

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

ACCESS

YEAR FIVE ANNUAL IMPLEMENTATION PLAN – PART B

FIELD SUPPORT WORKPLANS Final Version 2 February 2009

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JHPIEGO in collaboration with
Save the Children
Constella Futures
Academy for Educational Development
American College of Nurse-Midwives
IMA World Health



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

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Status of Field Support Workplans

Approved Workplans

1. Bangladesh
2. Ethiopia
3. Ghana
4. Madagascar
5. Malawi
6. Nepal
7. Rwanda
8. South Africa

Bangladesh
ACCESS Field Representative: Lubana Ahmad
US-based ACCESS Contact person: Pat Daly
PY4 Funding Amount and Sources: Carry forward from PY4
ACCESS Partners: Save the Children, Jhpiego
Other Collaborating Organizations: ICCDR,B and Shimantik

Program Approach

USAID is supporting a Safe Motherhood and Newborn Care Program in Sylhet District of Bangladesh through ACCESS - USAID's global Maternal and Newborn Health Program. The long term goal of the program is to improve maternal and neonatal outcomes by specifically increasing the practice of healthy maternal and neonatal behaviors both at scale and in a sustainable manner in Sylhet District. Achievement of this goal will contribute to the SO for USAID's population and health program which is to reduce fertility and improve family health. The current program started in February 2006 and goes through July 2009.

The ACCESS Bangladesh Program is modeled on Projahnmo I, a community-based neonatal health program funded by USAID and Save the Children's Saving Newborn Lives Initiative. The ACCESS Bangladesh program is developing a more sustainable/scalable model focusing on behavior change and community mobilization. ACCESS Bangladesh ensures the visit of a trained counselor to the home of each pregnant woman in the program area four times: twice during pregnancy, once within 24 hours after childbirth, and once from five to seven days post delivery. During the first two visits the counselor (called ACCESS Counselor or AC) provides the mother-to-be and family members, or other support persons, critical information to ensure a safe delivery and a healthy outcome for mother and baby. The last two visits provide information and support to ensure both mother and baby get the necessary preventive and, when needed, appropriate curative care for them to survive. Supporting and facilitating the work of the counselors is a community mobilization initiative that works with women's and men's groups to encourage appropriate home care techniques, promote preparation of a birth and newborn plan, assist the communities to establish emergency transport and financial schemes, and raise awareness about rights to adequate health care. These community groups will be capable of both supporting the home care messages and advocating with government authorities to improve quality and coverage of maternal and newborn health care.

Field implementation in Sylhet with the two implementing partner NGOs, Shimantik and FIVD, B (Friends in Village Development) has been fully underway. The program impact area reaches a population of 1.5 million. To date 286 ACCESS Counselors (AC) have been recruited, trained, and have begun making home visits. In addition, 113 community mobilizers (73 of which also serve as supervisors of ACs) have been recruited, trained and have started work. ICDDR'B provides technical support on program design, monitoring and improvement, and is responsible for the evaluation component.

Bangladesh workplan

Key Activities	Year 4						Responsibility	Technical Assistance	Milestones/Outputs
	Q1			Q2					
	O	N	D	J	F	M			
A. Program Management									
Bilateral meeting with USAID/B mission	x		x		x		PM ACCESS	Country Director, SC	Participated in Meeting and Minutes documented
Conduct MOH-USAID-MNH WG meetings for FY 09 work plan review by DGHS	x						PM ACCESS	Country Director, SC	WG meeting convened
Coordinate with USAID/Bangladesh for holding Corporate Steering group for approval of Work plan for FY09	x	x					PM ACCESS	DCD, SC	Work Plan approved by CSG
Share approved FY 09 work plan with PNGOs and develop micro plan for implementation	x						PNGOs	ACCESS/B team	Micro plan developed
Development of technical proposal and budget for Associaite Award			x	x			PM ACCESS and PNGO representative	DCD, SC/ACCESS HQ/Consultant	Proposal & Budget developed
Work planning workshop with PNGOs for AA proposal					x		ACCESS B team and PNGOs	PM ACCESS/ DCD	Deatiled work planning workshop done for next award by ACCESS/B team and PNGOs
Prepare Annual, Semiannual and Quarterly report (Program & Finance) for ACCESS HQ/ USAID /SC HQ	x			x			DPM M & E	PM, ACCESS	Report prepared
Monthly financial report & review of pipeline	x	x	x	x	x	x	PM, ACCESS	DCD Finance, SC-HQ-finance	Monthly financial report prepared and review of pipeline done
B. Program Management of Team meeting with local NGOs									

Bi-Monthly PMT meeting (ACCESS SC & PNGOs)	x		x		x		FM ACCESS	PM ACCESS	4 PMT Meeting conducted
Quarterly Senior Management Team (SC & NGOs) meeting with partners			x			x	PNGOs SMT /PM ACCESS	CD/DCD and sr. management of NGOs	2 SMT meeting conducted
Annual program results/ lessons sharing meeting	x						ACCESS/B team and PNGOs	PM, ACCESS/DCD	1 Annual program dissemination conducted
B M&E/ MIS/ Reporting									
A. Review current M & E plan and revise as recommended									
i. Develop SOW for Internaitonal Consultant for revision of current M & E system	x						DPM M & E	PM, HQ, ACCESS	Consultant hired
ii. Hold workshop to revisit the current M & E Plan, Supervisory plan, MIS forms etc and simplify as recommended in the MTR	x	x					Consultant, DPM M & E	M&E SC, PNGO and MOH staff	M & E Plan simplified
iii. Orient PNGO on Revised M&E system			x				DPM M&E	M&E SC, PNGO and MOH staff	4 core PNG staff oriented
iv. Orient field staff on revised M&E system				x			PNGO	M&E SC, PNGO and MOH staff	400 field staff oriented
Prepare quarterly, semi-annual & annual MIS report to monitor and report program outputs and capture OP indicators	x			x			DPM M&E	PM ACCESS	Quarterly, semi-annual and annual MIS report prepared
Production of Bangaldesh Country Brief					x	x	ACCESS B	SC HQ	Bangladesh Country brief prepared
C. Conduct Verbal Autopsy for stillbirth & newborn death									
i. Develop/adapt tool	x						ICDDRDB		VA tool developed

ii. Conduct survey	x	x					ICDDRB	PM ACCESS	Survey conducted
iii. Hold National Consultative meeting to adjust VA/BL findings and to revise the MNH package/messages			x				PM ACCESS	ICDDRB, ACCESS HQ	Workshop conducted & recommendations fed forward to revise MNH content
Continue monitoring and supervision visits for quality improvement/on site TA and data validation	x	x	x	x	x	x	SC ACCESS Team/PNGOs team	PM ACCESS	Periodic monitoring and monthly supervision visits conducted
Continue process documentaion of different activities	x	x	x	x	x	x	DPM DOC	PM, ACCESS	Process documentaion completed
Objective 1: To increase knowledge, skills and practice of healthy maternal and neonatal behaviors in the home									
A. Basic 3 day skill (counseling) training for all level of staff									
i Develop TOR & hire consultant			x				DPM MNH	PM ACCESS	Contract done with consultant
ii. Develop curriculum & review			x				External consultant	DPM-MNH	Curricula developed
iii. TOT of core staffs to develop as trainer - 2 batches			x				External consultant	DPM-MNH	TOT conducted
iv. Conduct basic training for all field staff - 23 batches				x	x		Core Trainers (FSOs)	DPM-MNH & TFPs	460 staffs trained
B. 5 day MNH Refresher Training to improve knowledge & competency									
i.Update MNH curriculum with revised technical content & counseling package to educate the community			x				DPM MNH, DPM FO	PM ACCESS. ACCESS HQ	MNH curriculum and counseling package upated
ii.TOT for PNGO core trainers						x	ACCESS SC staffs	PM ACCESS	40 Core trainers trained
C. Quarterly One-day MNH clinical update sessions at upazilla level									

Develop curriculum for the one day technical updates			x				DPM MNH, DPM FO	PM, ACCESS	Draft guideline prepared
Field test & finalize guideline			x				DPM MNH, DPM FO	PM, ACCESS	Guideline finalized
Conduct one-day technical update meeting sessions at upazilas quarterly for all field staffs (using pictorials, video, newborn at hospitals for better identification of danger signs etc)				x			DPM MNH, DPM FO	PM, ACCESS	Field staffs skill for identifying danger sign developed
E. ACCESS Counselors conduct home visits for education and negotiation with family to practice MNH behaviors including c-KMC									
Home visits by ACCESS Counselor continued	x	x	x	x	x	x	ACs	All Supervisors	Home visits conducted
Provide on site TA and one to one coaching for AC to improve counseling skill	x	x	x	x	x	x	PNGOs	ACCESS/B	ACCESS Counselors counseling skill improved
F. Update Married Women of Reproductive Age and Pregnancy Registers									
Update MWRA and pregnancy registers through routine block visits	x	x	x	x	x	x	ACs	PNGOs	Home visits conducted
Piloting update of MWRA and pregnancy registers through routine block visits and documenting the impact			x	x	x		CAG/CRP/trained TBA	ACCESS/B, PNGOs	Piloting and documentation done
G. TBA (training, refresher training, cluster meeting)									
i. Conduct field supervision/ monitoring of trained TBAs to assess the performance and to identify areas for improvement	x	x	x	x	x	x	TBA Coordinators	DPM MNH	Trained TBAs supervised
ii. Quarterly follow up meeting with trained TBAs	x			x			TBA Coordinators	DPM MNH	Meeting conducted

