Africa’s Health in 2010; UNICEF, UNFPA			

Objective

Enable pre-service education programs in each of the two intervention countries to strengthen their capacity to update curricula and clinical training methods so that their graduates have the necessary knowledge and skills to prevent and treat the most common causes of maternal and newborn morbidity and mortality.

Rationale

For four years this activity has been carried out in collaboration with WHO/Afro as a mechanism to support the Africa Road Map in efforts to accelerate the reduction of maternal and newborn mortality and achieve Millennium Development Goals 4 and 5. This intervention aims to increase the availability and quality of skilled birth attendants, particularly the frontline providers who must provide preventive and life-saving services to large numbers of families in remote areas. In PY5, ACCESS will conclude this activity by supporting a team of midwifery tutors and preceptors, who received updated knowledge and skills in the areas of BEmONC in PY3 and improved their training capacity and curriculum design in PY4, to bring these best practices to the attention of policy makers through advocacy meetings with an eye to sustainability and scale up. In addition, the team of trained midwives will collaborate with ACCESS as it concludes the series of BEmONC trainings with a round of follow up visits for those tutors and preceptors.

The Pre-service Initiative has proved a successful intervention using ACCESS Core funds. It started with investments in four countries: Ethiopia, Ghana, Malawi and Tanzania, but in Program Years Three and Four field funds in Malawi and the Tanzania Associate Award respectively have included similar work in their program descriptions, proving the value of and desire to build on this approach. Consequently in Y5, core funds will only support new activities in Ethiopia and Ghana.

Contribution to HIDN Results Pathway

This activity contributes to the HIDN Results Pathways of SBA, PPH, and Newborn.

Outputs of PY5

- One BEmONC training conducted in Tanzania (delayed from PY4 because of scheduling challenges)
- At least 32 midwifery educators in Ethiopia and Ghana assessed in BEmONC; one clinical training site strengthened in Ghana and one clinical training site in Ethiopia followed up
- National level stakeholders in Ethiopia and Ghana are updated on accomplishments to date in the pre-service initiative and pledge support to sustain momentum

- The Learning Resource Package, *Best Practices in Essential and Basic Emergency Maternal and Newborn Care*, disseminated in all ACCESS Program countries for use in revising pre-service and in-service education programs

Key Tasks Ghana

- Task 1 Work with tutor facilitators to conduct follow up of participants trained in Y4: 1 week with a bulk of trainees coming to the strengthened site (Koforidua) and supporting Tutor training team to visit other trainees at their sites.
- Task 2 Hold advocacy meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)

Key Tasks Ethiopia

- Task 1 Work with tutor facilitators to conduct follow up of participants trained in Y4: 1 week with a bulk of trainees coming to the strengthened site (Yekatit 12 Hospital) and supporting tutor training team to visit other trainees at their sites.
- Task 2 Hold advocacy meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)

Key Tasks Tanzania

- Task 1 Support tutor facilitators to carry out another technical update/clinical skills standardization (TU/CSS) for 16 providers each from other midwifery institutions (this task will be completed in October 2008)

Intermediate Result 2			
Activity 4.2: Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC			
Activity Lead: Patricia Gomez	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$6,182
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations: ESOG			

Objective

Disseminate results of two-year ESOG-ACCESS collaboration in improving services at Ambo hospital and its 10 referral health centers at a FIGO event.

Rationale

In PY3 and PY4, ACCESS Core funds supported ESOG to carry out a site assessment and strengthening at Ambo Hospital, a district-level facility, and 10 referral health centers. Following the site strengthening, ACCESS provided technical assistance to ESOG and the Ethiopian Nurse-Midwives

Association (ENMA) to carry out technical updates and clinical skills standardization courses in essential and basic emergency obstetric and newborn care for providers at both Ambo hospital and its referral health centers. In PY5, ACCESS will support ESOG participation in a to-be-determined FIGO event, where ESOG will be able to disseminate the results of the two-year project.

Contribution to HIDN Results Pathways

This activity will contribute to the HIDN Results Pathways related to SBA, PPH and Newborn.

Outputs of PY5

- ESOG disseminates results of two-year project at FIGO event.

Key Tasks and Milestones

Task 1 Support ESOG participation in FIGO conference (TBD)

Intermediate Result 4			
Activity 4.3: Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies			
Activity Lead: Joseph de Graft-Johnson	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.3	Activity Cost: \$34,454
ACCESS Activity Partners: Jhpiego, Save the Children			
Other Collaborating Organizations:			

Objective

Increased availability of appropriate care for LBW babies at health facilities and in the community in selected countries

Rationale

LBW and preterm babies contribute to about 27% of all neonatal deaths in developing countries, making it one of the three major causes of neonatal deaths. To increase appropriate care for these vulnerable babies, ACCESS global facility-based KMC/manual developed in PY02 was adapted and used in Rwanda, Ethiopia and Nepal to introduce facility-based KMC services during PY03 and PY04. In PY05 ACCESS will continue to support Ethiopia and Rwanda (with separate SBAI funds) to expand its KMC services, and share lessons learned from Rwanda and Nepal with the international community. Lessons learned in the integration of KMC into the ongoing community MNH interventions within the ACCESS\Bangladesh Program will be used to finalize the draft global community-based KMC manual.

The Tasks associated with the expansion of facility-based KMC in Ethiopia and the sharing of lessons learned from Rwanda and Nepal are presented below. As part of its introduction of community-based KMC, ACCESS will revise and finalize its global generic community-based KMC training manual, print and distribute copies to organizations and individuals interested in improving the care for low birth weight babies in communities where health facilities are inaccessible or unavailable. ACCESS will also participate in the International Kangaroo Mother Care method workshop and conference in Sweden from 6-11 October 2008. Through this conference ACCESS can share its work on KMC and have input

into the draft of an addition to the existing WHO Practical Guidelines for KMC and into a consensus document that will be submitted to a peer-reviewed international journal for publication.

Contribution to HIDN Results Pathway

- Newborn: Contributes to increased availability of appropriate care for LBW babies through the expansion of KMC services in at least two countries

Outputs of PY5

- KMC centers of excellence established in Ethiopia
- KMC services expanded to at least three peripheral health facilities in Ethiopia
- Generic training manual for integrating KMC into community MNH programs available for use
- Sharing ACCESS KMC work through the International KMC meeting

Key Tasks and Milestones

Global

- Task 1 Revise and finalize global community-based KMC training manual
 Task 2 Publish and distribute final global community-based KMC training manual

Ethiopia

- Task 1 Provide ongoing technical support for KMC centers
 Task 2 Conduct needs assessment and prepare site for KMC services in two new hospitals and at least three health centers
 Task 3 Conduct KMC training for staff from the two hospitals and three health centers
 Task 4 Establish KMC center of excellence in two hospitals and KMC services in at least three health centers
 Task 5 Evaluate and document KMC service establishment process and achievements

Sharing of lessons learned from Rwanda and Nepal

- Task 1 Develop and submit abstract to International KMC conference in Sweden
 Task 2 Make presentations at KMC conference in Sweden

IR 5 PREVENTION AND TREATMENT OF PRIORITY HEALTH PROBLEMS OF NON-PREGNANT WOMEN OF REPRODUCTIVE AGE

IR 5 Year Four Expected Results

- Review of MNCH-HIV integration models (& level of functioning) in countries with high proportion of HIV+ children coupled with high maternal, neonatal, and under-five mortality completed
- Global learning resource package that will include operational guidance, assessment & planning tools, and job aids for integration of MNCH, PMTCT and Pediatric AIDS programs developed

- Document results and include in the global learning resource package (e.g., policy and operational program guidance, tools, and job aids for integration of PMTCT and pediatric HIV/AIDS with MNCH services)

Intermediate Result 5			
Activity 5.1: PMTCT Integration with Maternal, Newborn, and Child Health (MNCH) wrap-around Services			
Activity Lead: Koki Agarwal	Funding Sources: Core Element(s) – GHAI	Sub-element(s):	Activity Cost: \$300,000
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations: BASICS, MSH			

Objective

Develop evidence-informed documentation for integration of PMTCT and pediatric HIV/AIDS with MNCH services based on the experience of integration of PMTCT, pediatric HIV/AIDS with MNCH services in two districts in Malawi.

Rationale

Limited PMTCT and pediatric AIDS coverage and services, and slow overall progress to scale up these services, led to the development of a global strategy in July 2007 for accelerating scale up of PMTCT by the Inter-Agency Task Team on prevention of HIV infection in pregnant women, mothers and their children. The strategy called for an urgent scale up for national coverage and universal access to PMTCT services by integrating it with a comprehensive package of maternal, newborn and child health (MNCH) services with greater emphasis on strengthening postnatal care through home-based/community approaches, and stronger referral linkages to facilities.

MNCH services provide a continuum of entry points to expand coverage and strengthen follow up of PMTCT and pediatric HIV/AIDS services. While the rationale for integration may be obvious, there has been limited identification and dissemination of existing evidence supporting MNCH-HIV integration which is delivered effectively, efficiently, timely, and at a reasonable cost; this is particularly true for integration at the community post-natal care level. Nevertheless, there is a growing body of evidence to support focused integration from other service areas (e.g. FP-HIV & STD-HIV integration); from limited country experiences with MNCH-HIV integration (e.g. Swaziland, Tanzania); and from peer-reviewed research literature & systematic reviews (e.g., Cochrane Collaboration “Strategies for integrating primary health services in middle & low-income countries at the point of delivery” 2007). Most of this work has been facility-based integration.

These materials will be refined by Malawi where two USAID partners – ACCESS and BASICS – already have a country presence by providing technical assistance for MNCH services. PMTCT and pediatric HIV/AIDS services are being implemented in both countries but these services are not necessarily linked or coordinated with the MNCH services. Malawi has low PMTCT coverage and is part of the second group of priority countries. This contract will leverage existing USG MNCH programs, focusing primarily on identifying gaps in the continuum of care; filling in those gaps; evaluating/documenting this integrated model of care; and developing an evidence-informed global learning resource package for integration. Malawi has both ACCESS and BASICS currently implementing maternal, newborn, and

child health programs and Malawi Ministry of Health and the USAID offices have endorsed HIV-MNCH integration, and where there is full support from the USG PEPFAR country PMTCT and pediatric programs.

Outputs of PY5

- PMTCT content of Community Maternal and Newborn Health and BEmONC training packages strengthened
- Facility-based PMTCT services strengthened in two districts in Malawi
- Community-based PMTCT outreach strengthened in two districts in Malawi
- Existing ACCESS and ACCESS FP materials on PMTCT and MNH and FP integration compiled
- Process of integration of PMTCT and MNCH services documented

Key Tasks and Milestones

- Task 1 Synthesize materials on PMTCT and MNH and FP integration
- Task 2 Review and update RH standards to ensure adequate inclusion of PMTCT components
- Task 3 Update PMTCT component of BEmONC training, in line with national PMTCT guidelines
- Task 4 Develop PMTCT module for inclusion into Community MNH trainings
- Task 5 Desk review of PMTCT and MNCH data and information in line with proposed indicators
- Task 6 Process documentation on key activities and outcomes to include in operational guidance for integration strategies
- Task 7 Orientation meetings with DHMT, DEC, and ADCs in target communities
- Task 8 Strengthen Zonal and District Planning for MNH through inclusion in DIP for FY09
- Task 9 Conduct quarterly review meetings to review program implementation
- Task 10 Implement Mother Infant Pair (MIP) follow up tracking mechanism at health centers
- Task 11 PMTCT training for providers from target health facilities
- Task 12 Strengthen PMTCT services at targeted health facilities using streamline PQI approach
- Task 13 Conduct supportive supervision visits to all target health centers
- Task 14 Rapid assessment of community knowledge, attitudes, practices and behaviors in Phalombe catchment areas
- Task 15 Conduct orientation to CMNH trainers on PMTCT module, developed in Activity 1.3
- Task 16 Facilitate CMNH training for 20 HSAs attached to target health facilities
- Task 17 Conduct supportive supervision of HSAs in CMNH
- Task 18 Conduct quarterly review meetings at facility level on MNCH indicators
- Task 19 Community mobilization activities to reinforce Mother-Infant Pair follow up

Activity 5.2: Consolidate lessons learned in Malaria in Pregnancy through in selected countries in Africa

Activity Lead: Elaine Roman/Aimee Dickerson	Funding Sources: Core Element(s) – 1.3: Malaria	Sub-element(s):	Activity Cost: \$100,000
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations:			

Objective

Provide technical guidance to countries continuing to implement and scale up MIP interventions

Rationale

The program will provide technical assistance (TA) to MOHs in countries, such as Kenya and Rwanda, where ACCESS is currently supporting efforts to expand MIP prevention and control; namely, intermittent preventive treatment for pregnant women with sulfadoxine pyrimethamine (IPTp/SP) through FANC, promotion of ITNs and correct case management. The technical assistance will target policymakers and health care providers as well as host country government officials at the local and national levels in Kenya and Rwanda. ACCESS will continue to support regional networks including the Roll Back Malaria (RBM) networks in East and West Africa – EARN and WARN as the global RBM Malaria in Pregnancy Working Group.

Contribution to HIDN Results Pathways

- ANC: increasing ANC clients' access to evidence-based interventions for prevention of MIP

Outputs of PY4

- Malaria Resource Package (MRP) and MIP Program Implementation Guide disseminated to MOH program managers for reproductive health and malaria control
- Technical guidance provided to support and strengthen country action plans to sustain and/or scale up MIP activities
- Technical guidance provided through participation in the EARN, WARN and Malaria in Pregnancy Working Group.

Key Tasks and Milestones

- Task 1 Support the dissemination of the MRP and the MIP Program Implementation Guide, in collaboration with RBM partners and regional networks, as resources to improve program design and management and the quality of services
- Task 2 Provide technical assistance to MOH program managers in reproductive health and malaria control to support and strengthen country action plans to sustain and/or scale up MIP activities.
- Task 3 Participate in the EARN, WARN and Malaria in Pregnancy Working Group.

ASSOCIATE AWARD: ACCESS/FAMILY PLANNING

The ACCESS-FP program aims to address the unmet need for family planning among women in their first year postpartum. Program learning over the past years has demonstrated both the lack of consistency in an approach for postpartum care and a particular failing of FP programs in systematically reaching women during the extended postpartum period. There is a unique opportunity to reposition FP as part of essential MNCH to strategically address the particular needs of postpartum women.

The ultimate goal of the ACCESS-FP program is to reduce unmet need for FP among postpartum women. The Program was designed to be complementary to USAID's flagship maternal and neonatal program ACCESS. The four intermediate results are: 1) demonstrating effective, replicable approaches for postpartum family planning (PPFP) service delivery; 2) incorporating the lactational amenorrhea method (LAM) and the transition to modern methods as an integral part of postpartum care; 3) educating and counseling about healthy timing and spacing of pregnancies (HTSP) and creating a supportive environment, and 4) maximizing opportunities for incorporating PPFP in maternal, neonatal and child health activities, including PMTCT.

The work plan for the fourth year of the ACCESS-FP program outlines continued support for field activities linked to research, while shifting emphasis toward the synthesis of lessons learned through programmatic application and broader sharing.

In the fourth year of the ACCESS-FP program, considerable effort will continue to be invested in field activities to support learning about best practices for PPFP in the context of different integrated models. In addition to ongoing research, and learning and technical leadership activities, the program will take on several additional programmatic challenges. First, the program will deepen the programmatic approach for FP integration in PMTCT and subsequent postnatal care (PNC). Second, the program will also focus on reinvigorating postpartum long-acting and permanent methods (LAPM) in one country setting. Third, the program will systematically review field programs for lessons learned about PPFP and successful integration. Selected activities in the coming year include:

- Share lessons learned and facilitate scaling-up of the postnatal care model, including PPFP, which was developed and tested in Kenya with FRONTIERS and the Ministry of Health.
- In collaboration with the Johns Hopkins Bloomberg School of Public Health (JHSPH) in Bangladesh, continue to test and refine a model of PPFP and HTSP as part of a community-based newborn care package and use lessons learned to inform the ACCESS-Leader Bangladesh program.
- Undertake the evaluation of an initiative using a participatory approach to support young women's use of maternal, newborn and family planning services including PMTCT in Haiti, and share lessons learned.
- Undertake supporting analyses of Demographic and Health Survey (DHS) data to provide information for PPFP initiatives, both policy-level and programmatic, and provide input on key PPFP/HTSP indicators.
- Finalize and share the results of a PPFP/PNC survey for Africa, Eurasia and Europe and Latin America to describe the current state of PNC and PPFP (including HTSP).
- Undertake special studies examining the integration of PPFP in various ACCESS MNH programs including Afghanistan and Nigeria.