iii. Conduct TBA Cluster meeting (quarterly)			x			x	PNGOs	TBA Coordinators	TBA cluster meeting conducted
H. Training of village doctors (continuation from FY 08)									
i. Short Training of village doctors in the target area	x	x	x				MOH Trainers	PNGOs/ACCESS B team	855 Village Doctors Trained
ii. Day long quarterly meeting as follow up of trained Village doctors				x			PNGOs	ACCESS/B	F. up meeting conducted
iii. Evaluate Village doctor and use to improve activity and revise training							DPM M&E	PM- ACCESS	Evaluation done
I. Ensure timely procurement of all logistic /supplies in the field	x	x	x	x	x	x	TFPs	SMT of PNGOs	Logistics procured
Objective 2: To increase appropriate, timely utilization of home and facility-based essential MNH services									
A. Strengthening Upazila Health Complex and Family Welfare Centers' service providers (FWV, SACMO, MA, SSN)									
Continuation of training of MOH Staff (FWV, SACMO, SSN & MA)	x	x	x				MOH Trainers	DPM MNH	120 MOH Staffs trained
Coordinate with local MOH to supervise/monitor trained MOH staff				x			DPM FO, FM ACCESS	PM, ACCESS	Monitoring mechanism established
Conduct workshop quarterly to review MNH service delivery and referral linkage at upazila level			x			x	DPM FO, TFPs	FM ACCESS	28 workshop held
Establish model FWC (7) to promote facility delivery linking local trained TBAs			x	x	x		DPM-FO, PNGOs	FM ACCESS	Model FWC established
C. Accelerate SBA training in Sylhet district									
Work with district MOH for FWA/FeHA selection	x						DPM MNH, FM ACCESS	DDFP	32 persons selected

Work with OGSB for inclusion of Trainees in Habiganj/B Baria centers		X					DPM MNH,	PM ACCESS	32 persons nominated for SBA training
Orientation for newly graduate SBAs on ACCESS Program				x			TBA Coordinators	DPM MNH	Trained SBAs oriented on ACCESS
D. ACCESS field staff establish and utilize contacts with CAGs to support referrals for complications									
ACCESS Counselors attend CAG meeting as needed	x	x	x	x	x	x	ACs	CSMs	CAG attended
Referral follow up with health facilities (GOB/NGO)	x	x	x	x	x	x	PNGOs	DPM FO	Referrals followed up regularly
Objective 3: To improve key systems for effective service delivery, community mobilization and advocacy									
B. Local Partners' capacity building									
Orientation and quarterly updates on Mexico City Policy for all PNGOs staff			x			x	TFPs/UTLs	DPM FO	MCP updated
C. Development of NGO sustainability/Capacity Building plan & implementation									
Develop SOW and hire International Consultant		X	x				PM ACCESS	ACCESS HQ	Hired Consultant
Develop conceptual framework for NGO sustainability & CB			x				International Consultant	ACCESS HQ/PM ACCESS	Conceptual framework developed
Sustainability planning workshop/meeting with PNGOs			x				International Consultant	ACCESS HQ/PM ACCESS	Workshop/meeting held
Develop Action plan for NGO sustainability /CB			x				PNGOs, ACCESS/B	Consultant	Action plan developed
Implementation of the action plan				x	x	x	PNGOs, ACCESS/B	Consultant	Sustainability plan implemented
Objective 4: To mobilize community action, support and demand for the practice of healthy MNH behaviors									

A. ACCESS Community Mobilizers Refresher training based on scaled up strategy									
Refresher TOT on Community Mobilization(CM)					X		DPM CM	Local Consultant	CM refresher TOT Conducted
Refresher Training on Community Mobilization (CM) for CSM & CM (3 days)					X	X	TFPs/UTLs	DPM CM	Refreshers training conducted
B. Adaptation and production of BCC materials for CAG members									
Bilboard set up at the Upazila level / Union Level				X			PNGOs	DPM CM	64 bill board set at union and upazilla level
ACCESS community Bulletin/Newsletter	X						DPM-Doc./TFPs	DPM CM	Community Newsletter published
IEC materials (Poster/leaflet, flipchart etc) on Ideal MNH set of behavior.			X	X			DPM CM /TFPs	DPM CM	Poster published
Picture Card Review & Printing for CAC meeting	X	X					TFPs/UTLs	DPM CM	Picture card re-printed
ACCESS Bangla leaflet revision by incorporating some baseline findings & printing	X	X					TFPs/DPM-MNH	PM-ACCESS	ACCESS leaflet updated and printed
C. Community entry and initial inventory of resources in the new villages as per revised scaled up strategy (3rd round)									
Initial meetings with Ups and other community people to invite community participation in new villages		X					Partner NGOs	DPM-CM	Communication channels opened with community leaders
Selection of villages for 3rd round CAC			X	X			Partner NGOs	DPM-CM	400 villages selected for 3rd round CAC
Assessment of community resources (resource mapping) in new villages			X	X			Partner NGOs	DPM-CM	Resources mapping completed in new villages
D. Establish or engage current community groups or committees (health committees, management committees, VGDs/ Microcredit group)									

Identify and negotiate existing active groups in new villages					x	x	CSM/CMs	DPM-CM	Existing community groups activated to initiate CAC
Identification of CRPs and supportive facilitation to establish new CAGs					x	x	CSM/CMs	DPM-CM	Core community groups established
Initiation of community action cycles in new communities						x	CSMs/CMs	DPM-CM	CAC initiated
Process documentation of the CM activities for refining the strategies	x	x	x	x	x	x	TFPs	DPM-Doc, DPM-CM	Process documentation completed
E. CSMs facilitate community action groups to ensure utilization of services including key aspects of birth preparedness (emergency transport and funds, clean delivery Kits)									
CSMs/CMs attend meetings of target communities	x	x	x	x	x	x	CM/CSMs	FSOs	Regular group meeting conducted
F. Identify and Train Community Resource Persons (CRPs)									
Update CRPs list for 3rd round CAGs						x	CSM/CMs	DPM-CM	CRPs list updated
Final selection of CRPs (2 CRP per group)							CSM/CMs	DPM-CM	CRP selected
Orientation Training (2 Days) of CRPs of new villages (phase I raining)							CM/CSMs	FM-ACCESS, DPM-CM	1600 CRPs oriented
Periodic networking and capacity strengthening meetings for CRPs at Union level		x		x		x	UTL/FSOs	DPM-MNH and DPM CM	3 meeting conducted with CRPs
Dessimation meeting for 2nd round CAC learning by CRP							CM/CSM	DPM-CM	7 dessimation meetings conducted at Upazilla level
Organize cross learning visit to champion community groups (union, upazilla & organizational level)		x	x				Partner NGOs	ACCESS B/team	Croos visit completed
H. Link to governance structures (UPs), other development management groups, and to MOH/FW or NGO offices as appropriate.									

Organize meeting with UP charimans for revitalising UP Health Standing Committee		x					UTLs, TFPs	ACCESS/B team	7 meetings conducted in 7 upazilla
Organize meeting with UP Health Standing Committees members (2 mtngs/year)			x				UTLs	ACCESS/B team	114 meeting conducted
Attend routine monthly Health Standing Committee meeting at Union Parishad	x	x	x	x	x	x	CM/CSMs	UTL, FSO	UP health standing committee meetings held regularly
Organize orientation for religious leaders		x	x				UTLs, FSOs	ACCESS/B team, TFPs	57 orientation meeting held
I. Continue capacity strengthening of 1st & 2nd round CAGs									
Develop sustainability and phase out plan for 2nd round 1st cycle CAGs			x	x			TFP, UTL	DPM-CM	Sustainability and phase out plan developed for 2nd round CAG villages
Continuing contact as per plan developed (for 1st & 2nd round CAGs)	x	x	x	x	x	x	Partner NGOs	DPM-CM	Follow-up support provided
One day refresher for technical update for trained CRPs at Upazilla level	x						CM/CSMs	DPM-CM	Refresher conducted
Piloting group counseling of pregnant women by successful CAG's CRP/ Trained TBA (1 group per upazilla)	x	x	x	x	x	x	Partner NGOs	DPM-CM, FM, DPM-MNH	Group counseling initiated and feasibility assessed
District level learning sharing meeting with successful group members and CRPs					x		Partner NGOs	DPM-CM, DPM-MNH, DPM-FO, FM	Successful groups learning shared at district level
Objective 5: To increase key stakeholder leadership, commitment and action for these MNH approaches									
A. Develop program advocacy strategy for increasing key stakeholder leadership and commitment									
Hold Consultative workshop to identify ACCESS advocacy issue		x					PM ACCESS	DCD/ACCESS HQ	Workshop conducted

Develop SOW and hire consultant to develop advocacy strategy			x				PM ACCESS	DCD/ACCESS HQ	Consultant hired
Develop Advocacy strategy and action plan for ACCESS as recommended by the consultative meeting			x				Consultant	PM ACCESS & PNGOs	Strategy developed
Implement advocacy action plan at the community, district, and national levels as per guidelines in the strategy				x	x	x	ACCESS/B & PNGOs	PM ACCESS & PNGOs	Advocacy strategy implemented
B. Advocacy /Coordination with MOHFW at the district and local level									
Formulate and develop TOR for District level coordination committee (Dist+Nat level MOH & PBs)	x						PM ACCESS	DCD/ACCESS HQ/local NGOs	TAG formulated & TOR developed
Organize quarterly district level coordination committee meeting	x			x			FM ACCESS	PM ACCESS/local NGO partners	Meetings organized, conducted & minutes documented
Participate in MOHFW monthly district and upazila coordination meetings to advocate for filling up vacancies, supplies and to improve service provision.	x	x	x	x	x	x	PNGOs/ FM ACCESS	FM ACCESS	Attended monthly meetings
Collaborate with local MOH to observe NID, Breastfeeding Week, Safe Motherhood Day, World Population Day etc			x				PNGOs	FM ACCESS	Days observed at the field level
Conduct joint supervision/monitoring visit to observe field activities	x	x	x	x	x	x	DPM MNH/DPM FO	FM ACCESS	Joint visits conducted
C. Advocacy with local government and community elites to increase ownership									
Hold quarterly Coordination meeting with LG & MOHFP including community leaders			x			x	UTLs/FSOs	FM ACCESS/TFPs	Quarterly coordination meeting held and minutes documented
Continue sensitization of religious leaders on MNH issues through session in their routine training	x	x	x	x	x	x	FM ACCESS/TFPs	PM ACCESS	Sessions conducted in routine religious leaders' training of Islamic Foundation

through Islamic Foundation									
Networking with FWA, Depot Holders & other field workers for improved care seeking	X	X	X	X	X	X	ACs/CSMs	TFPs	Networking done and results documented
D. National level Coordination/Advocacy and participation in various MNH forum									
Participate in government MNH working group in MOH & FW	x	x	x	x	x	x	PM ACCESS & PNGOs	DCD	Participated in MNH working group meeting and minuted documented
Support (technical & financial) to professional bodies (OGSB, BPS, BBS, Neonatal Forum)				x			PM ACCESS	DCD	Support provided to the events
Conduct semi annual MOH-MNH WG meetings for advocacy and program updates (semi-annual?)			X				PM ACCESS	Country Director, SC; SNL PM; SNL Regional Advisor	Program performance shared and challenges addressed
Hold National SMNC working group meeting at the national level	x	x					PM ACCESS & PNGOs	USAID Mission	SMNC WG meeting conducted and minutes documented
Maintain liaison and coordination with other stakeholders (UNICEF, UNFPA, BRAC, IMCI section, WHO) for sharing program lessons and scale up	x		x		x		PM ACCESS & PNGOs	DCD	Meeting conducted and minutes documented
E. Ensure cross learning, documentation and dissemination throughout the life of the project									
Development of Publications on CM and ACCESS counselors					X	X	PM ACCESS	ACCESS HQ	Abstracts submitted to GHC and journals
Exchange visits to observe MNH (KMC,TBA, CM etc) program in country and abroad				x			FM ACCESS/TFPs	PM ACCESS	Exchange visit conducted

Ethiopia
ACCESS Field Representative: Hannah Gibson
US-based ACCESS Contact Person: Sharon Kibwana, Program Officer ACCESS
Year 3 Funding Amount and Sources:
ACCESS Partners: Jhpiego, SC, ACNM
Other Collaborating Organizations: EMNA

1) Program Area/Project Description

Beginning in July of 2007, USAID/Ethiopia funded ACCESS to implement activities in two distinct areas:

- With population funds, ACCESS has worked in collaboration with the Carter Center to strengthen pre-service education of health officers, in particular in the clinical skills acquisition components of the curriculum for essential maternal and newborn care. To date, 48 providers in eight hospitals in five regions of Ethiopia have been updated in evidence-based maternal and newborn care, and they have in turn acted as preceptors to approximately 500 health officers who have rotated through these clinical training sites to become competent in key best practices.
- With a mix of population and PEPFAR funds, ACCESS has worked with the national Safe Motherhood working group and the Oromia Regional Health Bureau (RHB) to design and implement a one-month in-service training program for health extension workers (HEWs) to update HEWs in evidence-based maternal and newborn care. This in-service training was conducted in twelve health centers in the Region and 358 HEWs have received new knowledge and skills in infection prevention (IP), safe and clean birth, provision of misoprostol after birth of the baby, essential newborn care, PMTCT, and referral of complicated cases to health centers, that will allow them to provide expanded services to families in their communities. An additional pilot is currently being implemented to extend PMTCT services (as opposed to counseling and referral included in the original course) to the community in 30-40 health posts. This involves additional training for HIV rapid testing, a refresher on prophylaxis drug regimens, drug management and record keeping for PMTCT.

For the coming year, USAID/Ethiopia has awarded ACCESS additional MCH funding to “rapidly reduce maternal mortality”. Measurement of maternal and newborn mortality is not within the scope of this program. Therefore, ACCESS will use relevant operational plan/investing in people indicators as well as others tailored to the program to measure program results.

With the experience gained and lessons learned over the past year, ACCESS proposes to utilize the new funding to build on and expand its efforts in the area of health officer and HEW training, as well as in creating community demand for quality services. During the past year, Save the Children US has worked as an important partner in the ACCESS program and worked to integrate community action cycle methodology training into the one-month course to encourage HEWs to mobilize their communities around issues covered in the safe and clean birth training. Additionally, the Ethiopian Nurse Midwives Association (ENMA) has worked with Jhpiego,

Save the Children US (SC) and others to directly implement the training of HEWs. Given the success of this partnership over the past year, the three organizations will continue to work together to carry out the activities listed in the work plan below. In addition, should any new Peace Corps volunteers be posted to West Hararge, ACCESS will extend its successful collaboration with the volunteers and enlist their support for local activities in their area.

FY08 Accomplishments

Over the past year ACCESS worked to build the capacity of key Ethiopian institutions charged with training HEWs in safe and clean birth and newborn care at the community level. For the Health Extension Program (HEP), this was the ENMA along with Oromia RHB, Zones and woredas. Twelve health centers (HCs) in Oromia region were selected as training sites based on set criteria, including availability of ART and PMTCT services at health centers and especially numbers of deliveries. Site assessment and strengthening of the selected HCs were carried out using pre-designed tools. 48 HEW trainers—MCH unit health providers—had refresher training on Essential Maternal and Newborn Care; were oriented to the learning materials for safe and clean birth and also prepared to teach effectively through participation in a course on training methodology. To create an enabling environment, ACCESS provided HEWs with basic delivery kits, supplies. During each round of training, ENMA and ACCESS staff provided supportive supervision in collaboration with the RHB.

A total of 358 HEWs completed the one month competency-based in-service training and returned to their health posts. During the last 9 months, the HEWs have:

- Conducted 739 new antenatal care visits;
- Attended 410 births including administration of misoprostol for prevention of postpartum hemorrhage;
- Provided 367 newborns with immediate essential care (clean cord care, drying and wrapping, immediate breastfeeding).
- Undertook 392 postpartum/newborn visits within 3 days of birth.

Linkages between HEWs and referral health centers were strengthened through both training as well as ongoing monthly meetings at district level.

Working closely with the Federal Ministry of Health (FMOH), UNICEF, WHO, Save the Children US, the ENMA and others, ACCESS adapted a reference manual from *A Book for Midwives* and developed a Learning Resource Package (LRP) for HEWs to be trained in safe and clean birth and newborn care. The LRP consisted of a trainer's guide, a participant's manual, an illustrated reference manual and a monitoring logbook. The manual *Safe and Clean Birth and Newborn Care: A Reference for Health Extension Workers*, and accompanying Trainers and Participants Guide were field tested in 4 regions (Amhara, Oromia, SNNPR and Tigray) through March – October 2008. Based on the experiences and findings, the package was revised and finalized in a meeting in Adama in October 2008 coordinated by the Family Health Department, UNICEF and ACCESS and attended by representatives of the 4 regions as well as trainers, HEWs and other stakeholders. This one month training program is currently offered nationally, in part through financial support from UNICEF, and key lessons learned include need for capacity building of trainers, standardization of health centers as training sites; strengthening linkages with referral facilities, ensuring availability of supplies and equipment as well as supportive supervision.

Within ACCESS, SC's role included assisting trained HEWs to conduct community mobilization activities to increase demand for their maternal and newborn health services and to extend the reach of these in their communities. SC worked to train 47 TOT participants in community mobilization for a two-day period. In turn, these 47 trainers trained 358 HEWs on community mobilization activities during the one-month *Safe and Clean Delivery Training* conducted in 12 sites in Oromia. Additionally, SC has played a leading role in adapting IEC/BCC materials to be used by HEWs and by other community members for maternal and neonatal health issues. SC is also currently involved in creating a national network of pediatricians to augment their ongoing child survival activities.

SC also monitored the work of HEWs after training and report that HEWs held meetings, conducted sensitization workshops and have recruited core groups within their communities. These groups are formed to support birth preparedness and complication readiness activities. They are responsible to plan for the implementation of the solutions proposed by the larger group and HEWs. They meet once per month to see how they are implementing the plan. SC staff meet with HEWs quarterly and review the implementation of these activities. To date, interventions have included: weekly collection of money and/or savings for emergency use, preparing local stretchers to carry women/patients (focus on using locally available materials and/or strengthening those), identifying pregnant mothers in the *got* who are not attending ANC and inviting her to go to the health post. The core groups have been composed of both men and women (e.g. a husband who has lost a wife). Criteria to enter a core group include both their willingness or an individual is recruited if he or she has been affected by the problem. To date, core groups have supported one sick mother, and one woman who needed to be referred for complications related to her pregnancy.