- Provide technical leadership among the PPFPP community of practice for technical review meetings and on-line discussions through the Implementing Best Practices global Knowledge Gateway.
- Develop and disseminate materials and tools to support PPFPP programming.
- Integrate PPFPP with child survival activities to develop a case study for integration as well as field-tested tools and materials.
- Revitalize postpartum long-acting and permanent methods in one country setting.

ASSOCIATE AWARD: ACCESS/AFGHANISTAN (HSSP)

The ACCESS-Afghanistan Health Service Support Project (HSSP) is a four-year program that provides technical assistance and implementation support to non-governmental organizations (NGOs) to improve the planning, management, implementation and monitoring of the delivery of quality Basic Package of Health Services (BPHS) across 13 provinces in Afghanistan.

HSSP activities span from the national level through the provincial primary health care facility to the community level. The project anticipates several key results: 1) strengthened and developed systems that support service delivery quality; 2) increased number and performance of BPHS service providers, especially women in rural and underserved areas; 3) improved capacity and willingness of communities, families and individuals to make informed decisions about their health and support and sustain health seeking behaviors; and 4) integrated gender awareness and practices into BPHS delivery.

HSSP has achieved notable results at the conclusion of Program Year Two, including the development and finalization of national quality assurance standards for 14 priority areas of the BPHS; adaptation of the standards for application in district hospitals, comprehensive health centers, and basic health centers; completion of baseline assessments in five provinces for the first phase of the quality assurance roll-out; training of 1,560 beneficiaries from NGOs, health facilities and various levels of the Ministry of Public Health (MOPH); support to the National Midwifery Education Accreditation Board to accredit 21 of the 22 midwifery education programs in the country; and the graduation of 159 midwives and 150 community midwives from HSSP-supported programs.

In Program Year Three, HSSP will continue its pivotal role in providing technical assistance to NGOs to improve the quality of BPHS delivery. Select activities are as follows:

- In collaboration with the Ministry of Public Health, continue rolling out and institutionalizing the quality assurance process in Herat, Kabul, Takhar, Paktya and Bamyan provinces
- Initiate the quality assurance process to Baghlan, Jawzjan, Paktika, Ghanzi, and Kandahar provinces
- Complete data analysis and disseminate results from the national midwifery pre-service program evaluation
- Revise the Institute of Health Sciences (IHS) and community midwifery education curricula and accompanying learning resource packages
- In collaboration with the National Midwifery Education Accreditation Board, conduct an accreditation workshop to strengthen the accreditation system and support the NMEAB to complete accreditation assessments
- Provide technical assistance to the MoPH to expand the prevention of postpartum hemorrhage intervention, including site identification for expansion, revising educational materials,

conducting training courses for CHW trainers and community health supervisor (CHSs), supervising the replication of the training by the CHW trainers, and supporting the CHW trainers and CHSs to monitor the implementation of the intervention in the community

- Conduct postpartum family planning training course for CHW trainers, mentor and supervise the replication of PFP training by CHW trainers, and support CHW trainers and CHSs to monitor the implementation of the community-based PFP service delivery system in health posts
- Continue support and technical assistance to the Afghan Midwives Association to conduct the 5th Annual Midwifery Congress, develop a plan for AMA sustainability, celebrate International Day of the Midwife, and issue the AMA quarterly newsletter
- Support implementation of the National Reproductive Health Training Strategy, continue in-service training course for midwifery faculty, trainers and health providers in EmOC, effective teaching skills, infection prevention, basic newborn care, advanced newborn care,
- Collaborate with the IEC Department and stakeholders to develop an implementation plan for the National Health and Nutrition Communication Strategy
- Develop, pre-test, and pre-test IEC materials on newborn care, mental health, and rational use of drugs
- Organize and conduct Interpersonal Communication and Counseling (IPCC) training for 7 provinces and 4 midwifery education programs
- Conduct Knowledge, Attitudes and Practices research study to assess effect of HSSP gender interventions; disseminate research findings to stakeholders for use in designing their interventions and develop an action plan for HSSP activities to address gender barriers based on findings
- Provide gender trainings to midwives and female health providers in 13 provinces
- Develop materials for religious leaders training and conduct national workshop for religious leaders to advocate for integration of gender into their messages

ASSOCIATE AWARD: ACCESS/CAMBODIA

The ACCESS Cambodia program is a three-year program that aims to improve the availability and access to high-quality, sustainable maternal and newborn health (MNH) services, leading to the increased utilization of services and practice of healthy maternal and neonatal behaviors at scale. The program is positioned to be complementary to the strategic framework of the ACCESS Lead Award and contribute to USAID/Cambodia's Strategic Objective for its Population, Health and Nutrition Program, which is to "promote improved health services in HIV/AIDS and other infectious diseases as well as in maternal, child and reproductive health."

The three expected life of project results are: 1) national policies in place that support provision of high-quality maternal and newborn health services; 2) strengthened midwifery education and supervision systems; and 3) evidence-based maternal and newborn health interventions effectively implemented and scaled up through existing services.

In Program Year Two, ACCESS continued to provide technical support and guidance to the National Maternal and Child Health Center within the MOH, local partners, and USAID on strategic and policy issues related to MNH. ACCESS has also used its advisory position within the MOH to promote strengthening and scaling up of evidenced-based MNH interventions among local partners, such as the

development and operationalization of an integrated postpartum/postnatal care package (PPC/PPN) that will be used as a basis for national MNH programming.

Select PY2 achievements include:

- Supported the MOH to strengthen the national post abortion care (PAC) guidelines by adding the technical section on medical management of PAC, now accepted as national policy;
- Collaborated with the MOH, UNICEF and other partners to develop and operationalize an integrated PPC/PPN package targeting midwifery services and community-based interventions;
- Led the development of the strategic vision statement and participated in the working group to develop terms of reference and the workplan for the High Level Midwifery Task Force, formed to serve as the coordinating body for the national midwifery reform;
- Contributed technical input to UNICEF and the MOH on the national neonatal situation analysis and participated in the working group to develop recommendations which will form the basis for the national newborn health action plan; and
- Contributed technical guidance on the antenatal, delivery, postnatal and neonatal sections of the revised community Integrated Management of Childhood Illness (IMCI) curriculum for CHWs.

Select activities for the upcoming year include:

- Provide technical inputs to revise the PPH, PNC and neonatal sections of the national Safe Motherhood protocols;
- In collaboration with WHO, upgrade teaching skills and competency-based training ability of senior midwifery tutors and clinical preceptors;
- In collaboration with the MOH, UNFPA, JICA and other partners, develop a progress report for in-service midwifery education and identify areas for strengthening and harmonization, including recommendations for the development of a standardized approach for in-service midwifery education;
- Upgrade senior midwifery tutors, in collaboration with WHO, and support two training of trainers courses;
- Collaborate with the MOH and other key stakeholders to contribute to the development of the MW National Strategy and the MW Operational Plan; and
- Field test an integrated PPC/PNC care package in collaboration with UNICEF, MOH and other partners.

Core funds are being used to support a comprehensive community-based demonstration project for the prevention of postpartum hemorrhage (PPH). Selected activities for the upcoming year in this component are presented in the core work plan for Cambodia.

REGIONAL BUREAUS

Africa/Sustainable Development Bureau			
Activity Lead: Natalie Hendler	Funding Sources:	Sub-element(s):	Activity Cost: \$100,000
ACCESS Activity Partners: Jhpiego, AED			
Other Collaborating Organizations: WHO/AFRO, Africa 2010			

In 2003, the African Regional Reproductive Health Task Force, spearheaded by WHO/AFRO, called upon countries and partners to develop and operationalize the Africa Road Map for Accelerating the Attainment of the Millennium Development Goals (MDGs) related to Maternal and Newborn Health. One of the major challenges identified to achieving the MDGs is the "weak national human resource development and management" found in many African countries. To this end, the ACCESS program, in collaboration with WHO/AFRO and with funding from both the AFR/SD Bureau and HIDN Bureau supported Pre-Service Midwifery Education in order to build a sustainable strategy for meeting the need for greater numbers of skilled birth attendants – especially those with competencies in Basic Emergency Obstetric and Newborn Care (BEmONC). In addition, ACCESS is providing technical assistance to selected countries in order to assist them in the realization of the Africa Road Map at the country level and working with international partners such as WHO/AFRO, UNFPA, and Africa 2010.

Achievements in PY4

Pre-service Midwifery Education

- In April 2008, a total of 42 tutors and clinical preceptors from Ethiopia (15), Ghana (15), and Tanzania (12) had their clinical knowledge and skills in BEmONC followed up. Knowledge and skills assessed were antenatal care, labor/childbirth and immediate newborn care, newborn resuscitation, manual removal of the placenta and bimanual uterine compression.
- In April 2008, 19 midwifery educators from Ethiopia (4), Ghana (5) and Tanzania (10) completed a computer-based ModCal (Modified Computer Assisted Learning) course for Clinical Training Skills in preparation for the regional Effective Teaching Skills and Curriculum Design course.
- These same 19 midwifery educators with support from ACCESS and Africa 2010 completed the 2-week Effective Teaching Skills (April 21 – May 3, 2008) in which participants honed their teaching skills, curriculum writing and development of lesson plans. Each participant had the opportunity to practice teach at least three different topics related to BEmONC. Participants will have the opportunity to train additional colleagues in their countries in August and October 2008.
- One clinical training site, Morogoro Regional Hospital in Tanzania, was followed up to assess retention of strengthened practices for maternal and newborn care following the site strengthening work done in September 2007. It was found that while the antenatal care clinic was performing according to standards, the labor and delivery ward had not maintained the level of quality expected following the site strengthening activity. This was mainly due to the rotation of staff who had previously been trained by ACCESS. It was determined that ACCESS and selected midwifery educators will return to Morogoro for a refresher strengthening and the Director of the

Nursing Training Unit from the Ministry of Health and Social Welfare pledged to deploy more staff to the hospital.

Africa Roadmap

- In collaboration with WHO/AFRO, UNFPA, and Africa 2010, a regional workshop on the operationalization of the Road Map for six countries (Uganda, Kenya, Malawi, Zambia, Sierra Leone and Liberia) was held in Uganda in April 2008.
- Building on ACCESS Year 3's technical assistance to Niger, the Road Map national committee selected priority districts and priority interventions. ACCESS provided support to the Road Map national committee in rolling out the maternal and newborn health situation analysis in one priority district.
- ACCESS' three-week technical assistance to Zambia led to the development of a Road Map advocacy strategy to strengthen the policy environment and to increase resource allocation for the operationalization of the Road Map in Zambia.

Summary of Activities in Program Year 5

Building on achievements from previous years, the ACCESS Program will continue to strengthen pre-service midwifery education and advocate for the institutionalization of gains to date in Anglophone Africa and support the implementation of the Africa Road Map with a focus on activities at the country level in at least one country.

Outputs of PY5

Pre-service Midwifery Education

- One BEmONC training conducted in Tanzania (delayed from PY4 because of scheduling challenges)
- Completed model skills lab at Muhimbili School of Advanced Diploma in Midwifery in Tanzania to serve as a learning center
- Revised and updated curriculum for Muhimbili School of Advanced Diploma in Midwifery in Tanzania
- At least 32 midwifery educators who participated in PY4 BEmONC training in Ethiopia and Ghana assessed and meet BEmONC standards; one clinical training site strengthened in Ghana and one clinical training site in Ethiopia followed up
- National level stakeholders in Ethiopia and Ghana updated on accomplishments to date in the pre-service initiative and are engaged to support midwifery education. The Learning Resource Package, *Best Practices in Essential and Basic Emergency Maternal and Newborn Care*, disseminated in all ACCESS Program

Africa Road Map

- Participate in the review of (i) the WHO/AFRO draft Guidelines for the operationalization of the Road Map and (ii) the WHO/AFRO draft Guidelines for the integration of HIV, nutrition into the Road Map.
- Provide technical assistance to one additional country (Ethiopia or Ghana) for the operationalization of their Road Map national document.
- Provide ongoing follow-up and support to Niger.

Program Management

ACCESS and WHO/AFRO have formed a strong partnership over the last four years at both the regional and country level. To date, there has been sharing of activity costs both in financial terms and human resources. In Program Year 5, both organizations will continue to collaborate with other organizations and entities such as UNFPA and Africa 2010.

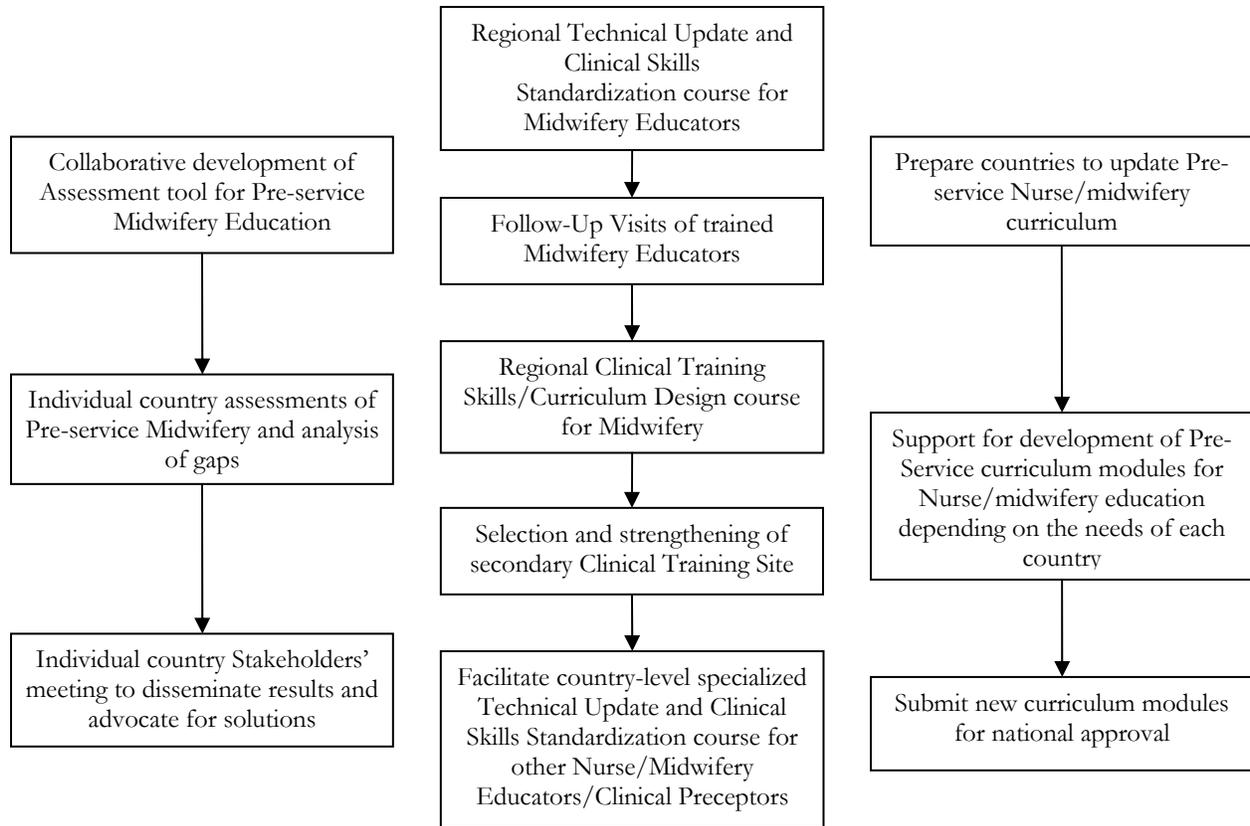
Activity 1: Strengthening Pre-service Midwifery Education

Activity Leads: Patricia Gomez; Sheena Currie (Ethiopia); Diana Beck (Tanzania); Sylvia Deganus (Ghana)

Activity Location(s): Ghana, Ethiopia, and Tanzania

The objective of this activity is to enable pre-service education programs in each of the intervention countries (Ghana, Ethiopia, Tanzania) to strengthen their capacity to update curricula and clinical training methods so their graduates have the necessary knowledge and skills to prevent and treat the most common causes of maternal and newborn morbidity and mortality. The aim of this intervention is to increase the availability and quality of skilled birth attendants, particularly the frontline providers who must provide preventive and life-saving services to large numbers of families in remote areas. In PY5, the team of midwifery educators that has previously received updated knowledge and skills in the areas of BEmONC, training capacity and curriculum design, will be supported to bring these best practices to the attention of policy makers to encourage sustainability and scale up, as well as to other tutors and clinical preceptors in their country to increase exposure to as many midwifery students as possible.

ACCESS and WHO/AFRO have designed a program framework that depicts the activities for this multi-year initiative and helped to guide the development of work plans each year. This broad set of activities will be implemented in each target country but details will be tailored to meet each country's specific needs.



In Program Year 5, the midwifery educators who trained their fellow tutors and clinical preceptors in BEMONC in each country in Year 4 will conduct follow up assessments to ensure retention of knowledge and skills. ACCESS will provide technical assistance and materials such as checklists for the follow up process. Finally, ACCESS and WHO/AFRO will organize a follow up set of stakeholders meetings where each country will review their commitments and actions to this initiative and will determine their curriculum revision needs for which ACCESS can provide assistance.

In Tanzania, ACCESS will also work to complete the process of building a skills lab and revising curriculum which was initiated in PY4. In collaboration with the Ministry of Health of Tanzania, it was decided that curriculum efforts should be concentrated on the School of Advanced Diploma for Midwifery which is the highest level of midwifery education and is where all other nurse-midwifery schools will draw from in their own curriculum revision efforts. Accordingly, a skills lab will be built at this school which will serve as a model for other schools throughout the country. All materials for the skills lab were purchased in PY4, but the set up of the lab remains to be completed in early PY5. It also should be noted that the USAID/ Tanzania mission has recently committed funding through the ACCESS Tanzania Associate Award to strengthen pre-service midwifery education. Scale up of what has been initiated with AFRSD and ACCESS Core funding will be taken over in-country.

Specific Tasks	Participating Countries	Partner(s)	Completion Date
Task 1: Support tutor facilitators to carry out another technical update/clinical skills standardization (TU/CSS) for 16 providers each from other midwifery institutions (this task will be completed in October 2008 and represents continued Y4 task)	Tanzania	Jhpiego, ACNM, WHO/AFRO	October 2008
Task 2: Develop skills lab for Muhimbili School of Advanced Diploma in Midwifery: set up materials and orient school personnel on how to run skills lab effectively.	Tanzania	Jhpiego, ACNM, WHO/AFRO	November 2008
Task 3: Revise curriculum for Muhimbili School of Advanced Diploma in Midwifery: one week review of curriculum using evidence-based references such as <i>Best Practices in Essential and Basic Emergency Maternal and Newborn Care</i>	Tanzania	Jhpiego, WHO/AFRO	November 2008
Task 4: Work with tutor facilitators to conduct follow up of participants trained in Y4: 1 week with a bulk of trainees coming to the strengthened site (Koforidua) and supporting Tutor training team to visit other trainees at their sites (In Tanzania, this will be funded through the ACCESS Associate Award.)	Ghana, Ethiopia	Jhpiego, ACNM, WHO/AFRO	February 2009
Task 5: Hold advocacy meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)	Ghana and Ethiopia	Jhpiego, WHO/AFRO	April 2009

Activity 2: Strengthening Regional and Country Level Capacity for Africa Safe Motherhood Road Map

The *Road Map for Accelerating the Attainment of the MDGs Related to Maternal and Newborn Health in Africa* was developed as a tool to assist countries to build strategic plans that would allow them to reach their reduction of maternal and child mortality objectives. ACCESS has been collaborating with WHO/AFRO to build countries' capacity through regional workshops and providing technical assistance to countries throughout Africa to develop and operationalize national Road Maps.

In PY5, ACCESS will continue to support country-specific technical assistance for operationalizing country Road Maps. Over the last four years, ACCESS has worked with WHO/AFRO to organize and conduct workshops for training Road Map country teams. The first series of workshops equipped

country facilitators with the knowledge and skills needed to help their countries develop their country Road Map national document as well as share information and lessons learned. After most countries completed the development of the country Road Map national document, ACCESS and WHO/AFRO held a workshop to build the capacity of six country teams in Eastern and Southern Africa in the operationalization of the Road Map at district level. In PY5, ACCESS proposes to continue to work with WHO/AFRO and review two key Road Map documents, namely the Guidelines for the operationalization of the Road Map and the Guidelines for the integration of HIV, nutrition into the Road Map. ACCESS will continue to provide support to one additional country for the operationalization of the Road Map at district level. A selection between Ethiopia and Ghana will be made, depending on which country is ready to receive the technical assistance. In PY5, ACCESS will also continue to support and provide technical assistance to Niger from afar.

Activity Lead: Eleonore Seumo

Activity Location(s): Africa region

Specific Tasks	Partner(s)	Completion Date
Task 1: Review the (i) Guidelines for the operationalization of the Road Map and (ii) the Guidelines for the integration of HIV, nutrition...into the Road Map.	AED WHO/AFRO	December 2008
Task 2: Provide technical assistance for the operationalization of the Road Map in Ethiopia or Ghana.	AED WHO/AFRO	February 2009
Task 3: Provide ongoing follow-up technical assistance to Road Map activities in Niger.	AED WHO/AFRO	Ongoing

Eastern Europe and Eurasia Bureau			
Activity Lead: Patricia Gomez	Funding Sources:	Sub-element(s):	Activity Cost: \$22,582
ACCESS Activity Partners: Jhpiego			
Other Collaborating Organizations:			

Objective

Translate the revised English version of the Postabortion Care Curriculum into Russian

Rationale

In PY 4 ACCESS was asked by the Global Health Bureau/USAID to coordinate a field test of the draft Postabortion Care Curriculum in Haiti. Thus the draft version in English was translated into French, and from 23 June – 4 July 2008 the French version was used to train eleven providers in Port-au-Prince, Haiti. Feedback received from this activity, along with feedback from a field test of the draft version in Spanish carried out by EngenderHealth in Bolivia, is being incorporated into a final English version. USAID has now requested that Jhpiego coordinate translation of the final curriculum into Russian.

Contribution to HIDN Results Pathways

This activity contributes to the Skilled Birth Attendant and PPH Pathways. As more skilled providers are trained in postabortion care through use of this curriculum in Russian they will improve their capacity to provide high quality services, and at the same time will prevent and treat an important cause of bleeding during pregnancy.

Outputs of PY5

- Russian translation of the final English version of the Postabortion Care Curriculum
- Printing of a limited number of Russian curricula as funding allows

Key Tasks and Milestones

- Task 1 Establish working relationship with translator
- Task 2 Carry out translation
- Task 3 Review translation
- Task 4 Finalize, edit and format translation
- Task 5 Print limited copies of document as funding allows

MANAGEMENT PLAN

The PY5 management plan is based on the following assumptions

1. The ACCESS program is extended beyond its current end date of July 2009 to March 31st, 2010. This would allow for a full year of implementation of program activities and six months of closeout. The ACCESS team anticipates most activities ending before September 30th, 2009. A few activities, highlighted individually in the activity descriptions, may extend to December 2009.
2. The ACCESS key staff are funded at lower levels on core funding in the last year. A formal request was sent to the CTO on November 14, 2008 and the ACCESS CTO granted approval to the shift of LOE from the key personnel (who will now primarily work on MCHIP) to other ACCESS staff.
3. A small, core team will manage the close out period from October 2008-March 2010

In PY5, Jhpiego will continue to lead work with global partners and agencies such as the WHO, WRA and manage and implement ACCESS's work on malaria in pregnancy. Jhpiego will also lead ACCESS' work on PPH and pre-service education with WHO/AFRO. Save the Children will continue to lead activities related to improving maternal and newborn health outcomes at the community level and on newborn health, including providing linkages with the Gates' funded Saving Newborn Lives Program. ACNM will support core and field funded activities relating to EmONC training and strengthening midwives associations. Constella Futures will lead efforts for the financial equity work in Nigeria and the completion of the small grants. IMA will focus on improving FBO health networks' ability to deliver EMNC services by supporting FBOs with established relationships with ACCESS, building linkages with additional FBO health networks and developing tools for religious leaders. AED will lead the work related to the Africa Road Map with WHO/AFRO.

Core Management Team

ACCESS Organizational Structure and Process

The following are the main staff for management and implementation of the ACCESS Program:

Koki Agarwal, Outgoing Director (20%): Koki Agarwal will gradually reduce her time on ACCESS as she transitions to direct the MCHIP program. She will transfer most of her duties to Nancy Caiola. Koki will maintain time on ACCESS Core to help with transition issues and provide general guidance. Her field LOE will be split across key ACCESS countries.

Nancy Caiola, Incoming Director (100%) : Nancy Caiola will assume the responsibilities of ACCESS Director. In this role she will continue to provide leadership for implementation and completion of field workplans. Since the position of Associate Director of Field Programs will not be replaced, Nancy Caiola will transfer some of her field LOE to Juliet MacDowell and Anne Pfitzer to ensure continuous oversight of key field program activities.

Patricia Daly, Deputy Director (30%): Pat Daly's time on the program will be scaled back in the final year of ACCESS as Pat transitions to Deputy Director for MCHIP. Pat Daly's 30% LOE will be split between field and core. She will provide general support on work planning and oversight of specific activities on newborn health and countries (Bangladesh and Malawi).

Patricia Gomez, Clinical Specialist (65%): Patricia Gomez will gradually be reducing her LOE on ACCESS to 65% as she shifts to provide coverage on the MCHIP program. While Patricia Gomez's

LOE will be reduced to 65% her function will still exist at 100% with some tasks shifting to ACNM and other Jhpiego MNH clinical specialists.

Joseph de Graft-Johnson (30%) and Angie Brasington (50%), Community Interventions Specialists:

The Community Interventions Specialists will provide oversight for communication strategies, community and social mobilization approaches, and the development or adaptation of appropriate community-based tools. Field programs where additional support on community interventions is needed will have support from SC's short term TA. In this final year of ACCESS, Angie Brasington will also assist with documentation of ACCESS field and core results.

Sarla Chand, Faith Based Coordinator (30%): This position will be scaled back in the last year of ACCESS. The 30% LOE for this position will be shared by Sarla Chand and Erica Pearl, IMA Program Officer.

Barbara Rawlins (30%), and other Jhpiego M&E (70%), Monitoring and Evaluation Specialists:

The M&E function will be critical in the last year of ACCESS. While Barbara Rawlins will be reducing her time on ACCESS as she shifts to MCHIP, she will replace her time with other M&E officers from Jhpiego. Barbara will retain ACCESS LOE on Tanzania, Nigeria, Nepal and Core.

Juliet MacDowell, Senior Program Manager (90%): The Senior Program Manager works with the ACCESS Program management team to ensure the effective management, strategic direction, and technical integrity. The Senior Program Manager works with the Directors to provide leadership to the ACCESS Program team primarily through the management of core and specific field programs.

Table 3: Revised LOE Table for ACCESS (after awarding of MCHIP)

US BASED ACCESS MAIN PROGRAM STAFF				
Staff member	Title	Organization	Core	Field
Koki Agarwal	Director	Jhpiego	10%	10%
Nancy Caiola	Acting Director	Jhpiego	50%	50%
Pat Daly	Deputy Director	SC	15%	15%
Angela Brasington	Community Interventions Specialist	SC	40%	10%
Joseph de Graft-Johnson	Community Interventions Specialist	SC	10%	20%
Patricia Gomez	Clinical Specialist	Jhpiego	30%	35%
ACNM + other Jhpiego Support	Clinical Specialist	ACNM & Jhpiego	25%	10%
Barbara Rawlins	M&E Specialist	Jhpiego	15%	15%
Jhpiego Support	M&E Specialists		15%	55%
Terry Padgett	Senior Finance Manager	Jhpiego	30%	20%
Kellie Klein	Senior Finance Manager	Jhpiego	15%	35%
Juliet MacDowell	Senior Program Manager	Jhpiego	58%	32%
Anne Pfitzer	Senior Program Manager	Jhpiego	0	10%

Sarla Chand & Erica Pearl	FBO Coordinator	IMA	30%	0%
Nalinee Sangrujee	Health Finance/ Policy Advisor	Constella Futures	15%	0%
Diana Beck Other Program Support Other Finance support	HBLSS Advisor Program Officers & coordinators	ACNM	20%	0%

Quarterly Program Reviews

ACCESS reviews country program activities on a quarterly basis. The country teams develop detailed implementation plans and report on progress on various activities and solicit feedback from the CMT to resolve issues and constraints. This process allows for resolution of program constraints and affords staff an excellent opportunity to become familiar with other country programs.

In addition to conducting country program reviews, ACCESS also reviews Core Activities on a regular basis. This enables staff to readjust program priorities based on issues and constraints and will lead to timely completion of activities. During this final year, ACCESS will review the activities and pipeline jointly with the ACCESS CTO.

ACCESS will plan a closeout meeting the fall of 2009 (based on the extension of the program to March 2010).

The ACCESS Unified Management Team (UMT)

The partnership has benefited from the collective support of a UMT composed of the key ACCESS staff, Director, the Deputy Director, the Senior Financial Manager, and leaders from the headquarters of each participating organization. Throughout the life of the program, the UMT will continue to meet on a quarterly basis with the Program Director, the Deputy Director, the Senior Financial Manager, and Jhpiego's Vice President for Program Operations to discuss and review issues related to implementing a major USAID award.

Current membership on the UMT (beyond Program Director, the Deputy Director, the Senior Financial Manager) includes:

Organization	Name
Jhpiego	Alain Damiba
Save the Children	David Oot
Constella Futures	Nalinee Sangrujee
ACNM	Lorrie Kaplan
AED	Petra Reyes
IMA World Health	Paul Derstine

External Coordination

As USAID's flagship effort to achieve large-scale impact by expanding access to and use of proven maternal and newborn interventions, ACCESS coordinates its activities and actively collaborates with organizations and other programs sharing a commitment to improving maternal and newborn health. To contain costs and avoid duplicative meetings, ACCESS headquarters staff will routinely participate in

various relevant professional networks as a means of providing ACCESS with sustained technical input, and as channels for disseminating information and engaging wider participation in ACCESS Program activities. Regular inter-organizational consultations between ACCESS and the relevant divisions of USAID and other organizations such as WHO (including its regional offices), UNICEF, UNFPA, RBM, and the World Bank are well established.. ACCESS management and technical specialists participate in several international alliances and partnerships, including the WRA and the PMNCH, where ACCESS is represented on the Advocacy Working Group. ACCESS, where appropriate, will support their agendas and efforts and will use these alliances and partnerships to advance learning and information sharing for expanded safe motherhood and newborn health programming.

In-country external coordination involves sustained, regular consultations with host country counterparts, USAID, other donors, other cooperating agencies, and host country institutions, such professional associations, community-based NGOs, faith-based organizations, and educational institutions. Country Teams, with support from USAID Missions, will similarly coordinate program activities with those of other USAID cooperating agencies

ANNEX 1 FINANCIAL OVERVIEW

As of 29 December 2008, the ACCESS Program has received approximately \$74.210M in total obligations. The obligations are comprised of: \$43.613M in Field and Regional support, \$9.185M in MAARDs and \$21.412M in Core funding for use in Program Years (PY) One through Five; FY05 through FY09 programming.