One key ACCESS objective last year involved building the capacity of the ENMA as an organization. As a result, ENMA received a sub-agreement in two phases with a total ceiling of \$316,000. During the sub-agreement period and with some assistance from ACCESS staff, ENMA met all deliverables related to the program and financial reporting. Key achievements include:

- Staffing of positions supported in the sub-agreement including for program manager (midwife), administrator, and accountant
- Capacity of ENMA staff as trainers in essential maternal and newborn care enhanced as well as their skills in supervision, monitoring and evaluation
- Financial reporting submitted and reviewed by Jhpiego staff, with notable improvements after feedback and coaching
- Professional growth and notable performance improvement (especially with respect to planning, coordination of training and follow up) of Program Manager (Ato Fekadu, on leave of absence from Gondar University Midwifery School).

In addition, the sub-agreement allowed the ENMA to gain additional computers and office equipment which it sorely needed.

Notwithstanding the ability of ENMA to fulfill all the requirement of the sub-agreement, its capacity as a professional association to strengthen the midwifery profession in Ethiopia requires additional support and ACCESS will collaborate with the Ethiopian Society of Obstetricians and Gynecologists (ESOG) and others to continue to provide guidance and advice.

The other major work during this fiscal year was support to create enabling environments for the health officer trainees in maternal and newborn care in eight of the twenty hospitals used for accelerated health officer training (AHOTP). Based on the identified gaps following an initial site assessment action plans were developed. Clinical sites were strengthened to ensure adequate resources to support the teaching and learning activities. Through ACCESS support gaps in provider knowledge and skills were addressed by training 45 providers on updates on Basic Emergency Obstetric and Newborn Care (BEmONC)¹ and seven faculty also participated in the knowledge updates to ensure standardization and quality of maternal and neonatal health practices to be taught to Health Officers. Among the providers 18 of the 45 also took clinical skills training for six days to enhance their capacity to transfer knowledge and skills. A total of 500 health officers have thus far benefited from the improved clinical learning environments. Supportive supervision was also provided to review progress in site strengthening and the extent to which gaps had been closed with focus on best practices in maternal and newborn health services.

To date among best practices AMSTL² is a routine standard of care in all eight hospitals and all eight provide basic essential newborn care. Care and follow up in the immediate post partum has also improved and many women remain in the facility for six hours before discharge. Focused Antenatal Care (FANC) is standard of care in seven of the eight hospitals, and all eight have markedly improved on IP practices and women friendly care. One of the eight hospitals is completing partographs to standard whereas in the 7 others the practice is inconsistent and at times lacking support by senior professionals. Other challenges include non availability of magnesium sulphate for eclampsia (drug unavailability in most sites and in those with the drug, provider perceptions of potential side effects are a barrier to its use). In the coming year ACCESS will support ongoing efforts by the facilities to improve the quality of care and focus on standardizing use of partographs in labor and administration of magnesium sulphate for eclampsia.

FY08 Carry Forward Activity

All activities planned for the past year were completed, with the exception of the PMTCT pilot project. Because this activity is new, developing the training approach and training materials, including inputs from stakeholders, has taken longer than expected. Additionally, the training for HEWs in safe and clean delivery was just completed at the end of September, 2008. Managing and implementing this training took up a significant portion of the staff time. Consequently, ACCESS is requesting to carry this activity forward, with the assumption that it will be completed by the end of December of 2008 with follow up in 2009.

PMTCT is an important strategy to prevent HIV infection in children and link HIV positive mothers and their family members to care and treatment programs. The national Prevention of Maternal to Child Transmission (PMTCT) program, led by the FMOH HIV/AIDS Prevention and Control Office (FHAPCO), is supported by a number of key donors and implementing partners. National program achievements to date include: developing national PMTCT

¹ **Basic EmONC** services should include the following: parenteral antibiotics; parenteral uterotonics; parenteral anticonvulsants; manual removal of placenta; manual removal of retained products (preferably by MVA); assisted delivery by vacuum and newborn resuscitation. **Comprehensive EmONC** services at the district hospital level should include all the above plus surgical capability (caesarean section), anaesthesia and blood transfusion.

² Active management of the third stage of labor

guidelines and training package for health care providers, implementing PMTCT services in the majority of public hospitals and health centers across the country and implementing quality improvement performance standards designed to continually improve the quality of PMTCT services offered to women.

Past experience in implementing PMTCT services in Ethiopia shows that the greatest challenges to comprehensive HIV/AIDS services are low ANC coverage and institutional delivery rates, as well as poor uptake of PMTCT services in public facilities. Although PMTCT services are offered at nearly 719 sites (includes both health centers and hospitals (as of June 2008)) service delivery statistics have shown poor utilization of these services.³ HIV prevalence is much higher among women of childbearing age standing at 8% and as approximately 93% of women deliver outside of a health facility there are many missed opportunities to prevent vertical transmission of HIV. Out of the HIV infected infants only 25% received prophylaxis² Efforts to increase the uptake of PMTCT and HIV Counseling and Testing (HCT) services should be directed closer to the community to improve access to these services. HEWs, situated at the community level performing ANC and delivery services, represent a viable opportunity to expand the availability of, and thus increase the uptake of, PMTCT services.

There is a clear need to offer PMTCT services closer to the community level to increase the uptake of PMTCT services among women who do not access higher levels of health care. Both HAPCO and the Health Extension Program (HEP) promote rolling out HIV preventive services utilizing HEWs and Volunteer Community Health Workers (VCHWs). National guidelines support a policy environment conducive for HEWs to deliver PMTCT services, including HCT and the delivery of HIV prophylaxis, when appropriate, at the health post or at the household. While the policy environment is favorable for HEWs to deliver PMTCT and HCT services at the health post, there is a need to provide training and support to roll out these services at the community level.

In response to this need, last year ACCESS proposed conducting a pilot project supporting HEWs in selected twenty health posts in Oromia to deliver comprehensive PMTCT services, including performing the HIV rapid test, provision of Nevirapine (NVP), and targeting women accessing ANC and labor and delivery services in the home and at the health post. The goal of the pilot project is to expand availability and thus increase the uptake of comprehensive PMTCT services for women who are not accessing ANC, labor and delivery or postnatal services in health centers or hospitals.

Despite ACCESS' intention to initiate the pilot project in the past year, several challenges arose that delayed implementation. A lack of guidance from the FMOH was one major factor that contributed to the team's decision to postpone implementation. To date, no clear information exists at the ministry level that outlines what HEWs are allowed to, or are prohibited from doing, related to home-based and health post-based provision of PMTCT and VCT services. Furthermore, last minute changes made by the FMOH that reduced the length of the HEW training in safe and clean birth from two months to one month also caused some difficulties. In response, ACCESS doubled the number of rounds of training, and cut the number of participants in each round by half, to ensure that all HEWs achieved a minimum caseload of five normal

³ www.etharc.org

deliveries. This in turn also doubled the number of supportive supervision visits required to each site; an activity which required a great deal of staff time.

Therefore the ACCESS Program is requesting to carry this activity forward into the next project year. In general the pilot project will train 40 HEWs from 20 health posts to deliver comprehensive PMTCT services including counseling, conducting HIV rapid tests at the health post and home level, and appropriate delivery of NVP to the mother and newborn. All necessary training, equipment and supplies will be provided or mobilized to support project implementation.

The pilot project will follow national PMTCT and HCT guidelines and employ the opt-out approach to deliver PMTCT services during ANC visits and labor and delivery. HEWs learned key PMTCT concepts during the one-month refresher training including: counseling skills, ARV prophylaxis and therapy for women and infants, importance of referral for treatment, and infant feeding practices. In addition, the selected HEWs will receive additional training on conducting HIV rapid tests and providing post-test counseling, as well as on data monitoring of their efforts under this intervention. Linkages to care and treatment for women and infants found to be HIV positive will be initiated and key partners involved in implementing home-based care and other support will be mobilized for the project.

The project will also utilize the HEWs and VCHWs to improve community awareness and demand for PMTCT services and strengthen community and health center referral linkages to improve access to care and support for women and infants found to be positive for HIV. HEWs will be encouraged to train the VCHWs in their communities to ensure they talk with the pregnant women they identify about the new PMTCT services and the importance of delivering with the HEW.

Overview of FY09 workplan

In the coming year, ACCESS will continue to implement the health post-level PMTCT pilot, distribute printed community mobilization supports, continue to monitor the performance of HEWs as well as provide support to and monitoring of ACCESS-targeted HO training hospitals. Additionally, ACCESS will focus interventions in one zone of Ethiopia, West Hararge.

Follow up visits to HEWs and community-based groups to consolidate community mobilization activities will be conducted as community mobilization is a long term process which needs continuous follow up. The links between the HEWs, HCs and the woreda need to be strengthened for on going care, client referral, reporting and follow up activities. ACCESS will continue to work on strengthening linkages between the HEWs, referral HCs and woreda supervisors through ongoing meetings at woreda level. One meeting per each HC will be conducted with trained HEWs, trainers and woreda supervisors. As it is known currently FMOH deployed HEP supervisors are deployed at woreda and/or HC level. These supervisors are mandated to do ongoing supportive supervision and technical assistance for HEWs. Ensuring these supervisors are informed on what trained HEWs are doing will help them to plan for sustainable and continuous essential maternal and newborn care at the HP level and to provide the HEWs with the necessary support in terms of resources and technical assistance. Creating linkages between the HEWs and referral HCs will help to strengthen the continuum of care. Additionally the number of deliveries conducted by HEWs and training site HCs, as well as referrals will be tracked.