ACCESS anticipates additional Field Support/Core modifications totaling \$.480M (Table 5: Anticipated Funding). The Program considers the funding balance to our award ceiling of \$75M a major challenge for the upcoming year because missions continually want to provide additional funds to ACCESS but approximately \$0.310M remains to the ceiling after the additional anticipated obligations outlined above are received.

Table 2: Anticipated Funding

ACCESS PROGRAM

LIFE OF PROGRAM CUMULATIVE FUNDING PROJECTIONS (FY08 AND BEYOND)

1. Award Ceiling		75,000,000
2. Funds Received through Modification #13 dated 19 December 2008		74,209,713
3. Anticipated Funding		
Malawi (PAC funding)	480,000	480,000
- \$200k field and \$280k core		
TOTAL ANTICIPATED FUNDING		480,000
Balance to Ceiling		310,287

Detailed funding support levels by country/region and SO may be found in Annex 9: ACCESS Bureau and County Funding Table (PY1-PY5). Details of cumulative funding obligations, expenditures, pipeline (carryforward) may be found in Annex 10: HIDN 30 September 2008 Baseline Report. Core-funded international travel is listed in Annex 11 ACCESS International Travel, Core. Line item detail of the ACCESS Y5 budget is found in Annex 12 PY 5 Workplan Budget - Oct 2008 - March 2010. Detailed funding by activity is listed in Annex 14: ACCESS PY5 Core Activities and Illustrative Funding.

Additionally, the ACCESS Leader with Associates Agreement has received four Associate Agreements under its umbrella

- Addressing Unmet Need for Family Planning in Maternal, Neonatal and Child Health Programs; ACCESS FP, a 5-year award with a \$20M ceiling; and period of performance: September 25, 2005 through September 25, 2010. The total obligated funding as of 30 September 2008, is approximately \$5.450M, of which approximately \$2.925M were received for the FY08 fiscal year. Field support to the award includes; \$0.95M from Albania and \$0.2M from Guinea.
- Service Delivery and Quality of Basic Services in Afghanistan: Health Service Support Project (HSSP); ACCESS-AFGHANISTAN; an approximate 4 year award with a \$19.4M ceiling; and period of performance: 1 July 2006 through 30 September 2010. The Program currently has obligations of \$12.8M and anticipates an additional \$7M to fund the program through its end date.

- Maternal and Newborn Health Program in Cambodia, ACCESS Cambodia, a 3- year \$1.8M ceiling with award date of 15 December 2006 through 30 December 2009. The Cambodia Associate Award received obligations totaling \$1.7M.
- Mothers and Infants, Safe, Healthy and Alive (MAISHA) ACCESS-Tanzania; a five year \$40M ceiling with award date of 24 September 2008 through 23 September 2013. As of September 30, 2008 an initial obligation in the amount of \$4,850,000 was made.

ACCESS has responded to a Request for Application for an Associate Award in Kenya in the amount of \$9M over a three year period. This award is anticipated to start in early 2009.

Core Support Initiatives

ACCESS has received an estimated \$2.25 million in core funds, and an additional \$300,000 from the office of HIV/AIDS (OHA) and \$100,000 to support Malaria activities. The core funds are required to successfully complete the essential activities that began in earlier years such as initiatives with WHO to revise the IMPAC manuals, Safe Birth Africa Initiative in Rwanda and the operations research in India to scale up competency based training for Auxiliary Nurse Midwives. We envision several core-funded activities can be wrapped up by July 2009. However, some core activities, such as **Safe Birth Initiative in Rwanda**, require substantial allocation of funds in the last year of the program to demonstrate the desired results of a significant investment made by USAID. Rwanda, will therefore, require a full year of implementation. Delays from the Government of Jharkhand in India prevented a start up of the training of the ANMs. This pushes back the time for the endline evaluation to be conducted by an external agency. The OHA funds build upon earlier ACCESS initiatives to integrate HIV/AIDS and maternal and newborn health interventions. These funds were made available on October 1, 2008 and will be programmed for two countries, Rwanda and Malawi where ACCESS already has large, existing maternal newborn health programs. Programming these funds effectively will require intense planning for the design, implementation and evaluation two countries in coordination with the BASICS program.

Core funds will be used to support the following:

Element 1.6.1 Birth Preparedness and Maternity Services	\$1.767M
Element 1.6.2 Treatment of Obstetric Complications & Disabilities	\$0.126M
Element 1.6.3 Newborn Care and Treatment	\$0.631M

The above includes new Core funding for Maternal and Child Health in the amount of \$2.25M plus \$100k obligated for the Program's efforts related to the Malaria initiative and \$300k in obligations OHA.

Field Support Initiatives

The Year Five Workplan portfolio will include activities funded through field support and MAARDs from nine countries and one regional bureau. Funding details by country may be found in Table 5 Anticipated Funding Table.

The Year Five Workplan will be amended as the field-funded workplans are approved through the Missions and USAID. Workplans for Nepal, Ghana, Madagascar (new funding) and RSA and Kenya (carry forward) have already been approved. Other field-funded workplans are under review and negotiation.

ANNEX 2 KNOWLEDGE MANAGEMENT PLAN

PY5 Events

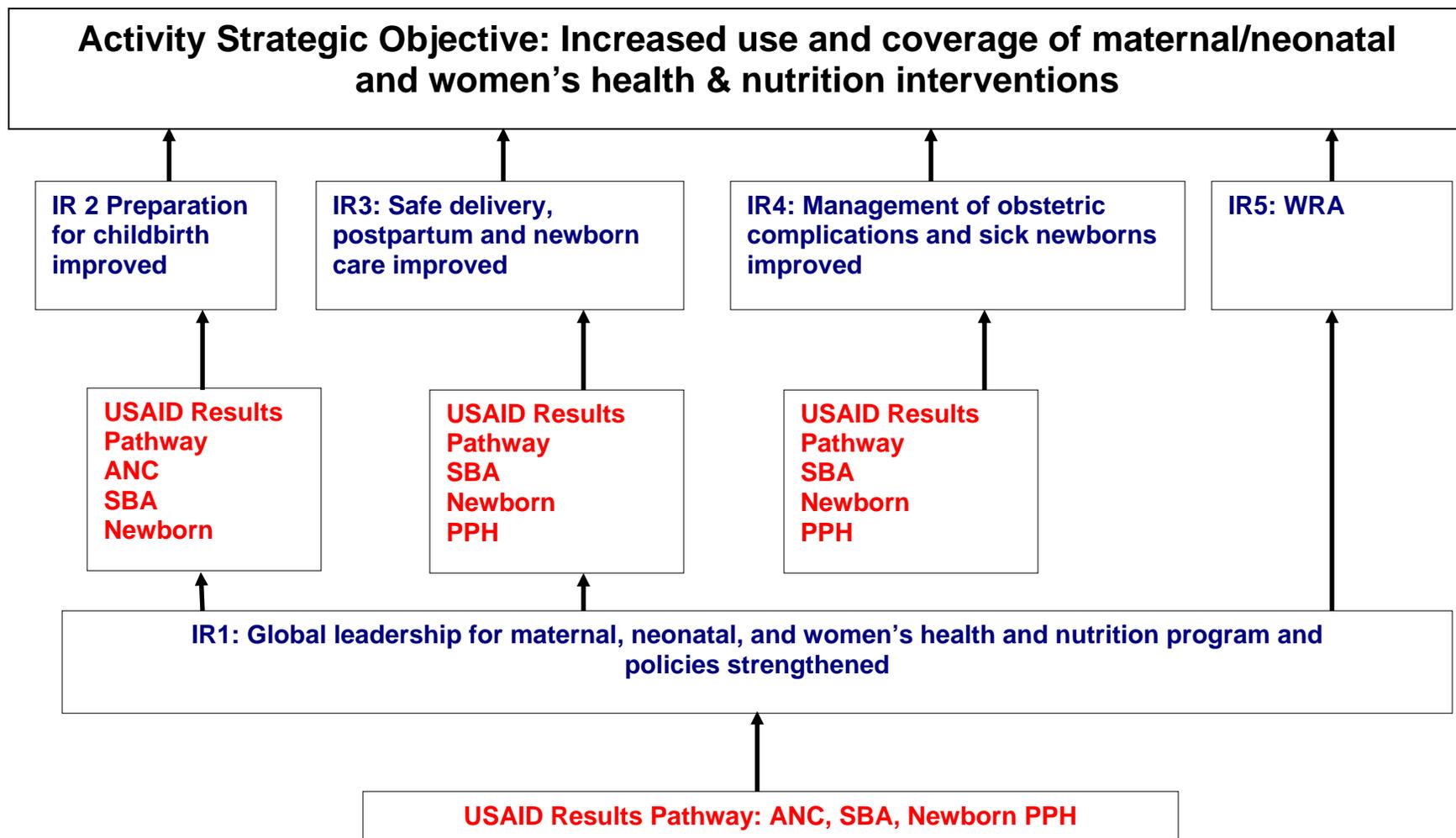
Title	Type of Event	Purpose	Target Audience	Type of Participation	Number of Participants (estimated)	Handouts	Length	Estimated Cost
American Public Health Association Annual Meeting	Conference	Program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health	American Health Community	Presentation/Attendee	8	Yes	4 days	\$4,000/meeting
Africa Best Practices Meeting	Conference	Agenda to be determined, but will be based on the ANE Best practices meeting held in Bangkok in September 2007	Policymakers and other MNH stakeholders from African countries	Presentation/Attendee	5	No	4 days	\$25,000/meeting
Global Health Council	Conference	Bring together partners who are committed to improving the lives of the world's poor to celebrate, share and learn from each other.	Global Health Community	Presentation/Attendee	10	Yes	4 days	\$3000/meeting
ACCESS Close out Meeting	Meeting	Summarize results achieved by key ACCESS programs, share lessons learned from programming, and implementing global award	USAID, Policymakers and other MNH stakeholders	Organizer	150	Yes	1 day	\$20,000
Pre-service Education advocacy meeting <i>Ethiopia and Ghana</i>	Meeting – 1 each per country	Present results and accomplishments to date of the Pre-service initiative and advocate for continued support from respective MOH stakeholders in participating countries	Policy makers and other MNH stakeholders	Attendee/Organizer	25/country	5/meeting	3 day/meeting	12,000/meeting

PY5 Core Documents

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Kangaroo Mother Care Training Manual	Manual	To teach health workers of all levels how to care for low birth weight babies using the kangaroo mother care approach	In-service training of health workers who already have basic skills in maternal and newborn care	Printing and dissemination	Editor	12 days	\$13,500	205	Y	Website	\$5,000
Community Mobilization for Maternal and Newborn Health: A Field Guide	Field Guide	This guide is intended for individuals who will work with communities as they mobilize to improve maternal and newborn health.	Community Mobilizers	Edit, formatting and printing	Editor	12 days	\$10,000	95	Y	Website	\$2000
Interfaith Safe Motherhood Guides (Sermon Guide) <i>Christian and Islamic</i>	Sermon Guide	This guide assists religious leaders incorporate safe motherhood messages into their sermons	Religious leaders	Edit, formatting and printing	Editor	12 days	\$10,000	70	Y	Website	\$2000
KMC Article for MotherNewBorNet Newsletter	Article	Provide technical input and KMC expertise to MotherNewBorNet newsletter	USAID , country-level stakeholders, and other CAs	Writing, editing	Technical Staff			10	N	N	\$0

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Programmatic Results and Lessons Learned Brief	Briefs	Summarize results achieved by key ACCESS programs, share lessons learned from programming, and implementing global award, including SBAI achievements in Rwanda	USAID , country-level stakeholders, and other CAs	Draft brief Internal ACCESS staff review Finalize brief	Technical Staff Editor	25 days	\$3,000	TBD	Y	Website	minimal

ANNEX 3 ACCESS RESULTS FRAMEWORK LINKAGES WITH HIDN RESULTS PATHWAYS



ANNEX 4 ACCESS PROGRAM COVERAGE MATRIX

ACCESS Program Coverage

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
AFGHANISTAN							
Community-based PPH study: Counseling + misoprostol	N/A	6	3 out of 329	1%	2 out of 34	79,500	18,285
Community-based PPH study: Counseling alone	N/A	3	3	1%	2 out of 34	35,840	8244
PPG Skilled Birth Attendant Intervention	N/A	36,088	118 out of 329	36%	13 out of 34	9,513,316	1,902,663
BANGLADESH							
Prenatal/postnatal Community Outreach visits and referral	7 sub-districts (upazillas)	N/A	1 out of 64	1.6%	N/A	1,443,841	287,324
BURKINA FASO							
FANC/MIP service delivery scale-up		49	5 out of 53	9%	1 out of 11	3,849,335	798,737 (estimate)
CAMEROON							

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
EMNC (SBA) training and service delivery		26	3 (Ngaoundere, Tignere and Tibati) out of 58 departments*	5%	1 out of 10	285,667	68,274 (estimate)
Social mobilization for quality maternal and newborn care	Communities in 18 facility catchment areas/health zones	N/A	1 (Ngaoundere) out of 58 departments	2%	1 out of 10	244,009	58,318 (estimate)
ETHIOPIA							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 (Addis Ababa) out of 80 zones	1%	1 out of 10 divisions	N/A	N/A
GHANA							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		2	1 (Accra City) out of 138 districts	1%	1 out of 10 regions	2,029,143	515,402 (estimate)
SBM-R Process and MNH Technical Updates and Clinical Skills Standardization for maternity providers		3	1 (Birem North) out of 138 districts	1%	1 out of 10 regions	151,401	73,884
HAITI							
PMTCT service delivery (ANC clinic and maternity)	N/A	23	7 out of 10	70%	N/A	2,797,200	668,531

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
Long-term family planning service delivery	N/A	21	8 out of 10	80%	N/A	N/A	N/A

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
INDIA							
Skilled birth attendance (community-based and facility-based midwives plus community mobilization)	213 villages	3	1 district	4.1 % (1 district out of 24 districts in the state of Jarkhand)	N/A	118,878	20,208
KENYA							
Postpartum Family Planning (ACCESS-FP)	N/A	4 facilities	1 district- Embu	1.3%	1 out of 7	318,724	78,087
Orientation to malaria case management guidelines	N/A	470	7 / 76 Kilifi, Kwale, Malindi, Mombasa, Lamu, Tana River, Taita Taveta	9.2%	1 out of 8 Coast	3,031,878	774,067
TB / ANC Training Package Pilot and Provincial and District training	N/A	3 Pilot in one district Mbeere	9 / 76 Embu, Kitui, Machokas, Mbeere, Meru Central, Meru North, Meru South, Tharaka	11.8%	1 out of 8 Eastern	4,709,58	1,201,609

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
ART ³	N/A	71	28 / 76 All seven districts in Central Province, all 13 districts in Eastern Province and all 8 districts in Nairobi Province	36.8%	3 / 8 Central, Eastern, Nairobi	12,224,133 GOK Province projections 2007: Central 4,076,631 Eastern 5,206,592 Nairobi 2,940,910	3,358,814 GOK Province projections 2007: Central 1,176,872 Eastern 1,286,460 Nairobi 895,482
HIV/AIDS Counseling and Testing	N/A	11 9 Provincial level Hospitals and 2 National Referral/ Teaching Hospitals	10 / 76 Districts where the provincial and national hospitals are located: Embu, Garissa, Kakamega, Kiambu, Kisumu, Machakos, Mombasa, Nairobi, Nakuru, Uasin Gishu	11.8%	8 out of 8	10,110,947	2,683,670
MADAGASCAR							
FANC/MIP service delivery scale-up		76	4 out of 22	18%	2 out of 6	710,808	164,197 (estimate)
MALAWI							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 out of 27 (Kasungu)	0.4%	3	480,659	106,706 (estimate)

³ The focus of the ART and CT projects in Kenya are on training of national and provincial trainers. However, through support supervision or through echo training, trainings are rolled down to reach the health facility level.

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
MAURITANIA							
EmONC (SBA) service delivery		13	7 out of 44*	16%	6 out of 13	1,063,755	245,727 (estimate)
NEPAL							
SBA LRP pretest		3: 2 hospital s and 1 nursing campus	Pretesting: 2 out of 75 districts (Chitwam, Morang)	2.6% of districts	2 region out of 5	1,143,316	270,034
SBA training site upgrade		8 facilities	8 out of 75 districts	11%	4 regions out of 5	5,304,408	969,442
Mgmt. of LBW infants at community level	19 Village Development committees (60,158 households)	22: 10 SHP, 8 HP, 3 PHCC, 1 zonal hospital	1 out of 75	2%	1 region out of 5	380,461	74,518
SBA Study	90 groups	1 HP, 1 clinic, 4 PHCC	6 out of 75 districts (Morang, Panchthar, Kavre, Nawalparasi, Kapilvastu, Baitadi)	8%	4 regions out of 5	2,952,618	893,182
Facility Based KMC	61 Village Development Committees, 3 municipalities	5: 2 zonal hospitals and 3 primary healthcare centers	2 districts out of 75	3%	1 out of 5	1,016,204	197,103
NIGER							

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
EmONC (SBA) service delivery		11	2 (Maradi and Zinder) out of 7 departments	29%	2 out of 7	617,046*	141,921
NIGERIA							
Emergency obstetric and newborn care as an entry point to postpartum family planning and community mobilization	144	18: 6 General Hospitals and 12 primary healthcare centers	5 LGAs (districts) out of 774 (Gusau, Kaura Namoda and Zurmi in Zamfara state and Gezawa and Dawakin Tofa in Kano state)	3%	1 out of 6	4,354,551	1,010,256 (estimate)
SOUTH AFRICA							
Implementation of Antiretroviral Service Standard-based Management	N/A	5	2	4%	2 out of 9	1,068,771	287,878

* Population data for Niger from www.world-gazetteer.com.

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
TANZANIA							
FANC/MIP service delivery scale-up		1,192	90 out of 133 (mainland)	68%	19 out of 21	31,481,125	7,494,579
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 (Morogoro) out of 130	1%	1 out of 21	1,753,362	3,507,462
TOGO							
EmONC (SBA) service delivery		13	6 out of 31 prefectures (Sotouba, Tchaoudjo, Blitta, Tchamba, Est-Mono, Lomé)	19%	3 out of 5 divisions	1,189,000	273,470

Note: Data sources for population figures include national census data; US Census Bureau, International Database, <http://www.census.gov/ipc/www/idbpyr.html>; World Gazetteer at www.world-gazetteer.com (Cameroon); <http://population.wn.com> (Nepal, Mauritania, Burkina,); <http://www.odci.gov/cia/publications/factbook/index.html> (Mauritania, Madagascar); <http://en.wikipedia.org/wiki/Region> (Burkina); *Kenya 1999 Population and Housing Census Volume VII: Analytical Report on Population Projections, 2002* (Kenya)

*Districts in Mauritania include: Nouakchott, Kaedi, Bababe, Aleg, Aioun, Kiffa and Neima; Regions: Nouakchott, Gorgol, Brakna, Hodh El Gharbi, Assaba and Hodh Ech Chargui

**Cameroon's 58 departments are divided into 269 arrondissements and 53 districts. Data source: www.reproductive-rights.org.

ANNEX 5 ACCESS GLOBAL M&E FRAMEWORK WITH RESULTS*

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
ACCESS Program Result: <i>Increased use and coverage of maternal/neonatal and women's health and nutrition interventions</i>					
<p>A. Number of ACCESS countries demonstrating improvement in ACCESS target areas in the past year in indicators appropriate to areas of program activity as determined by country-specific M&E plan and budget agreed by USAID Mission</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> Indicators to track, appropriate to areas of program activity, will be determined from the final country M&E plans and budget agreed by USAID Mission, but potentially include: %/# of births attended by skilled attendants; %/# of mothers who report immediate and exclusive breastfeeding for last live birth; %/# of mothers who receive antenatal iron folate, IPT, ITN use rates, etc. 	Program records and country reports, population-based surveys by ACCESS, HMIS	<p>M&E review of country-level M&E indicators</p> <p>Annual</p>	Program lead staff and M&E staff of ACCESS	<p>Baseline: 0</p> <p><i>Target Year 5: selected ACCESS countries, including: Tanzania, Nigeria, Bangladesh, India, Cambodia, Rwanda, Malawi, Afghanistan, Ethiopia</i></p>
<p>B. Number of ACCESS countries demonstrating improvement since the last survey in appropriate impact/outcome indicators collected by other mechanisms (e.g., DHS, MICS, RAMOS, SPA, and others)</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> Indicators to track will be determined in conjunction with the country's USAID Mission considering planned data collection activities relevant to maternal, neonatal, and women's health and nutrition status and potentially include: :%/# of births attended by skilled attendants; %/# of mothers who report immediate and exclusive breastfeeding for last live birth; %/# of mothers who receive antenatal iron folate, IPT, ITN use rates, etc. 	National or other project data (e.g., DHS, MICS, etc.)	<p>M&E collaboration with other organizations and USAID</p> <p>Annual</p>	M&E in collaboration with country USAID and other MNH stakeholders	<p>Baseline: 0</p> <p><i>Target Year 5: selected ACCESS countries with relevant data that correspond with ACCESS intervention areas, incl.: No new surveys available this year</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>C. (Country-level) Estimated population of women of reproductive age living in communities or catchment areas of facilities targeted by ACCESS interventions</p>	<ul style="list-style-type: none"> The number of reproductive age women is the female population estimated to be between the ages of 15–49. Communities or catchment areas <i>Targeted</i> by ACCESS will be determined at the country level. The number will be calculated as country totals <i>where appropriate and available</i> and a global total for all of the countries meeting the definition. 	<p>National census data, DHS data or other national sources as available</p>	<p>Program and M&E analysis and review of available national data per <i>Targeted</i> areas</p> <p>Semi-annual</p>	<p>Program lead staff and M&E staff of ACCESS</p>	<p>Baseline: 0</p> <p><i>Target Year 5: all ACCESS countries with relevant data</i></p>
<p>ACCESS Program Intermediate Result 1: Global leadership for maternal, neonatal, and women's health and nutrition program and policies strengthened</p>					

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>1a. Number of technical approaches and/or products being promoted for international use through ACCESS leadership roles</p>	<ul style="list-style-type: none"> Technical approaches and products include those advocated by USAID. Some may be strengthened by ACCESS prior to promotion while other approaches that are already proven will simply be promoted by ACCESS. Promotion for use occurs through many venues: meetings, collaboration, alliances and partnership implementation. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Semi-annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Target Year 5: 35</i></p>
<p>1b. Number of countries that implement and promote national policies, including service delivery guidelines, to increase access to high-quality maternal and neonatal health services</p>	<ul style="list-style-type: none"> Policies, including clinical care and service delivery guidelines, are national instructions meeting international evidence-based quality criteria related to ACCESS goals. Countries increasing access to high-quality EMNC services are those whose national leadership, MOH and/or others ensure dissemination of such standards in strategies that reach the point of service delivery and service providers. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Targets Year 5: Four Countries Tanzania, India, Rwanda, Malawi, Ethiopia, Kenya, Cambodia, South Africa</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>1c. Number of international and/or national policies, including service delivery guidelines, revised and/or strengthened to promote access to and coverage of integrated EMNC services</p>	<ul style="list-style-type: none"> • Policies and guidelines are international or national instructions to health system decision-makers (e.g., clinical service delivery points, managers, and service providers) meeting international evidence-based quality criteria related to ACCESS goals. • Policies and guidelines promoting access to integrated EMNC services are those whose focus includes expanding availability or coverage of service delivery covering the ACCESS-recommended package of EMNC and other services. • Revised or strengthened policies and guidelines are those where ACCESS review and improvement activities targeting EMNC service integration are reported to have been successfully completed. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Targets:</i> <i>Year 5:</i> <i>None</i></p>
<p>ACCESS Program Intermediate Result 2: Preparation for childbirth improved</p>					
<p>2a. Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved birth planning</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in birth preparedness/ complication readiness. • Achievement of improved birth planning is defined as having fulfilled birth preparedness goals of the community's self-developed action plan. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of program reports</p> <p>Annual</p>	<p>Program staff in-country with ACCESS M&E review</p>	<p>Baseline: 0</p> <p><i>Targets Year 5: 4 countries: Nigeria, Bangladesh, Rwanda, Ethiopia, Malawi</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2b. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received 2 tetanus toxoid (TT) injections</p> <p>(applicability is field-dependent)</p> <p>[Note: Tanzania definition: Number of ANC clients with 2 doses of TT/Number of 1st visit ANC clients]</p>	<ul style="list-style-type: none"> Percent of women delivering in facilities is according to facility records showing 2 TT injections having been given to the mother: Number of women's records that show a delivery in the past 6 months and 2 TT injections prior to that delivery (numerator)/ number of women's records that show a delivery in the past 6 months (denominator). Number delivering in communities will be calculated from home records if available (e.g., if the country uses cards the client keeps) or program records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Targets Year 5: 3 countries, Tanzania, Nigeria, Bangladesh</i></p>
<p>2c. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received iron/folate supplementation</p> <p>(applicability is field-dependent)</p> <p>[Note: Tanzania definition: Number of ANC clients who received iron (alone)/Total number ANC visits]</p>	<ul style="list-style-type: none"> Percent of women delivering in facilities will be calculated from facility records that show iron/folate supplementation having been given to the mother: Number of women's records that show a delivery in the past 6 months and iron/folate supplementation prior to that delivery / number of women's records that show a delivery in the past 6 months (numerator/denominator). Number of women delivering in communities will be calculated from home records if available (e.g., if the health system uses cards that the client keeps) or program records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target Year 5: 2 countries, Tanzania, Bangladesh</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2d. Percent/number of women who gave birth in the past 6 months who received counseling/information/materials for ITN use during pregnancy and with newborn</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women delivering in communities in the past 6 months will be identified through program records or if appropriate facility-based records. Delivery/receipt of counseling, information and/or materials (including vouchers) for ITN use will be determined from program records or if appropriate facility-based records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target Year 5: 1 country, Tanzania</i></p>
<p>2e. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 1st dose of intermittent preventive treatment (IPT1) under direct observation</p>	<ul style="list-style-type: none"> Calculation: Number of pregnant women who receive IPT1 under observation/ Number of 1st ANC visits Receipt of IPT with SP will be determined from facility records. These indicators will be measured in malaria-endemic countries only. 	HMIS	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 5: 1 country, Tanzania,</i></p>
<p>2f. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 2nd dose of intermittent preventive treatment (IPT2) under direct observation</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Calculation: Number of pregnant women who receive IPT2 under observation/ Number of 1st ANC visits Receipt of IPT with SP will be determined from facility records. This indicator will be measured in malaria-endemic countries only. 	HMIS	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 5: 1 country, Tanzania</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2g. Number of antenatal care providers trained through ACCESS-supported curricula or events in focused antenatal care and/or prevention of maternal to child transmission</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that targets focused ANC and/or PMTCT is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills to provide evidence-based ANC and PMTCT (CT for HIV). 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target Year 5: 3 countries, Tanzania, Rwanda</i></p>
<p>2h. Total number of pregnant women provided with PMTCT services at target facilities, including counseling and testing⁴</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Pregnant women include those attending ANC services and/or those delivering in the maternity at the PMTCT target facilities, as applicable to the country program. 	HMIS, Centers for Disease Control and Prevention (CDC) Global AIDS program database	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target Year 5: 1 country- Malawi (OHA)</i></p>
<p>ACCESS Program Intermediate Result 3: Safe delivery, postpartum care, and newborn health improved</p>					

⁴ PEPFAR indicator

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>3a. Number of ACCESS-targeted facilities with PQI initiatives contributing to compliance with international standards</p>	<ul style="list-style-type: none"> ACCESS-targeted facilities are those identified service delivery points where program activities and alliances aim to enhance quality of care through PQI approaches. 	<p>Program PQI records PQI database</p>	<p>Records and document review Semi-annual</p>	<p>Program technical staff with ACCESS M&E review</p>	<p>Baseline: 0 <i>Target Year 5: 6 countries, Tanzania (FANC), Nigeria (EMONC), Ghana (EmONC), Malawi (RH and IP), Ethiopia (EMNC), Rwanda (EmONC), South Africa</i></p>
<p>3b. Percent/number of births in ACCESS-targeted facilities in the past 6 months that occurred with a skilled attendant using a partograph (applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women delivering in the past 6 months will be identified through facility records. Correct use of a partograph will be determined from facility records. Skilled attendants are those employed in skilled service provider categories according to the standards of the country. The percentage will be calculated by dividing the number of births recorded in the past 6 months that occur with a skilled attendant using a partograph (numerator) by the number of births recorded in the past 6 months (denominator). 	<p>Facility records, completed partographs</p>	<p>Records review Annual</p>	<p>Program country staff with ACCESS M&E review</p>	<p>Baseline: TBD country level <i>Target Year 5 :2 countries- Nigeria, Ethiopia, Ghana</i> <i>% TBD per final country workplans</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>3c. Percent/number of births in the past 6 months in ACCESS-targeted facilities/communities with active management of third stage of labor</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • Births in the 6 months prior to data collection will be identified through facility records and/or program records at the community level. AMTSL is determined by information available in the records. • For facility births, the percentage is calculated by dividing the number of births recorded in the past 6 months where AMTSL is recorded (numerator) by the number of births recorded in the past 6 months (denominator). For community or home births, the number is an annual count of the births in the 6 months prior to data collection meeting the definition criteria. 	HMIS and/or program records where data are available	Records review, where data are available Annual	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 5: 4 countries, Nigeria, Rwanda, Ethiopia, Malawi</i></p>
<p>3d. Percent/number of newborns in the past 6 months in ACCESS-Targeted facilities or communities dried and warmed immediately after birth</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • Newborns in the past 6 months are those whose births are recorded in the 6 months prior to data collection. Being dried and warmed immediately after birth is determined by information available in the records. 	Facility and/or program records if data are available	Records review, if data are available Annual	Program country staff with ACCESS M&E review	<p>Baseline: country level TBD</p> <p><i>Target Year 5: 4 countries, Bangladesh, Nigeria, Ethiopia, Malawi</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>3e. Percent/number of newborns in ACCESS-targeted facilities or communities that are breastfed within one hour of birth</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Breastfeeding within 1 hour of birth is determined by information available in the records or through exit interviews with new mothers at facilities or interviews with recent mothers in the community. 	<p>Facility and/or program records if data are available</p> <p>Client exit interviews</p> <p>Community survey</p>	<p>Records review, if data are available</p> <p>Annual</p>	<p>Program country staff with ACCESS M&E review</p>	<p>Baseline: country level TBD</p> <p><i>Target Year 5: 3 countries, Bangladesh, Nigeria, Ethiopia, Malawi</i></p>
<p>3f. Percent/number of providers with adequate knowledge of essential newborn care</p>	<ul style="list-style-type: none"> Adequate knowledge will be determined. 	<p>Provider knowledge survey</p>	<p>Survey</p> <p>Annual</p>	<p>Program country staff with ACCESS M&E review</p>	<p>Baseline: country level TBD</p> <p><i>Target Year 5: 5 countries, Ethiopia, Malawi, Bangladesh, Nigeria, Afghanistan.</i></p> <p><i>Target=100% of trained providers</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>3g. Percent/number of women in ACCESS-targeted facilities or communities who accept a contraceptive method by 6 weeks postpartum⁵</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women who accept a contraceptive method are those recorded in facility or community outreach records as receiving the contraceptives or a prescription for a method (if appropriate in context). The number is a semi-annual count of women recorded at ACCESS-Targeted facilities or through community outreach as meeting the definition criteria. 	Facility and/or program records	Records review Semi-annual	Program country staff with ACCESS M&E review	Baseline: country level TBD <i>Target Year 5:</i> 1 country, Nigeria
<p>3h. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received a postpartum visit within 3 days after childbirth</p>	<ul style="list-style-type: none"> Percent of women delivering in facilities will be calculated from facility records that show the mother receiving postpartum care. Number of women's records that show a delivery in the past 6 months and postpartum care within 3 days/number of women's records that show a delivery in the past 6 months (numerator/denominator). Number of women delivering in communities will be calculated from home records if available (e.g., if the health system uses cards that the client keeps) or program records. 	HMIS and/or home records or community survey	Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan Annual	Program country staff with ACCESS M&E review	Baseline: not known at country levels <i>Target Year 5: 4 countries, Bangladesh, Nigeria, Ethiopia, Malawi</i>

⁵ This indicator will be collected through ACCESS-FP.