The ACCESS Program in West Hararge, will focus activities in 6 woredas around two hospitals (one district and one zonal). This zone is 330 kilometers east of Addis Ababa and 190 kilometers from Dire Dawa on the Addis Ababa to Djibouti corridor. Information received during interviews with the zonal health office indicated that West Hararge has high rates of maternal and child mortality. Data collected in 2005 for an end-of-project evaluation for Care Ethiopia's *Safe Motherhood Project* (2000-2003) that worked to improve maternal health at both the community and facility level, showed that 97.2% of deliveries in West Hararge occurred in the home; the mean age of first pregnancy was 18.29 years of age; ANC attendance was 28.6% and 18.8% of deliveries were assisted by a trained traditional birth attendant (TBA). Interestingly, more than 90% of the respondents included in the study who had ever used a trained TBA noted they preferred a "trained" provider versus an "untrained" one for reasons including IP, provider knowledge and providers' ability to manage complications. These data help support anecdotal evidence provided by the zonal health office and International Medical Corps (funded by UNFPA) of the challenges involved in positioning HEWs as main providers of MNH at the community level. In West Hararge, subsistence farming and coffee and chat growing are the main livelihood. This zone includes one of the twelve ACCESS-supported health centers (Bedessa) used for HEW safe and clean delivery training. It also includes an accelerated health officer training site in Chiro, though this hospital was not among the eight targeted last year. Working in this zone allows ACCESS and USAID to build upon and further expand the AHOTP objectives while achieving the objectives of the current funding. In addition to strengthening another AHOTP hospital, health centers where HOs will eventually be deployed will be better equipped to handle basic obstetric and newborn emergencies.

Global evidence shows that use of skilled health providers at birth⁴, and the availability and use of emergency obstetric and newborn care (EmONC), are key to the reduction of maternal and newborn mortality. These interventions, along with increasing utilization of family planning, essential newborn care and an effective referral system, can significantly improve MNH. To complete the activities described in this workplan, ACCESS will first work to generate political will and consensus among stakeholders on the key interventions necessary to reduce maternal mortality and related morbidities in Ethiopia.

The approach ACCESS will use is to establish a continuum of care from 'household to the health center to the hospital' to increase demand for and utilization of quality services for all women giving birth. At the household and community level, ACCESS will work within the government of Ethiopia's HEP framework, as well as implement community action cycle activities with kebele administrative councils to establish community plans and systems for handling maternal and newborn emergencies. Current HEP guidelines indicate that health is an individual's responsibility and should largely be achieved at the household level. Community health workers, including HEWs, should work primarily on health promotion and prevention at both the community and household level. Given these guidelines, this program's intention to utilize the community action cycle (CAC)—a community mobilization process in which the capacity of the community is built to improve their health needs by planning, carrying out and evaluating activities on a participatory and sustained basis—is compatible with HEP guidelines.

⁴ A skilled health provider is: an accredited health professional – midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postpartum period and in the identification, management and referral of complications in women and newborns (WHO, ICM & FIGO 2004)

There are seven steps in the CAC process: preparation, organizing the community for action, exploring the health issues and setting priorities, planning together, acting together, evaluating together and scaling up. The actionable items will vary from group to group; however, SC will work with them to identify means of generating funding to be used for maternal or neonatal emergencies. For example, *Idirs* and *Ekuabs* typically generate money via small contributions. This same model can be applied to the community groups, if they choose to do so, to establish an emergency source of money. Alternatively, community groups could negotiate an agreement with established groups who generate funding to borrow money when emergencies arise. In addition, ACCESS will seek to establish memorandums of understanding (MOU) with District Transport Authorities to ensure the availability of transport between health centers and hospitals, 24 hours a day, in case of emergencies.

Given that the in-service training of 358 HEWs in the new national one-month training was only recently completed, ACCESS feels that there remain questions as to the effectiveness of this training in achieving reductions of maternal and newborn mortality. ACCESS continues to seek interested partners in conducting an evaluation to answer this critical question. One fact is certain, the one month training is costly as conducted by ACCESS, even under the conditions of the national program (i.e. with fewer trainer stipends and no trainee refreshments). As a result, ACCESS has chosen not to continue this training in the West Hararge zone in FY09. Instead, ACCESS proposes to design an alternative training approach, with more limited learning objectives and using an innovative on-site training approach. The objectives of the training will be to strengthen the skills of HEWs in birth preparedness and complication readiness (BP/CR), prevention of postpartum hemorrhage (PPH) using misoprostol, and skills for conducting home-based postpartum/postnatal visits. The competencies surrounding birth that were part of the one month training will be omitted in this model. By conducting the training in the health post, ACCESS hopes to lessen the HEWs absence from their assigned kebeles. Also, the training will be designed with a practical component involving HP ANC clients and visits to recently delivered mothers and their newborns. Our analysis is that training cost will be considerably reduced. Due to budget constraints, this training will only be implemented in approximately 38 out of the 104 target kebeles. Midwife trainers will travel to health posts and stay for 3-5 days to provide on-the-job training for the HEWs. The training will cover both theoretical and practical information/experience. Each trainer will cover approximately 4-6 health posts (and thus be in the field for a three - four week period). After the initial training, the trainers will circulate again to each of the health posts for two days to provide monitoring, review performance, address gaps, and if needed provide additional coaching on the knowledge and skills transferred during the onsite training. ACCESS will encourage woreda supervisors to participate in at least some of the courses so as to strengthen the supervision of HEWs.

On the supply side, ACCESS will strengthen the quality and availability of essential maternal and newborn health care at the health center and hospital level, with an emphasis on IP, use of the partograph, AMTSL, and essential newborn care (ENC), as well as facilitate courses in BEmONC to improve prompt and efficient responses to managing complications. Key to increasing use of services is ensuring woman-friendly care since poor attitudes of health care providers are widely recognized as a major barrier to utilization of services.

Since ACCESS is targeting high-impact interventions that can reduce morbidity and mortality, the program will address PPH, which causes nearly 34% of maternal deaths in Africa⁵. Skilled health providers (doctors, health officers, midwives and nurses) will be taught to use AMTSL⁶,

⁵ Gulmezoglu et al: WHO analysis of causes of maternal death: a systematic review; March 28, 2006: www.thelancet.com

⁶ **AMTSL** includes: 1. Uterotonic drug within one minute of birth (oxytocin is the drug of choice, 10 IU/IM); 2. Controlled cord traction with counter-traction to the uterus; and 3. Uterine massage after delivery of the placenta.

proven to decrease incidence of PPH by up to two-thirds, at every birth. However, given that the use of skilled health providers is low in Ethiopia (approximately 6% according to the 2005 DHS), prevention of PPH where they are not present is particularly important. WHO (2006) recommends that where skilled health providers are not available, a uterotonic drug (oxytocin or misoprostol) should be offered by a health worker trained in its use for prevention of PPH. Building on program experience in Indonesia, Nepal, Afghanistan and Ethiopia (Venture Strategies), ACCESS will implement community-based distribution of misoprostol for women who do not give birth with a skilled provider. Following counseling of individual women and advocacy at community level, HEWs will distribute misoprostol to all pregnant women during the 8th month of pregnancy to ensure they have access to this uterotonic regardless of who attends the delivery.

To improve the quality of care in health facilities, ACCESS will apply the Standards-based Management and Recognition (SBM-R) approach, which has been successful in other countries (Guatemala, Afghanistan, Malawi) and is already in use with Comprehensive HIV/AIDS care in one of the proposed intervention hospitals (Gelemso). SBM-R is a practical management approach that uses agreed-upon performance standards as the basis for measuring attainment of the level of performance desired, as well as rewarding compliance with standards through recognition mechanisms. During 2007-08 site strengthening and provider training of the 8 hospitals used as clinical training sites for AHOTP, there were results in improvements in quality of care. However, institutionalization of best practices remains variable; therefore it is proposed to include 4 of the eight hospitals in the SBM-R approach to strengthen performance improvement. These hospitals are in Harar, Assela, Nekemte and Bahir Dah.

Working in close collaboration with zonal health department officials and the health facilities themselves, SBM-R tools for BEmONC and Essential Maternal and Newborn Care (in use in other countries) will be adapted and harmonized with existing tools. These tools will then be used to conduct baseline assessments in participating hospitals which will guide both training needs as well as mobilization of resources (according to gaps), to allow facilities to deliver essential and emergency services.

Because addressing human resources issues is outside of ACCESS' scope of work, the availability of sufficient staff to cover emergencies 24 hours a day will be a factor in the selection of sites, as will the required infrastructure needed to provide essential maternal and newborn health services. Currently both the Gelemso and Chiro Hospitals have operating theatres and anesthesia technicians; however, neither have blood banks. ACCESS will explore the possibility of collaborating with the International Committee of the Red Cross (ICRC) to establish blood banks in these two sites to ensure the presence of comprehensive services. Some health centers and nucleus health centers are excluded from this plan either because they do not have the adequate infrastructure or staff. Another challenge is that currently an obstetrician is not posted in Chiro Zonal Hospital.

2) Objectives

Program Objective 1: To introduce and scale up high-impact interventions to improve maternal and newborn outcomes in two districts of West Hararge Zone.