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
ACCESS Program Intermediate Result 4: Management of obstetric complications and sick newborns improved					
<p>4a. Percent/number of women attending ACCESS-targeted facilities with eclampsia who appropriately receive magnesium sulfate</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women with eclampsia attending <i>Targeted</i> facilities are those recorded as presenting at the facility with clinical symptoms. Appropriate treatment with magnesium sulfate is determined according to the clinical record or aggregated records. The percentage is calculated by dividing the numerator (women recorded at ACCESS-<i>Targeted</i> facilities with eclampsia and receiving magnesium sulfate) by the denominator (all women recorded at ACCESS-<i>Targeted</i> facilities with eclampsia). 	Facility records	Records review	Program technical staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 5: 1 country, Nigeria</i></p>
<p>4b. Number of maternal/neonatal providers trained through ACCESS-supported curricula or events in infant resuscitation</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that <i>Targets</i> infant resuscitation is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills to treat infant asphyxia. Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues. Trained providers are those who complete a training course satisfactorily according to the course criteria. 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	ACCESS M&E	<p>Baseline: 0</p> <p><i>Target Year 5: Providers in 5 countries, Nigeria, Ethiopia, Rwanda, Malawi, Afghanistan, Ghana</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>4c. Number of maternal/neonatal providers trained through ACCESS-supported curricula or events in management of LBW newborns/KMC</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that targets KMC is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills related to management of LBW babies. Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues. Trained providers are those who complete a training course satisfactorily according to the course criteria. 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	ACCESS M&E	<p>Baseline: 0</p> <p><i>Target Year 5: Providers in 3 countries, Nigeria, Rwanda, Malawi</i></p>
<p>4d. Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved complication readiness</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in birth preparedness/ complication readiness. Achievement of improved complication readiness is defined as having fulfilled complication readiness goals of the community's self-developed action plan. The number will be calculated as an annual count of <i>Targeted</i> communities meeting the definition criteria. 	Program reports and activity tracking	<p>Program and M&E review of program reports</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target Year 4: Communities in 4 countries: Bangladesh, Rwanda, Nigeria, Ethiopia</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
ACCESS Program Intermediate Result 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive age improved (Targets of Opportunity)					
5a. Number of linkages with international obstetric fistula networks initiated and technical assistance provided	<ul style="list-style-type: none"> International obstetric fistula networks are those organizations or groups of organizations who identify obstetric fistula as a key area of international concern and needed activism. Linkages are working relationships on identified tasks toward specified goals agreed between a network and ACCESS. 	Program records	Records review	ACCESS M&E	Baseline: 0 <i>Target Year 5: 1</i>

Note: This version of the ACCESS Global M&E framework reflects the modifications mutually agreed upon by ACCESS and USAID in January 2006.

* Year 5 Targets will be agreed upon in mid-January 2009. ACCESS will resubmit an updated table.

ANNEX 6 ACCESS ACTIVITY MAPPING MATRIX

CORE ACTIVITY (PY5)	Location	PY4 Activity Number	PY3 Activity Number	PY2 Activity Number
IR 1				
1.1 Through Global Partnerships, promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal, and women's health goals and incorporation of evidence-based strategies in country programs	Global		1.1	1.1
1.1.a. Collaborate with WHO/Geneva in revision of the manual Managing Complications in Pregnancy and Childbirth	Global	1.1a	1.1a	1.1b
1.1.b. Support Scaling Up Best Practices in MNH, including support in Asia (MotherNewBorNet) and Africa	Global	1.1b	1.1b	1.1a
1.2 Collaborate with FBOs, specifically Religious leaders at Global and National Level to Advocate for and Expand Resources, Capacities and Services of Evidence-Based Maternal & Newborn Health Care Among FBO Health Services and strengthen community mobilization through faith based messages and events	Global, Africa, Kenya		1.2	1.2
1.3 Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in Maternal and Newborn Health	Global	1.3	1.3	1.4

CORE ACTIVITY (PY5)	Location	PY4 Activity Number	PY3 Activity Number	PY2 Activity Number
1.4 Financial Administration and Management of the Small Grants to Expand and Scale Up Postpartum Hemorrhage	Africa	1.4	1.4	1.5
1.5 Small Grant Activities		1.5	New	
1.6 Technical Assistance	Global	1.6	1.5	1.6
1.7 Close-out Activities		New		
IR 2				
2.1 India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program	India	2.1	2.1	2.1b
2.2 Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa		2.2	2.4	2.4
IR 3				
3.1 Prevention of PPH in Cambodia	Cambodia	3.1c	3.1	3.1
3.2 Build Strategic Opportunities to Improve Safe Delivery in Africa			3.2	
3.2.a Support Safe Birth Africa (SBA) Initiative in Rwanda	Rwanda	3.2a	3.2a	New
3.2 b. Repositioning Safe Motherhood in Ghana	Ghana	3.2b	3.2b	New
3.3 BEmONC Technical Updates and Clinical Skills Standardization for providers from Phalombe, Malawi	Malawi	New	-	-

CORE ACTIVITY (PY5)	Location	PY4 Activity Number	PY3 Activity Number	PY2 Activity Number
3.3 Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria	Nigeria	3.3	3.3	1.3a
IR 4				
4.1 Conclude Pre-service Initiative to improve access to skilled attendance at birth in Ethiopia and Ghana	Ethiopia, Ghana, Tanzania	4.1	4.1	4.1b
4.2. Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC	Ethiopia	4.2	4.2	New
4.3. Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies	Ethiopia	4.3	4.3	4.2
IR 5				
5.1. PMTCT Integration with Maternal, Newborn, and Child Health (MNCH) wrap-around Services	Malawi, Rwanda	New		

ANNEX 7 ACCESS DOCUMENTS FOR DISSEMINATION

Technical briefs:

- Focused Antenatal Care: Providing integrated, individualized care during pregnancy
- Preventing Postpartum Hemorrhage
- Prevention and Treatment of Malaria in Pregnancy in Sub-Saharan Africa
- Preventing Malaria in Pregnancy Through Focused Antenatal Care: Working with Faith-Based Organizations in Uganda

Technical reports:

- Demystifying Community Mobilization: An Effective Strategy to Improve Maternal and Newborn Health
- Home and Community-based Health Care for Mothers and Newborns
- Household-to-Hospital Continuum of Maternal and Newborn Care

Other:

- Active Management of the Third Stage of Labor (poster)
- Preventing Postpartum Hemorrhage: Active Management of the Third Stage of Labor (binder)

ANNEX 8 ACCESS BUREAU AND COUNTRY FUNDING TABLE (PY1-PY5)

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
Ethiopia	1	\$0	
	2	\$0	
	3 (new)	\$120,000 – Core	<ul style="list-style-type: none"> • Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists • Training Health officers • Training Community Health Extension Workers • Collaboration with AFR/SD pre-service initiative
	4 (new)	\$1,792,476 – Field	<ul style="list-style-type: none"> • Training Health officers in BEmONC • Training Community Health Extension Workers
		\$105,000 – Core	<ul style="list-style-type: none"> • Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists • Collaboration with AFR/SD pre-service initiative (\$174,991, core, for 3 countries)
	5	\$764,000 – Field	<ul style="list-style-type: none"> • Training Health officers in BEmONC • Training Community Health Extension Workers
		\$6,182 – Core	<ul style="list-style-type: none"> • Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists • Collaboration with AFR/SD pre-service initiative (\$171,753, core, for 2 countries)
		\$34,000 – Core	<ul style="list-style-type: none"> • Continue to expand KMC
Ghana	1	\$0	
	2	\$0	
	3 (new)	\$180,000 – Core	<ul style="list-style-type: none"> • Expand EmONC Training • Collaboration with AFR/SD pre-service initiative
	4		

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
		\$100,000– Core	<ul style="list-style-type: none"> • Collaboration with AFR/SD pre-service initiative (\$174,991, core, for 3 countries)
	5	\$250,000 – Field	<ul style="list-style-type: none"> • Strengthen MIP prevention and treatment
		\$114,989– Core	<ul style="list-style-type: none"> • Expand EMONC services in Ghana • Collaboration with AFR/SD pre-service initiative (\$171,753, core, for 2 countries)
Guinea	1	\$0	
	2 (new)	\$100,000 – Field	<ul style="list-style-type: none"> • Expansion of PAC
	3	\$30,000 (Field carry forward)	<ul style="list-style-type: none"> • Expansion of PAC and FP
	4	\$100,000 - Field	<ul style="list-style-type: none"> • Revise pre-service module for school of medicine • Train medical faculty and update in clinical skills and instructional design
	5	\$0	
Kenya	1	\$0	<ul style="list-style-type: none"> • Institutionalizing best practices for FP [activities began in PY 1 and will be reported in 1st annual report even though we never got an approved workplan]
	2 (new)	\$1,120,000 – Field	<ul style="list-style-type: none"> • Institutionalizing best practices for FP • Training for voluntary counseling and testing (VCT) counselors and Anti retroviral therapy (ART) within PMTCT programs
	3	\$1,700,000 – Field (est) \$125,000 – Core	<ul style="list-style-type: none"> • Strengthen counseling and testing services for HIV in clinical setting
	4	\$3,132,740 – Field	<ul style="list-style-type: none"> • Strengthen counseling and testing services for HIV in clinical setting • Scaling up ART services
		\$64,000 – Core	<ul style="list-style-type: none"> • Expanding AMTSL service delivery
5	\$9,000,000 – AA in process (3 years)	<ul style="list-style-type: none"> • Continue previous activities under ACCESS and add EMONC 	
Madagascar	1	\$0	
	2	\$0	

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	3 (new)	\$50,000 – Field	<ul style="list-style-type: none"> Quality and sustainability of focused antenatal care (FANC), intermittent preventive therapy (IPT) services
	4		
	5	\$300,000 - PMI	<ul style="list-style-type: none"> Strengthen MIP services through increasing uptake of IPTp
Malawi	1	\$0	
	2	\$0	
	3	\$ 215,000 – Core	<ul style="list-style-type: none"> Expand EmONC Training Collaboration with AFR/SD pre-service initiative
	4 (new)	\$2,690,000 – Field	<ul style="list-style-type: none"> Expansion of PAC, FP and Emergency Obstetric and Newborn Care (EmONC) in six districts hospitals FANC/IPT Community-based maternal and newborn care Kangaroo Mother Care (KMC)
	5	\$2,245,000 – Field	<ul style="list-style-type: none"> Expansion of PAC, FP and Emergency Obstetric and Newborn Care (EmONC) in four central hospitals Community-based maternal and newborn care Kangaroo Mother Care (KMC) Further expansion of PAC training
		\$200,000 – Field PAC	<ul style="list-style-type: none"> Integrate PMTCT and MNCH and implement as part of ACCESS model in two districts Further expansion of PAC training
		\$300,000 – Core OHA*	
		\$280,000 – Core PAC*	
Nigeria	1	\$0	
	2 (new)	\$1,000,000 – Field (multi-year)	<ul style="list-style-type: none"> Emergency obstetric care and obstetric fistula
	3	\$2,000,000 – Field	<ul style="list-style-type: none"> Improvement of EmONC services Community mobilization regarding access to skilled providers Policy work on deployment of skilled providers
		\$125,000 – Core	<ul style="list-style-type: none"> Conduct study on local financing mechanisms to increase equity of health services in Nigeria

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	4	\$2,323,000 – Field	<ul style="list-style-type: none"> Improvement of EmONC services Community mobilization regarding access to skilled providers Policy work on deployment of skilled providers
		\$130,000 – Core	<ul style="list-style-type: none"> Apply lessons learned on local financing mechanisms to increase equity of health services in Nigeria
	5	\$750,000 – Field	<ul style="list-style-type: none"> Improvement of EmONC services Community mobilization regarding access to skilled providers Policy work on deployment of skilled providers
Rwanda	1	\$0	
	2	\$0	
	3 (new)	\$650,000 – Core	<ul style="list-style-type: none"> Implementation of Safe Birth Africa Initiative
	4	\$782,000 – Core	<ul style="list-style-type: none"> Implementation of Safe Birth Africa Initiative
	New	\$350,000 – Field/PMI	<ul style="list-style-type: none"> Expand FANC/MIP
	5	\$601,299 – Core (Includes carryforward)	<ul style="list-style-type: none"> Implementation of Safe Birth Africa Initiative
		\$650,000 – Field/PMI	<ul style="list-style-type: none"> Expand FANC/MIP
South Africa	1	\$0	
	2	\$0	
	3 (new)	\$600,000 – Field	<ul style="list-style-type: none"> Dissemination of clinical guidelines around HIV/AIDS prevention and treatment
	4	\$1,245,000 – Field	<ul style="list-style-type: none"> Dissemination of clinical guidelines around HIV/AIDS prevention and treatment
	5	\$0 – using carryforward	<ul style="list-style-type: none"> Dissemination of clinical guidelines around HIV/AIDS prevention and treatment
Tanzania	1 (new)	\$950,000 – Field	<ul style="list-style-type: none"> Integrated ANC and PMTCT Pre-service training in focused ANC Dissemination of IP guidelines Support to WRA

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	2	\$1,625,000 – Field	<ul style="list-style-type: none"> Integrated ANC and PMTCT Pre-service training in focused ANC Dissemination of IP guidelines Support to WRA Support to CEEMI (Malaria Center)
	3	\$1,962,000 – Field	<ul style="list-style-type: none"> Scale up FANC and MIP Strengthen nutrition in in-service and pre-service training
		\$80,000 – Core	<ul style="list-style-type: none"> Collaboration with AFR/SD pre-service initiative (\$250,000, core, for 3 countries)
	4	\$4,748,000 – Field	<ul style="list-style-type: none"> Scale up FANC and MIP
		Core	<ul style="list-style-type: none"> Collaboration with AFR/SD pre-service initiative (\$174,991, core, for 3 countries)
	5	\$743,016 – Field	<ul style="list-style-type: none"> Scale up FANC and MIP
Zambia	1	\$0	
	2	\$0	
	3 (new)	\$50,000 – Field (pay back)	<ul style="list-style-type: none"> Enhance the Social Mobilization effort to fight HIV/AIDS
	4	\$0	
	5	\$0	
Malaria Action Coalition	1	\$920,000 – MAC Core \$770,000 – MAC Field	<ul style="list-style-type: none"> Field support from Kenya, Madagascar, REDSO ESA, Rwanda and WARP Coordination with MAC core funding
	2	\$900,000 – MAC Core \$685,000 – MAC Field	<ul style="list-style-type: none"> Field support from Kenya, Madagascar, REDSO and Mali
	3	\$440,000 – MAC Core (\$200,000 new + \$240,000 estimated carry forward)	<ul style="list-style-type: none"> Personnel support in field and HQ to consolidate lessons learned
	4	\$100,000 – MAC Core	<ul style="list-style-type: none"> Personnel support in field and HQ to consolidate lessons learned
	5	\$100,000 – MAC Core	<ul style="list-style-type: none"> Personnel support in field and HQ to consolidate lessons learned