Program Objective 2: Equip HEWs with knowledge and skills to deliver comprehensive PMTCT services, including counseling and testing for HIV, at the health post and home through training, provision of equipment and drugs, and the strengthening of reporting mechanisms

Specific Sub-Objectives and Proposed Annual Targets:

- To increase the number of and strengthen community support groups and mechanisms for birth preparedness and complication readiness in program kebeles (Target: a) Train 416 CHWs and b) 208 community groups who have generated funds (via different mechanisms) to contribute to maternal and neonatal complications and/or emergencies and c) 1,704 Job aids provided for HEWs for community education purposes (for 2009 the indicator reads: The number of MNH job aids printed and distributed to HEWs and CHWs))
- To improve the ability of HEWs in a sub-set of West Hararge woredas and kebeles to conduct activities for BP/CR, use of misoprostol, and provide postpartum/postnatal care (Target: 76 HEWs provided with practical maternal and newborn health training onsite in the health post and surrounding community).
- To reduce the incidence of PPH:
 - Increase the number of skilled health providers using AMTSL (Targets: 1,200 women delivering at target health centers and hospitals receive AMTSL);
 - Introduce HEW-led distribution of misoprostol at the community level. (Targets: 740 pregnant women receive misoprostol and take it at the correct time).
- To strengthen the capacity of health facilities to utilize targeted best practices in essential and emergency obstetric and newborn care. (Target: SBM-R orientation, baseline assessment and action plan to identify gaps in 6 hospitals completed. For 2009, ACCESS expects that the 6 intervention facilities will improve performance related to the achievement of standards by 20% from the baseline assessment.
- To use the results of the SBM-R baseline to refine and better target health system strengthening efforts, including clinical training (Target: Subsequent activities linked to measurable improvement in compliance towards standards).
- To strengthen the capacity of health workers at the facility level by increasing their knowledge and skills and improving culturally appropriate behavior (Target: 1 round of a three-week standardized BEmONC training for a total of 16 skilled health providers).
- To increase the number of women receiving postpartum care services through home visits and/or facility services; (Target: 1,272 postpartum/newborn visits by HEWs within 3 days of birth in USG assisted programs in the kebeles where HEWs have received onsite MNH training by the end of the program period (regardless of the place of birth), and among the 358 HEWs trained in 2008).
- To increase male involvement through male support groups at the community level (Target: 104 men's groups established by the end of the year in each kebele covered by the program).
- To strengthen the referral system from the community to health institutions (the continuum of care); Target: a) a signed agreement is reached with the Transport Authority, and other related groups working under the Transport Authority, to ensure transport services for maternal cases; b) 200 referrals to health centers and hospitals made by HEWs for maternal and newborn complications and; c) 160 occurrences where HEW (and/or HC staff) received feedback from a referral for a maternal or newborn complication).

- To continue to strengthen AHOTP sites, including Chiro Hospital where HOs are trained, and to reflect USAID's global focus on the use of partograph and AMSTL at birth, both use of the partograph and AMSTL will also be emphasized in SBM-R and will be monitored; Targets: a) Improve performance related to the achievement of standards by 20% from the baseline assessment in the four AHOTP hospitals included in this program; b) 1,440 births in ACCESS targeted facilities that occurred with skilled attendants using a partograph in a USG supported program, (please note that the target includes all seven HCs and 6 hospitals and, c) 1,200 women receiving AMSTL through USG supported program (please note that the target includes all seven HCs and 6 hospitals).
- Train 40 HEWs from 20 health posts to deliver quality PMTCT services during ANC visits, labor and delivery and provide essential HIV related postnatal follow-up services (Target: 40 HEWs will be trained).
- Prepare HEWs to work closely with VCHWs to advocate with the community to access PMTCT services offered by HEWs and support women and children in need of continuous HIV care and treatment. Orient 40 VCHWs to closely work with HEWs, and reach and estimated total of 25,000 mothers who will benefit from the project over the project period.

For Carry Forward Activities

- Consensus building and extension of MOU with Oromia RHB
 - Support a Safe Motherhood (SM) Technical Working Group (TWG) meeting to advocate for the use of HEWs in the provision of comprehensive PMTCT;
 - Facilitate a meeting with Oromia RHB representatives to build consensus sign an extension of the MOU.
- Selection of pilot sites for the project
 - Collect data, along with information provided in the field visit/ supportive supervision reports, to identify health centers and health posts to be used as pilot sites;
 - Selection of pilot sites based on the criterion score.
- Conduct HEW training on counseling and testing, provision of rapid tests and
 - antiretroviral prophylaxis.
- Adaptation of existing materials for use in training of comprehensive PMTCT for HEWs.
- Training of HEWs in comprehensive PMTCT services.
- Supportive supervision and monitoring and evaluation (M&E)
- Provide onsite supportive supervision in collaboration with the regional research laboratory.
- Generate data through the existing Health Management Information Systems (HMIS) system and field visits.

3) Work Plan

Program Coverage: With respect to provision of health services, ACCESS has selected six HCs (Bedessa, Micheta, Doba, Meiso, Genechis and Asebot) and two hospitals (Gelemso and Chiro) in West Hararge, as well as continued strengthening of 4 hospitals from the AHOTP, for a total of 6 hospitals. According to data collected from the zonal health office in July 2008, the West Hararge facilities cover approximately 237 kebeles (both rural and urban) with an approximate population of 1,173,314. Currently 142 health posts are functional, and the health coverage

(percentage of the population residing within 5 km of a health facility) is estimated to be 68%. Approximately 95,680 women of reproductive age are expected to be reached with 19,136 pregnant women benefitting from the program's activities (an average of 184 births occur per year in each kebele).

A total of 12 ENMA members or skilled birth attendants (SBAs) will be selected from the private and educational sectors, and will be given an orientation on the training package for HEWs on BP/CR, the use of misoprostol and postpartum/newborn care. These 12 SBAs will in turn provide onsite training to approximately 76 HEWs in the three above mentioned topics. Additionally, IP and women-friendly care will be emphasized. Stakeholders for this project include the FMOH, the RHB, the zonal health bureau, the woreda health bureau, the intervention facilities (nine), kebele administrations, professional associations and partners (SC and ENMA).

The carry forward pilot PMTCT project will run from October 2008 until March of 2009 and will be based in health posts surrounding 3-4 health centers and will involve 40 HEWs. The project sites will be selected in collaboration with key project stakeholders on the following criteria: preferably linked to a high-performing PMTCT health center (although a hospital could also serve as a re-filling station for NVP) that is active in providing ART and other HIV care and treatment in an area of reasonably high HIV prevalence. The other criterion will be participation in the first round of HEW refresher training supported by the ACCESS project, as this will help build on the ongoing efforts.

There will be two scenarios for implementing this project. The first will be in areas where the referral health center is in the ART network and is providing ART services. In these cases, the HEW will counsel the woman, conduct the rapid test and refer the woman if positive to the health center for combination therapy and appropriate follow up.

The second scenario is when the referral health center is not part of the ART network or the woman herself expresses that she cannot access health-center based services over the duration of combination therapy prophylaxis. In such instances, the HEW will counsel the woman, conduct the rapid test, deliver NVP to the mother at the onset of labor, and deliver the infant NVP dose within 72 hours during the postpartum visit. She will then refer the mother and baby appropriately for early infant diagnosis and other support services.

In support of the implementation, HEWs will be given relevant job aids including flipcharts, national PMTCT and HCT guidelines and other materials. Also useful to the HEWs are the activities undertaken as a part of the general one-month refresher training on safe and clean birth and newborn care. During this training, HEWs were encouraged to develop a community action plan to inform the community of the newly available PMTCT services and were provided training on PMTCT counseling and referral.

The major **challenges** this project expects to face, and is prepared to address, include, but are not limited to the following:

- Assignment of an obstetrician in Chiro; lack of Comprehensive EmONC services;
- Linking TBAs and HEWs together; the role of the TBA;
- Acceptability of and use of misoprostol;
- Transport (although both Chiro and Gelemso have an ambulance)

- Underutilized HCs; establishing culture of institutional deliveries (addressed through improving provider attitudes and improving quality of care):
 - High staff turnover and mobility (frequent absences from workplace due to ongoing training);
 - High HC and hospital-based staff turnover. The use of SBM-R should help to reinforce best practices, improve performance and ensure that newly recruited staff fall in line with standard practices, but there is insufficient time to repeat the training.
 - High HEW turnover. Our strategy to address this issue is to conduct on-site training of HEWs to attain a critical mass and to ask woreda-level HEW supervisors to join in the training for the SBAs to gain experience and/or knowledge in the areas where HEWs are expected to perform. This approach will tackle staff turnover by ensuring that knowledge and skills are still available at the sites and at woreda level, even when individuals flow in and out.
- Institutionalizing best practices such as use of partograph, AMTSL, etc.
- The current focus being given to the Government’s Business Process Re-engineering (BPR (which may also be extended));
- Frequent transfer of managers and providers who are fully on board with project implementation;
- HEWs are overstretched with expanding roles expected of them in the provision of multiple programs;
- High turnover of HEWs and the lack of an enabling environment at the facility level;
- Creation of excess demand for services ;
- Back up and support by the HCs.

The program will work together with the appropriate levels within counterpart Oromia health institutions to address these challenges if and when they materialize.

Role of ACCESS partners

a) Jhpiego

In addition to coordinating the activities of the other partners and providing capacity building to ENMA, Jhpiego will lead the health facility strengthening activities, including clinical training and quality improvement using the SBM-R approach. Also, Jhpiego will maintain the technical integrity and quality of the program thus will take the lead in the preparation of adapted training materials for HEW onsite training and coordinate the implementation of this training in collaboration with ENMA.

As was the case in the last fiscal year, Jhpiego will work very closely with ENMA in these activities. Jhpiego will also coordinate any additional capacity-building activities for ENMA. Lastly, Jhpiego will strengthen the monitoring and evaluation component of the program, while still retaining and in close collaboration with the SC-seconded M&E Officer.

b) Save the Children

Building on its extensive experience of implementing CAC in Ethiopia, SC will be responsible for implementing the community mobilization component of this program. SC has implemented community-based programs to benefit children and families in need since 1984. Today, SC works in half of the national regional states of Ethiopia, mostly in the

Eastern and Southern areas, reaching over a million direct beneficiaries through its programs and more than 15 million indirect beneficiaries.

Since the HEW training activities this year are designed as an onsite training course, ACCESS is considering this training as community-based and SC will take the lead on CAC training.

c) ENMA

ENMA will both continue more explicitly be asked to work on its own institutional development (see below under capacity building) as well as provide clinical training support to the activities. ENMA will also work closely with Jhpiego staff to implement the TOT for nurse-midwives who in turn will train HEWs at community level. The ENMA will coordinate the HEW training activities with Jhpiego support. ENMA is also responsible for the follow up activities in the 12 HCs to train HEWs and in the ACCESS 2008 program.

Leveraging Funds

ACCESS met recently with IMC who are currently implementing maternal and newborn health activities in four woredas in West Hararge which covers a total of 12 kebeles. Among their activities are training of TBAs for six day refresher courses on clean birth and sanitation; to date 59 TBAs have received this training. Health center staffs have also been trained on family planning and managing sexually transmitted infections (STIs). As IMC's activities are winding down, ACCESS will make sure continuity is maintained and its interventions build on already existing efforts. The other organization working in the area of maternal and newborn health in West Hararge is GOAL. GOAL (through by USAID funds) also trains TBAs as well as HEWs in a one-month refresher course. Collaboration already exists with GOAL on training of HEWs from last year's work in Bedesa HC where they used our trainers and learning resource package to train five HEWs. ACCESS will ensure activities are not duplicated and will work on building on existing efforts in consultation with GOAL and other partners who are working in the area.

4) Capacity building

a) Ethiopian Nurse Midwives Association

USAID and ACCESS value the role that the ENMA has and the potential it can play in expanding and strengthening the role of midwives in the Ethiopian health system. ACCESS will continue to build the capacity and encourage the expansion of the skills and reach of the ENMA to expand their value in Ethiopia.

Support to the ENMA will include building technical and programmatic capacity of their staff, supporting routine office costs as well as supporting ENMA staff to carry out project activities. Technical support will include updating the training and technical skills of ENMA members and staff in EMNC, IP, M&E and HIV prevention messages that can then be transferred to HCs, health posts and HEWs during the current project period. ACCESS will ensure as a deliverable, that any ENMA paid staff will have a detailed job description and receive an annual performance review. ACCESS will adapt existing organizational capacity assessment tools and use them to further work with the board on governance and management systems. Ms. Sheena Currie has been invited to join an Advisory Committee to the ENMA board to look at organizational strengthening. This invitation reflects both the recognition of the ENMA that ACCESS is a critical partner in its future growth, and also provides an entry point for further strengthening.

The ENMA's role in the next workplan year will be to continue to monitor the ACCESS-trained HEWs and provide feedback to the FMOH on ways to strengthen the training program nationally. In addition, the ENMA's mandate will include further strengthening and expanding the pool of midwives who serve as trainers for maternal and newborn health activities, both in support of ACCESS activities, and nationally.

b) Oromia Region Health Authorities

ACCESS will also build the capacity of woreda health supervisors in West Hararge by involving them in activities, including sensitizations workshops, onsite training and follow up of HEWs and during facility-based health provider training.

The successful implementation of SBM-R will provide health facilities with the necessary skills and tools to continue to monitor and maintain best practices at each site. Engagement of key stakeholders at the beginning of the program will aim to create “ownership” of the program, and the program will seek their support and commitment to the process, particularly in regards to supporting mobilization of resources, and supervision and monitoring activities. Capacity building at the facility level will include updating knowledge and skills during the BEmONC training.

Regarding PMTCT, ACCESS will also build the capacity of the woreda health center supervisors through involving them in supportive supervision activities with Jhpiego staff in order to use the opportunity to transfer some of the skills used in supporting the program in the field. The regional research laboratory will also be involved in the training and supervision process including training material preparation.

The successful implementation of the PMTCT pilot will create “ownership” of the program in the process, particularly with regards to supporting mobilization of resources, and supervision and monitoring activities.

c) Change agents in target communities

In instances where community support mechanisms for maternal health pre-exist, ACCESS will work to strengthen and support them via technical assistance, providing additional services such as facilitation, linking with health posts, and regular follow-up with HEWs via meetings. For communities with no pre-existing mechanisms, the CAC will be used to develop BP/CR strategies, discuss problems, identify resources, plan together, and put a system in place. ACCESS will seek to identify and encourage change agents at all levels of the program.

5) Performance Monitoring Plan

Monitoring program activities will be an important aspect of ACCESS program implementation. Beyond ensuring program activities are accomplished, ACCESS will track essential maternal and newborn care services HEWs and skilled providers at the targeted facilities provide as a result of program interventions. In addition, data on participants, trainers and courses will be collected during training and recorded using the Training Information Monitoring System (TIMS). Information on the frequency of trained providers’ (HEW and Health Officer) performance of evidence-based MNH skills will be gathered through the Ministry of Health’s existing health

management information system, with supplementary data elements and/or recordkeeping forms added at program intervention sites on an as needed basis.

AMTSL and the use of the partograph are not routine indicators collected in Ethiopia under the national HMIS. However, these indicators do reflect the quality of services provided to women in labor and make a significant impact on the health outcome of the mother. Practicing AMTSL and using the partograph are two indicators that are also important to gauge the improvement in quality of services offered at a clinic. If appropriate, feasible and accepted by the Government and facility stakeholders, ACCESS will work with staff to pilot the collection of these indicators at target health centers and hospitals.

ACCESS will also track PMTCT counseling, rapid testing services and provision of prophylaxis provided by HEWs. Information on the frequency of trained providers' (HEWs) performance of PMTCT will be gathered through the Ministry of Health's existing HMIS, with supplementary data elements and/or recordkeeping forms added at program intervention sites on an as needed basis.

Strategic Objective: Investing in People

Program Area: 3. 1. Health

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Program Element 1.6 Maternal and Child Health							
Program Sub-element 1.6.1 Birth Preparedness and Maternity Services							
Activity 1: Generation of political will and awareness creation of maternal and newborn health issues among various stakeholders in Oromia							
Sub Activity 1.1 (Jhpiego): At national level, support a SM TWG meeting on harmonizing training approaches and materials for EmONC⁷							
Stronger SM TWG, harmonized training approaches and materials nationwide	Organize and attend SM TWG meeting for the harmonization of materials, provide technical assistance for approach and material development	X				The SM TWG will be supportive of the program	No budget allocated other than staff time
Sub Activity 1.2 (Jhpiego): One-day program sensitization workshop to harmonize work plans among stakeholders (in Chiro)							
Workplans of various stakeholders harmonized with one another	Organize and hold one-day sensitization workshop in Chiro where relevant stakeholders identified to participate in the program reach a consensus for joint action to reduce maternal mortality	X				Stakeholders are interested in harmonizing work plans	
Amended MOU with Oromia RHB	Incorporate new workplan-related content into existing MOU	X					

⁷ This is because there is a perception that many organizations are conducting this training; however there is no consistency on content or approaches.

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Sub Activity 1.3 (Jhpiego): M&E							
- SMG TWG organized and attended by ACCESS staff - Consensus for joint action for reducing maternal mortality among stakeholders achieved	Monitor work plan and activity matrix to ensure that all planned activities are completed	X					
Activity 2: Raise awareness among community members, and mobilize them into action on issues related to BP/CR; promote the use of health facilities and SBAs for maternal and newborn health services, misoprostol for the prevention of PPH and post-partum care among intervention communities							
Sub Activity 2.1 (SC): Rapid assessment and document review of available formative research assessments of community attitudes and perceptions surrounding maternal and newborn health at both the country and local levels							
A solid understanding of community attitudes, perceptions and behaviors related to MNH	Conduct a rapid assessment in the program area, conduct a document review of available studies/reviews/materials/etc.	X				Available research and documentation accurately reflects the situation on the ground	
Sub Activity 2.2 (SC): CAC workshops and trainings held with HC managers and with kebele administrative councils to generate demand for health facility delivery (includes HEWs)							
HC managers and Kebele Administrative Council members are well informed and knowledgeable about CAC (142)	CAC workshops held (142 workshops, 3 days, 1 trainer)	X				HC managers and kebele administrative staff will be willing to participate in CAC	
Monthly meetings are held to ensure that community mobilization knowledge and skills are retained/strengthened	Hold monthly review and/or refresher trainings for CHWs/Community Health Promoter (CHPs) on community mobilization issues and topics	X	X	X	X	CHWs/CHPs consistently attend monthly meetings	