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
Afghanistan	1	\$0	

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	2 (new)	\$3,000,000 – Field	<ul style="list-style-type: none"> Support to the Afghan Midwives Association (AMA) Assist in the development of a new maternal and newborn health strategy Establish demonstration project for the prevention of postpartum hemorrhage (PPH) for home births Feasibility study for a maternity waiting home in Badakhshan Province
	3 (new)	Carry forward – Field \$8,500,000 – Associate Award/HSSP (multi-year)	<ul style="list-style-type: none"> Support to AMA Continuation of PPH study Activities to support new program on improving quality of care in 13 provinces and training community midwives
	4	\$4,391,056 – Associate Award/HSSP	<ul style="list-style-type: none"> Expansion and scale up of PPH prevention Activities to support new program on improving quality of care in 13 provinces and training community midwives
		\$112,624 – Field	<ul style="list-style-type: none"> Support to AMA
	5	\$ Amount still being negotiated with Mission – Associate Award	
Bangladesh	1	\$0	
	2 (new)	\$2,600,000 – Field (multi-year)	<ul style="list-style-type: none"> Support a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions
	3	\$3,061,000 – Field	<ul style="list-style-type: none"> Community mobilization and behavior change for maternal and newborn health Policy work and advocacy for strengthening services
	4	\$0 – Carry forward Field	<ul style="list-style-type: none"> Support a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions
	5	\$0 – Carry forward Field	<ul style="list-style-type: none"> Support a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions
Cambodia	1	\$0	
	2	\$95,000 – Core/ANE	<ul style="list-style-type: none"> Policy support for maternal and newborn health Strengthen midwifery skills and increasing access to skilled providers

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	3 (new)	\$600,000 – Associate Award (1.8 million multi-year funding)	<ul style="list-style-type: none"> • Policy support for maternal and newborn health • Strengthen midwifery skills and increasing access to skilled providers • Expansion of evidence-based maternal and newborn interventions
		\$200,000 – Core	<ul style="list-style-type: none"> • PPH prevention
	4	\$1,100,000 – AA (over three years)	<ul style="list-style-type: none"> • Policy support for maternal and newborn health • Strengthen midwifery skills and increasing access to skilled providers • Expansion of evidence-based maternal and newborn interventions
		\$120,317 – Core (includes carryforward)	<ul style="list-style-type: none"> • PPH prevention
	5	\$100,000 – Associate Award \$184,112 – Core-carryforward	<ul style="list-style-type: none"> • Policy support for maternal and newborn health • Strengthen midwifery skills and increasing access to skilled providers • Expansion of evidence-based maternal and newborn interventions • PPH Prevention
India	1	\$0	<ul style="list-style-type: none"> •
	2 (new)	Core	<ul style="list-style-type: none"> • Improving Auxiliary Nurse midwives (ANMs) skills to provide services and increasing demand in the community
	3	\$500,000 – Core \$50,000 – Field	<ul style="list-style-type: none"> • Improving ANM skills to provide services and increasing demand in the community
	4	\$496,000 – Core	<ul style="list-style-type: none"> • Improving ANM skills to provide services and increasing demand in the community
	5	\$144,825	<ul style="list-style-type: none"> • Improving ANM skills to provide services and increasing demand in the community
Nepal	1 (new)	\$200,000 – Field	<ul style="list-style-type: none"> • Development of human resource strategy for skilled birth attendants (SBA) and community-based maternal and newborn care

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
	2	\$2,450,000 – Field (multi-year)	<ul style="list-style-type: none"> Develop SBA learning resource package Develop and test a community strategy for the identification and management of low birth weight (LBW) infants Assist with national guidelines for LBW in the National Neonatal Health strategy Policy work on the enabling environment of SBAs in rural communities. CEDPA (Adolescent health)
	3	\$1,000,000 – Field (carry forward)	<ul style="list-style-type: none"> Curriculum development and training for skilled providers Guidelines development for LBW infants Community management of LBW infants
		\$160,000 – Core	<ul style="list-style-type: none"> KMC
	4	Carry forward TBD – Field TBD – Core	<ul style="list-style-type: none"> Continue expansion of KMC
	5	\$500,000 – Field	<ul style="list-style-type: none"> Technical assistance to maternal mortality study Pilot study for eclampsia and pre-eclampsia

ACCESS Country	Program Year	Funding Obligated (*Anticipated)	Key Activities
Haiti	1 (new)	\$1,500,000 – Field	<ul style="list-style-type: none"> Increased accessibility and use of PMTCT Strengthened reproductive health – postabortion care (PAC), infection prevention and family planning (FP) Assess Cervical Cancer Prevention
	2	\$695,000 – Field	<ul style="list-style-type: none"> Increase accessibility and use of PMTCT services Strengthen RH – PAC, FP, IP Assess Cervical Cancer Prevention activities
	3	\$450,000 – Field	<ul style="list-style-type: none"> Strengthen PMTCT training and services Strengthen RH – PAC, FP, IP
	4	\$130,000- Core FP/RH	<ul style="list-style-type: none"> Field test PAC module Revise curriculum
	5	\$0	<ul style="list-style-type: none">

ACCESS Bureau	Program Year	Funding Obligated (*Anticipated)	Countries	Key Activities
USAID/ East	1	\$0		

ACCESS Bureau	Program Year	Funding Obligated (*Anticipated)	Countries	Key Activities
Africa				
	2	\$0		
	3	\$127,000	Kenya	<ul style="list-style-type: none"> Strengthen and integrate TB screening and referral, diagnosis for pregnant women into FANC services
	4	\$0 (carry forward)		<ul style="list-style-type: none"> Wrap up activities
	5	\$0		<ul style="list-style-type: none">
AFR/SD Bureau	1 (new)	\$200,000	Angola, Ethiopia, Ghana, Mozambique, Nigeria, Mali, Senegal, Tanzania	<ul style="list-style-type: none"> Training of technical experts/facilitators for the implementation of the Africa Road Map Preservice midwifery education
	2	\$400,000	Zambia, Niger, Senegal, Burkina Faso, Mauritania, Ghana*, Ethiopia*, Malawi*, Tanzania*	<ul style="list-style-type: none"> Implementation of Africa Road Map in 5 countries Preservice midwifery education in 4 countries* Lusophone conference
	3	\$400,000	Ghana, Tanzania, Ethiopia, Malawi	<ul style="list-style-type: none"> Improve pre-service midwifery education Support WHO's Road Map for Safe Motherhood in Africa
	4	\$400,000	Ghana, Tanzania, Ethiopia	<ul style="list-style-type: none"> Improve pre-service midwifery education Support WHO's Road Map for Safe Motherhood in Africa
	5	\$100,000		<ul style="list-style-type: none"> Improve preservice education in Ghana and Ethiopia

ACCESS Bureau	Program Year	Funding Obligated (*Anticipated)	Countries	Key Activities
ANE Bureau	1	\$430,000	Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor	<ul style="list-style-type: none"> • Support to WHO/SEARO • Country level advocacy for Lancet series on neonatal health • Technical support to scaling up prevention of PPH • Development and integration of community-based postpartum care MotherNewBorNet in Asia
	2	\$0 (\$373,150 carry forward)	Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor	<ul style="list-style-type: none"> • Support MotherNewBorNet • Support to WHO/SEARO for a regional meeting • Support to USAID and MOH/Cambodia
	3	\$0 (\$208,932 carry forward)		<ul style="list-style-type: none"> • Support panelists and participants to ANE Best Practices meeting
	4	\$0 (\$34,722 carry forward)		
	5	\$0		
LAC Bureau	1 (new)	\$50,000	Guatemala, Peru, , Bolivia, DR, Paraguay	<ul style="list-style-type: none"> • Research and preparation of strategic document for newborn health with multiple stakeholders
	2	\$75,000 (received as GH/HIDN core)	Bolivia, DR, Guatemala, Peru	<ul style="list-style-type: none"> • Completion of regional newborn strategy on EMNC
	3	*\$0 (\$17,271 carry forward)		<ul style="list-style-type: none"> • Printing and dissemination of Newborn Policy
	4	\$0		<ul style="list-style-type: none"> •

ACCESS Bureau	Program Year	Funding Obligated (*Anticipated)	Countries	Key Activities
	5	\$0		•
USAID/ West Africa	1 (new)	\$300,000	Mauritania, Cameroon	<ul style="list-style-type: none"> • Development of EMNC providers in Cameroon • Training of community social mobilizers
	2	\$300,000	Cameroon, one new country TBD	<ul style="list-style-type: none"> • Development of EMNC providers in Cameroon and Mauritania • Training for social mobilization trainers
	3	\$300,000	Cameroon, Mauritania, Togo, Niger	<ul style="list-style-type: none"> • Development of EMNC providers • Training for social mobilization
	4	\$0 (carry forward)	Cameroon, Mauritania, Togo, Niger	<ul style="list-style-type: none"> • Wrap up activities
	5	\$0		•

ANNEX 9 HIDN 30 SEPTEMBER 2008 BASELINE REPORT

ANNEX 10 ACCESS INTERNATIONAL TRAVEL, CORE

Access to Clinical and Community Maternal and Neonatal and Women's Health Services (ACCESS)

Year Five Workplan: 1 October 2008 - 30 September 2009

	Unit Cost	Unit	x	Qty	Unit	x	Qty	Unit	
Program Management									
Traveler: Various									
Airfare: Westport CT to Washington DC	\$600	/trip	x	1	trip	x	2	person	\$1,200
Lodging		/day	x		days	x	1	person	\$0
M&IE		/day	x		days	x	1	person	\$0
Misc		/trip	x	1	trip	x	1	person	<u>\$0</u>
									\$1,200
Traveler: Pat Daly									
Airfare: To attend Annual Meetings and Conferences	\$525	/trip	x	3	trip	x	1	person	\$1,575
Lodging		/day	x		days	x	1	person	\$0
M&IE		/day	x		days	x	1	person	\$0
Misc		/trip	x	1	trip	x	1	person	<u>\$0</u>
									\$1,575
Traveler: Koki Agarwal									
Airfare: Baltimore-Geneva	\$5,000	/trip	x	1	trip	x	2	person	\$10,000
Lodging	\$293	/day	x	5	days	x	2	person	\$2,930
M&IE	\$175	/day	x	7	days	x	2	person	\$2,450
Misc	\$250	/trip	x	1	trip	x	2	person	<u>\$500</u>
									\$15,880
Global Leadership									
Collaborate with WHO/Geneva to improve and update the MCPC manual									
Traveler: Harshad Sanghvi									
Airfare: Baltimore-Geneva (cost shared)	\$3,750	/trip	x	1	trip	x	1	person	\$3,750
Lodging	\$243	/day	x	5	days	x	1	person	\$1,215
M&IE	\$175	/day	x	7	days	x	1	person	\$1,225
Misc	\$250	/trip	x	1	trip	x	1	person	<u>\$250</u>
									\$6,440
Support Scaling Up Best Practices in MNH, including support in Asia (MotherNewBorNet) and Africa									
Traveler: Jhpiego staff									
Airfare: Baltimore - TBD in Africa	\$4,800	/trip	x	1	trip	x	4	person	\$19,200
Lodging	\$180	/day	x	5	days	x	4	person	\$3,600
M&IE	\$90	/day	x	8	days	x	4	person	\$2,880
Misc	\$250	/trip	x	1	trip	x	4	person	<u>\$1,000</u>
									\$26,680

Traveler: Save the Children Staff

Airfare: Washington DC - TBD in Africa	\$5,100	/trip	x	1	trip	x	3	person	\$15,300
Lodging	\$185	/day	x	8	days	x	3	person	\$4,440
M&IE	\$85	/day	x	8	days	x	3	person	\$2,040
Misc	\$1,257	/trip	x	1	trip	x	3	person	\$3,771
									\$25,551

Collaborate with FBOs at Global and National Level to Advocate for and Expand Resources, Capacities and Services of Evidence-Based Maternal & Newborn Health Care Among FBO Health Services

Traveler: Sarla Chand

Airfare: Baltimore-Rwanda	\$3,400	/trip	x	2	trip	x	1	person	\$6,800
Lodging	\$189	/day	x	10	days	x	1	person	\$1,890
M&IE	\$43	/day	x	10	days	x	1	person	\$430
Misc	\$200	/trip	x	2	trip	x	1	person	\$400
									\$9,520

Close out activities

Traveler: ACCESS Field Directors

Airfare: Field-Baltimore	\$2,500	/trip	x	1	trip	x	2	person	\$5,000
Lodging	\$155	/day	x	8	days	x	2	person	\$2,480
M&IE	\$59	/day	x	10	days	x	2	person	\$1,180
Misc	\$250	/trip	x	1	trip	x	2	person	\$500
									\$9,160

IR 2 Preparation for Childbirth

India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program

Traveler: Harshad Sanghvi and Koki Agarwal

Airfare: Baltimore-Delhi	\$5,000	/trip	x	1	trip	x	2	person	\$10,000
Lodging	\$380	/day	x	5	days	x	2	person	\$3,800
M&IE	\$106	/day	x	7	days	x	2	person	\$1,484
Misc	\$250	/trip	x	1	trip	x	2	person	\$500
									\$15,784

Traveler: Stephanie Suhowatsky

Airfare: Nepal-Delhi	\$1,000	/trip	x	1	trip	x	1	person	\$1,000
Lodging	\$380	/day	x	5	days	x	1	person	\$1,900
M&IE	\$106	/day	x	7	days	x	1	person	\$742
Misc	\$250	/trip	x	1	trip	x	1	person	\$250
									\$3,892

Prevention of PPH in Cambodia

Traveler: Elaine Roman

Airfare: US-Cambodia	\$2,000	/trip	x	1	trip	x	1	person	\$2,000
Lodging	\$106	/day	x	6	days	x	1	person	\$636
M&IE	\$79	/day	x	6	days	x	1	person	\$474
Misc	\$150	/trip	x	1	trip	x	1	person	\$150
									\$3,260

Traveler: Nasrat Ansari

Airfare: Afghanistan-Cambodia	\$1,500	/trip	x	1	trip	x	1	person	\$1,500
Lodging	\$106	/day	x	10	days	x	1	person	\$1,060
M&IE	\$79	/day	x	10	days	x	1	person	\$790

Misc	\$150	/trip	x	1	trip	x	1	person	<u>\$150</u>
									\$3,500
Traveler: Jeff Smith									
Airfare: Bangkok-Cambodia	\$400	/trip	x	1	trip	x	1	person	\$400
Lodging	\$106	/day	x	4	days	x	1	person	\$424
M&IE	\$79	/day	x	4	days	x	1	person	\$316
Misc	\$150	/trip	x	1	trip	x	1	person	<u>\$150</u>
									\$1,290

IR 3 Safe Delivery, Postpartum and Newborn

Support Safe Birth Africa (SBA) Initiative in Rwanda

Traveler: Tsigue Pleah

Airfare: Baltimore-Rwanda	\$5,000	/trip	x	1	trip	x	1	person	\$5,000
Lodging	\$189	/day	x	13	days	x	1	person	\$2,457
M&IE	\$86	/day	x	15	days	x	1	person	\$1,290
Misc	\$250	/trip	x	1	trip	x	1	person	<u>\$250</u>
									\$8,997

Traveler: Program Staff

Airfare: Baltimore-Rwanda	\$5,000	/trip	x	1	trip	x	2	person	\$10,000
Lodging	\$189	/day	x	5	days	x	2	person	\$1,890
M&IE	\$86	/day	x	7	days	x	2	person	\$1,204
Misc	\$250	/trip	x	1	trip	x	2	person	<u>\$500</u>
									\$13,594

Traveler: Jeremie Zoungrana

Airfare: Burkina Faso-Rwanda	\$3,500	/trip	x	2	trip	x	1	person	\$7,000
Lodging	\$189	/day	x	26	days	x	1	person	\$4,914
M&IE	\$86	/day	x	20	days	x	1	person	\$1,720
Misc	\$250	/trip	x	2	trip	x	1	person	<u>\$500</u>
									\$14,134

Traveler: Patricia Gomez

Airfare: Baltimore-Rwanda (cost shared)	\$5,000	/trip	x	1	trip	x	1	person	\$5,000
Lodging	\$94	/day	x	5	days	x	1	person	\$470
M&IE	\$43	/day	x	7	days	x	1	person	\$301
Misc	\$125	/trip	x	1	trip	x	1	person	<u>\$125</u>
									\$5,896

Traveler: Winnie Mwebesa

Airfare:	\$4,450	/trip	x	2	trip	x	1	person	\$8,900
Lodging	\$189	/day	x	24	days	x	1	person	\$4,536
M&IE	\$86	/day	x	24	days	x	1	person	\$2,064
Misc	\$550	/trip	x	2	trip	x	1	person	<u>\$1,100</u>
									\$16,600

Traveler: Joseph de Graft-Johnson

Airfare:	\$1,200	/trip	x	1	trip	x	1	person	\$1,200
Lodging	\$189	/day	x	10	days	x	1	person	\$1,890
M&IE	\$86	/day	x	10	days	x	1	person	\$860
Misc	\$550	/trip	x	1	trip	x	1	person	<u>\$550</u>
									\$4,500

Repositioning Safe Motherhood in Ghana

Traveler:

Airfare:	\$0	/trip	x	0	trip	x	0	person	\$0
Lodging	\$0	/day	x	0	days	x	0	person	\$0
M&IE	\$0	/day	x	0	days	x	0	person	\$0
Misc	\$0	/trip	x	0	trip	x	0	person	\$0
									<u>\$0</u>

Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria

Traveler:

Airfare:	\$5,000	/trip	x	1	trip	x	1	person	\$5,000
Lodging	\$186	/day	x	10	days	x	1	person	\$1,860
M&IE	\$300	/day	x	1	days	x	1	person	\$300
Misc	\$0	/trip	x	0	trip	x	0	person	\$0
									<u>\$7,160</u>

IR 4 Obstetric Complications and Sick Newborn**Increase access to skilled attendance at birth through strengthening of pre-service midwifery education of frontline providers in three countries (Ethiopia, Ghana, and Tanzania)**

Traveler: Diana Beck

Airfare: Oregon-Tanzania	\$3,000	/trip	x	1	trip	x	1	person	\$3,000
Lodging (Dar es Salaam)	\$187	/day	x	3	days	x	1	person	\$561
Lodging (Morogoro)	\$135	/day	x	22	days	x	1	person	\$2,970
M&IE (Dar es Salaam)	\$86	/day	x	3	days	x	1	person	\$258
M&IE (Morogoro)	\$52	/day	x	22	days	x	1	person	\$1,144
Misc	\$350	/trip	x	1	trip	x	1	person	\$350
									<u>\$8,283</u>

Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies in Nepal and Rwanda

Traveler: TBD Save the Children staff

Airfare: Washington DC - Sweden	\$1,200	/trip	x	1	trip	x	2	person	\$2,400
Lodging	\$291	/day	x	3	days	x	2	person	\$1,746
M&IE	\$170	/day	x	3	days	x	2	person	\$1,020
Misc	\$117	/trip	x	1	trip	x	2	person	\$234
									<u>\$5,400</u>

Traveler: Juliet Macowell

Airfare: PHL - Sweden	\$250	/trip	x	1	trip	x	1	person	\$250
Lodging	\$100	/day	x	7	days	x	1	person	\$700
M&IE	\$170	/day	x	7	days	x	1	person	\$1,190
									<u>\$2,140</u>

Traveler: Dr. Cyprien

Airfare: Rwanda - Sweden	\$0	/trip	x	1	trip	x	0	person	0
Lodging	0	/day	x	7	days	x	1	person	0
M&IE	\$170	/day	x	7	days	x	1	person	\$1,020
									<u>\$1,020</u>

ANNEX 11 PY 5 WORKPLAN BUDGET - OCT 2008 - MARCH 2010

ANNEX 12 ACCESS ACTIVITY END-DATE

CORE ACTIVITY PY5	LOCATION	ESTIMATED COMPLETION DATE
1.1 Through Global Partnerships, promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal, and women's health goals and incorporation of evidence-based strategies in country programs		
1.1.a. Collaborate with WHO/Geneva in revision of the manual Managing Complications in Pregnancy and Childbirth	Global	May 2009
1.1.b. Support Scaling Up Best Practices in MNH, including support in Asia (MotherNewBorNet) and Africa	Global	September 2009
1.2 Collaborate with FBOs, specifically Religious leaders at Global and National Level to Advocate for and Expand Resources, Capacities and Services of Evidence-Based Maternal & Newborn Health Care Among FBO Health Services and strengthen community mobilization through faith based messages and events	Global, Africa, Kenya	September 2009
1.3 Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in Maternal and Newborn Health	Global	December 2009
1.4 Financial Administration and Management of the Small Grants to Expand and Scale Up Postpartum Hemorrhage	Africa	May 2009
1.5 Small Grant Activities		March 2009
1.6 Technical Assistance	Global	N/A
1.7 Close-out Activities		March 2010
IR 2		
2.1 India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program	India	May 2009
2.2 Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa		September 2009
IR 3		
3.1 Prevention of PPH in Cambodia	Cambodia	September 2009
3.2 Build Strategic Opportunities to Improve Safe Delivery in Africa		
3.2.a Support Safe Birth Africa (SBA) Initiative in Rwanda	Rwanda	September 2009
3.2 b. Repositioning Safe Motherhood in Ghana	Ghana	September 2009

3.3 Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria	Nigeria	June 2009
3.4: BEmONC Technical Updates and Clinical Skills Standardization for providers from Phalombe, Malawi	Malawi	September 2009
IR 4		
4.1 Conclude Pre-service Initiative to improve access to skilled attendance at birth in Ethiopia and Ghana	Ethiopia, Ghana, Tanzania	March 2009
4.2. Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC	Ethiopia	September 2009
4.3. Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies	Ethiopia	September 2009
IR 5		
5.1. PMTCT Integration with Maternal, Newborn, and Child Health (MNCH) wrap-around Service	Malawi	September 2009

ANNEX 13 ACCESS PY5 CORE ACTIVITIES AND ILLUSTRATIVE FUNDING

ACCESS PY5 Core Activities and Illustrative Funding of \$2,525,000 new funding and \$647,111 carryforward (FY08 funding MCH Elements 1.6.1, .2, .3)
ACCESS additional Core funding in PY5 includes \$300,000 from OHA and \$100,000 from Malaria (not covered in this matrix)
PY4 Carryforward funds will be used to continue specific activities delayed for unforeseen circumstances

ACCESS PY 5 (10/1/2008-3/31/2010)-Pending USAID/OAA approval
Revised 2 December 2008

No.	Activity Title	Activity Summary	Estimated		Activity COST w/ Pro-rated PM and Qual Included	Illustrative Allocation by Results Pathways					TOTAL	
			Subactivity Total	Activity Total as of 07/28/08		SBA	PPH	Newborn	ANC	Obstetric Emergency		
						1.6.1	1.6.1	1.6.3	1.6.1	1.6.2		
IR 1: Global Leadership for maternal, neonatal and women's health and nutrition programs and policies												
Activity 1.1. Global Networking												
1.1a	Collaborate with WHO/Geneva to improve and update the Managing Complications of Pregnancy and Childbirth manual	a) Revised timeline formulated in collaboration with MPS b) ACCESS technical experts complete revision of assigned content areas and maintain contact with WHO staff steering the process c) Participation at WHO-organized meeting of experts to provide recommendations on content and format	\$ 36,570		\$ 51,097	\$ 21,097	\$ 12,000	\$ 6,000	\$ 12,000	\$ -		
1.1b	Support Scaling Up Best Practices in MNH, including support in Asia (MotherNewBorNet) and Africa	a) Finalize KMC article for MotherNewBorNet newsletter and support technical input into the MotherNewBorNet newsletter b) Provide technical input to support USAID's regional meeting in Africa scale up best practices in country programs c) Participation of key staff in the Africa regional meeting	\$ 77,362		\$ 108,092	\$ 33,092	\$ 25,000	\$ 25,000	\$ 25,000	\$ -		
Total Activity 1.1 Global Networking					\$ 113,932	\$ 159,189	\$ 54,189	\$ 37,000	\$ 31,000	\$ 37,000	\$ -	\$ 159,189
1.2	Partnership with Faith Based Organizations FBO	a) Adapt, Coordinate the Regional Safe Motherhood Guide based on field test feedback from Rwanda b) Monitor use, gathering periodic feedback (using brief tool) c) Final report on usefulness of the SM Guide		\$ 53,719	\$ 75,058	\$ 25,058	\$ 13,000	\$ 13,000	\$ 24,000	\$ -	\$ 75,058	
1.3	Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in Maternal and Newborn Health	a) Finalize, print and disseminate Kangaroo Mother Care Manual, Community Mobilization Guidelines, and Interfaith Safermotherhood Sermon Guide for Christian and Islamic religious leaders b) Disseminate maternal and newborn materials and documents c) Maintain and update the website d) Develop programmatic briefs on lessons learned e) Prepare abstracts and presentations for key conferences		\$ 273,925	\$ 382,736	\$ 301,736	\$ 27,000	\$ 27,000	\$ 27,000	\$ -	\$ 382,736	
1.4	Financial Administration and Management of the Small Grants to Expand and Scale Up PPH	a) Conduct administration and monitoring of current small grants b) Close out and reporting of current small grants (PPH) c) Complete report to document results		\$ 24,026	\$ 33,570	\$ -	\$ 33,570	\$ -	\$ -	\$ -	\$ 33,570	
1.5	Completion of Small Grants activities	a) Complete disbursement funds due to small grant recipients		\$ 33,474	\$ 46,771	\$ -	\$ 46,771	\$ -	\$ -	\$ -	\$ 46,771	
1.6	Technical Assistance			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1.7	Close out Activities	a) Conduct final program and administrative close out of ACCESS Program		\$ 287,565	\$ 401,794	\$ 90,794	\$ 140,000	\$ 125,000	\$ 46,000	\$ -	\$ 401,794	
Total IR 1				\$ 786,641	\$ 1,099,118	\$ 471,777	\$ 297,341	\$ 196,000	\$ 134,000	\$ -	\$ 1,099,118	
IR 2: Preparation for Childbirth												
2.1	India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program	a) Conduct endline survey b) Analyze data, write report c) Hold a two day results dissemination meeting with members of the TAG, USAID Mission, and other stakeholders d) Coordinate on comparison study with 6 week training model		\$ 219,825	\$ 307,146	\$ 79,858	\$ 76,786	\$ 98,287	\$ -	\$ 52,215	\$ 307,146	
Total IR 2				\$ 219,825	\$ 307,146	\$ 79,858	\$ 76,786	\$ 98,287	\$ -	\$ 52,215	\$ 307,146	
IR 3: Safe Delivery, Postpartum and Newborn												
3.1	Prevention of PPH in Cambodia	Expand the use of AMTSL for prevention of PPH		\$ 184,112	\$ 257,247	\$ -	\$ 257,247	\$ -	\$ -	\$ -	\$ 257,247	
Activity 3.2: Build Strategic Opportunities to Improve Safe Delivery in Africa												
3.2a	Support Safe Birth Africa (SBA) Initiative in Rwanda	a) To continue to provide technical assistance to in-country partners to promote scale-up of targeted life-saving interventions around the time of birth that will result in measurable improvement in maternal and newborn health.	\$ 601,299		\$ 840,152	\$ 277,250	\$ 184,834	\$ 176,432	\$ 142,826	\$ 58,811		

3.2b	Expand EMNC in Ghana by improving national BEmONC standards	a) Performance standards in BEmONC for pre-service midwifery programs and clinical sites developed and adopted at national level. b) Clinical Schedule Book adapted to include midwifery students' BEmONC competencies c) Assessment of 13 pre-service midwifery programs for midwifery education standards d) Results disseminated and plan formed for scale up to other pre-service programs and clinical sites	\$ 114,989		* \$ 160,666	\$ 105,666	\$ 25,000	\$ 30,000	\$ -	\$ -	\$ -	\$ -
Total Activity 3.2: Build Strategic Opportunities to Improve Safe Delivery in Africa			\$ 716,288		\$ 1,000,818	\$ 382,916	\$ 209,834	\$ 206,432	\$ 142,826	\$ 58,811	\$ 1,000,818	
3.3	Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria	a) Conduct final evaluation of VSLA/Motherclub in Zamfara state b) Produce final report	\$ 48,126		* \$ 67,243	\$ 67,243	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 67,243
3.4	BEmONC Technical Updates and Clinical Skills Standardization course for providers from Phalombe, Malawi	a) Conduct BEmONC technical update and Clinical Skills Standardization course for providers from targeted facilities in Phalombe, Malawi	\$ 103,121		\$ 144,084	\$ 47,548	\$ 57,633	\$ 38,903	\$ -	\$ -	\$ -	\$ 144,084
Total IR 3			\$ 1,051,647		\$ 1,469,392	\$ 497,707	\$ 524,714	\$ 245,335	\$ 142,826	\$ 58,811	\$ 1,469,392	
IR 4: Obstetric Complications and Sick Newborn												
4.1	Conclude Preservice Initiative to improve access to skilled attendance at birth in Ethiopia and Ghana	a) One BEmONC training conducted in Tanzania (delayed from PY4 because of scheduling challenges) b) At least 32 midwifery educators in Ethiopia and Ghana assessed following PY4 training in BEmONC c) National level stakeholders in Ethiopia and Ghana updated on accomplishments to date in the preservice initiative and pledge support to sustain momentum d) The Learning Resource Package, Best Practices in Essential and Basic Emergency Maternal and Newborn Care used by midwifery tutors and preceptors, disseminated in all ACCESS Program countries	\$ 171,753		* \$ 239,978	\$ 59,995	\$ 64,794	\$ 83,992	\$ -	\$ 31,197	\$ -	\$ 239,978
4.2	Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC	a) Support ESOG staff attendance at FIGO event	\$ 6,182		\$ 8,638	\$ 4,319	\$ -	\$ -	\$ -	\$ 4,319	\$ -	\$ 8,638
4.3	Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies	a) KMC centers of excellence established in Ethiopia b) KMC services expanded to at least three peripheral health facilities in Ethiopia c) Generic training manual for integrating KMC into community MNH programs available for use	\$ 34,454		\$ 48,140	\$ -	\$ -	\$ 48,140	\$ -	\$ -	\$ -	\$ 48,140
Total IR 4			\$ 212,389		\$ 296,756	\$ 64,313	\$ 64,794	\$ 132,133	\$ -	\$ 35,516	\$ 296,756	
IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive age												
Total IR 5			\$ -		\$ -							
Total IR 1-5			\$ 2,270,502		\$ 3,172,411	\$ 1,113,655	\$ 963,635	\$ 671,754	\$ 276,826	\$ 146,541	\$ 3,172,411	
						\$897,500	\$670,000	\$631,250	\$200,000	\$126,250	\$ 2,525,000	PY5
						Element 1.6.1: \$1,767,500 includes SBA, PPH, and ANC						
For USAID management review, the budgeted amounts below are allocated in this Matrix across all activities. However, unless directed by USAID these costs will be captured as sep. activities as shown.												
Estimated Program Management and Quality Monitoring and Evaluation			\$ 901,909									
Total PY5			\$ 3,172,411									

*PY4 Carryforward funds will be used to continue specific activities delayed for unforeseen circumstances		\$ 647,411
Activity		Amount
Est. Carry forward - Activity 1.4 and 1.5: Small grant administration and activities		\$ 57,500
Est. Carry forward - Activity 2.1: India		\$ 54,825
Est. Carry forward - Activity 3.1: Cambodia		\$ 184,112
Est. Carry forward - Activity 3.2a: Rwanda		\$ 247,859
Est. Carry forward - Activity 3.2b: Ghana		\$ 14,989
Est. Carry forward - Activity 3.3: Equity in Nigeria		\$ 48,126
Est. Carry forward - Activity 4.1: Preservice		\$ 40,000
Total PY4 Carryforward		\$ 647,411