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Sub Activity 2.3 (SC): Adaptation, printing and distribution of pictorial education materials, in particular the "Take Action" cards, to be given to women during ANC							
IEC/BCC materials are adapted for households and are distributed (1,152)	Adapt pictorial educational materials for households	X	X				
Sub activity 2.4 (SC): Kebele Administrative Councils to orient VCHWs in elements of the community mobilization approaches							
568 VCHWs oriented in elements of community mobilization	KAC/HEWs orient VCHWs at kebele level			X			
Sub Activity 2.5: Kebele Administration Councils, including HEWs and VCHWs, support community mobilization activities using CAC approach.							
284 HEWs linked to community mobilization activities via the use of CAC activities. CAC activities held	CAC activities held for HEWs during two review meetings, one-day each.			X	X	HEWs will be able to effectively mobilize their communities	
Sub Activity 2.6: Quarterly meetings with community volunteers to reinforce and support community mobilization							
CAC components of the program reinforced via the use of quarterly meetings (6 woredas)	2 quarterly meetings held for 142 kebeles where CAC was implemented. CAC-related efforts are discussed in all meetings			X	X	HEWs will regularly and consistently attend monthly meetings	
Sub Activity 2.7 M&E							
- Rapid assessment conducted - 142 CAC workshops held - 12 monthly meetings held for	Monitor workplan and activity matrix to ensure that all planned activities are completed	X	X	X	X		

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
CHWs/CHPs - 1,152 households received pictorial educational materials							
Activity 3: Conduct onsite HEW training on: BP/CR, recognition of maternal and newborn danger signs, use of misoprostol for the prevention of PPH, and postpartum/ newborn care (woman-friendly care and IP will be integrated into all interventions where appropriate).							
Sub Activity 3.1 (Jhpiego): Adaptation of existing materials for use in onsite training approach							
Existing materials adapted to be effectively used during onsite training	Adapt existing materials for use in onsite training	X					
Sub Activity 3.2 (ENMA): TOT for skilled birth attendants to train HEWs, including on onsite training methodologies							
12 skilled birth attendants trained as TOTs for HEWs (to be held in Addis, with three trainers, for 5-7 days)	Nurse midwives identified and recruited to be deployed to strengthen and ensure that the coaching/mentoring and technical supervision of the HEWs. TOT conducted for Save US staff who have been selected to train HEWs		X			12 nurse/midwives will be found and will be willing to participate	ENMA lead with Jhpiego support
Sub Activity 3.3 (ENMA): HEW onsite training in above mentioned skills.							
76 HEWs trained	12 trainers conduct 3-5 day onsite training for 76 HEWs		X	X		Woreda health offices will be willing to allow HEWs to participate in the onsite training. HEWs will be willing to participate and their HP will be accessible	

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
30 HEWs trained in first ACCESS-Ethiopia program year in Bedessa supported to implement ANC-based distribution of misoprostol (part of monitoring of previous year's activities)	One-day meeting with previously trained HEWs in Bedessa area.	X					
Sub activity 3.4 (ENMA): HEWs to orient VCHWs in elements of a community package that can be transferred to them, such as birth preparedness/complication readiness, distribution of misoprostol for preventing PPH in the last month of pregnancy; and advocacy for an early postpartum home visit(s) by HEWs.							
152 + 60 VCHWs oriented in elements of the community package that are relevant	76 newly trained and 30 previously trained HEWs orient 2 VCHWs each in elements of the community activities HEWs will be implementing			X		HEWs will be able to effectively teach and transfer the information to VCHWs	
Sub activity 3.5 (West Hararge HEWs): Implementation of community based MNH activities in 38 kebeles where HEWs receive onsite training							
1) 100% of pregnant and recently delivered women know to VCHWs and HEWs in the kebele 2) 80% of pregnant women have received misoprostol prior to birth and know when to take it 3) 30% of recently delivered women have been visited at home within 3 days of birth	76 + 30 HEWs and 212 VCHWs to 1) identify all pregnant women in her area, 2) educate pregnant women and her support persons about PPH during home visits, 3) distribute misoprostol when the woman is 8 months pregnant; 4) conduct postpartum care visits to determine maternal and newborn outcomes, and 5) recover unused misoprostol					To document these efforts, HEWs and VCHW will need to effectively document their activities	

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Sub Activity 3.6: Increased utility of monthly woreda meetings of HEWs to reinforce key technical components of the program							
Technical components of the program reinforced via the use of monthly meetings (in 6 woredas where on-site training is conducted)	ACCESS attends woreda-level monthly meetings in 6 woredas where 76 HEWs are trained. Technical components of the program that were transmitted during the onsite trainings. CAC-related efforts are also discussed in all meetings			X	X	HEWs will regularly and consistently attend monthly meetings	
Sub Activity 3.7: M&E							
- 12 skilled attendants trained as TOTs for HEWs - 76 HEWs trained in BP/CR, use of misoprostol for the prevention and treatment of PPH, Post partum visits including recognition of maternal and newborn danger signs, - 568 CHWs oriented in the elements of the community intervention by HEWs that are relevant - CAC activities held during at least two review meetings in 104 intervention communities - 76 HEWs monitored for their BP/CR, distribution and recovery (of misoprostol and postpartum care visits.	Monitor work plan and activity matrix to ensure that all planned activities are completed		X	X	X		

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Program Sub-element 1.6.1 Birth Preparedness and Maternity Services & 1.6.2 Treatment of Obstetric Complications and Disabilities							
Activity 4: Improve the quality of maternal and newborn health services available at referral facilities							
Sub Activity 4.1: Adaptation, implementation and piloting of SBM-R of Essential Maternal and Newborn Care /EmONC at Hospitals) to include harmonization with SBM-R in VCT							
SBM-R of Essential Maternal and Newborn Care /EmONC is adapted and implemented in six hospitals	Adapt and implement SBM-R for Essential Maternal and Newborn Care /EmONC in hospitals	X	X				
Sub Activity 4.2: Implement SBM-R in target facilities in West Hararge and 4 existing AHOTP hospitals							
Relevant zonal, woreda and facility stakeholders are oriented to SBM-R	Orient relevant stakeholders to SBM-R	X				Relevant stakeholders will be supportive of SBM-R	Jhpiego and ENMA to participate in orientation
SBM-R teams selected for each facility and process begins	Introduction to SBM-R to facility teams and woreda supervisors (Module I)	X					Jhpiego and ENMA to participate
Baseline assessments results available for 6 hospitals	Conduct SBM-R baseline assessment and 6 hospitals	X	X			There will be sufficient time and interest among health facility staff to conduct baseline assessments	Jhpiego and ENMA to participate (at HC-level only)
Action plan developed based on SBM-R baseline assessments results	Workshop to review baseline assessments and develop or review action plans (Module II)						Jhpiego and ENMA to participate
SBM-R activities sustained in 6 intervention facilities	Conduct follow-up visits in 6 intervention facilities where SBM-R was implemented		X	X	X	Sufficient time exists for follow-up visits. Facilities are supportive of SBM-R process	Jhpiego and ENMA to participate

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Progress in compliance to standards is measured	First internal assessments in facilities				X		Jhpiego and ENMA to participate
SBM-R implemented and results shared	Share results at relevant meetings at the zonal level				X		Jhpiego and ENMA to participate
Sub Activity 4.3: Training tailored to results of baseline SBM-R assessment							
Training site preparation	Strengthen training site (and equip as necessary)	X	X				
Training adapted to address the results found in the baseline SBM-R.	Adapt the training to results found in the baseline SBM-R.		X			SBM-R baseline assessments were completed	
Training conducted to fill gaps in Essential Maternal and Newborn Care /BEmONC	One round of training conducted		X				
Sub Activity 4.4: Strengthen registration systems at the HPs, HCs and hospitals (for M&E purposes), reporting and referral							
Reporting and referral systems in the nine West Hararge intervention sites are strengthened	During supervision visits, monitor sites to make sure HMIS /registration books and forms are being correctly used and completed, and whether or not feedback for referral sources is provided	X	X	X	X	MOH has finalized the Oromia HMIS	
Sub Activity 4.5: M&E							
- SBM-R of Essential Maternal and Newborn Care and EmONC is implemented 6 hospitals - SBM-R orientation for relevant stakeholders held	Monitor workplan and activity matrix to ensure that all planned activities are completed	X	X	X	X		

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
<ul style="list-style-type: none"> - SBM-R baseline and first internal assessments conducted in 6 hospitals - SBM-R results shared and disseminated at meetings - Knowledge and skills of providers addressed through in-service training - Two follow-up visits conducted in the 6 intervention facilities 							
Activity 5: Carry forward of PMTCT activities							
Activity 5.1: Consensus attained on PMTCT/HEW advocacy efforts and an extension of the existing MOU with the Oromia ORHB signed							
Sub Activity 5.1.1: Support SM TWG meeting(s) on advocating the use of HEWs in the provision of comprehensive PMTCT							
Stronger SM TWG; advocacy for PMTCT service through HEWs	Organize and attend SMG TWG meeting	X				The SM TWG will be supportive of the program	
Sub Activity 5.1.2: Facilitate a meeting to build consensus to extend the time frame of existing MOU ⁸ between ACCESS and the Oromia RHB							
Consensus reached and MOU signed	Organize and hold a meeting with Oromia RHB representatives to extend period of existing MOU	X				MOU is extended	

⁸ Expired September 30th of 2008

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Activity 5.2: Selection of pilot sites for the PMTCT program for the HEWS							
Sub Activity 5.2.1: Collect data, as well as information provided from reports from field visits for supportive supervision purposes (five were conducted per site), to identify health centers (4-5) and health posts (20) to used as pilot sites (Already completed)							
Data collected	Selection of sites	X				Available data from sites describes the situation on the ground	
Sub Activity 5.2.2: Selection of pilot sites based on the criteria score and identification of trainees (Pilot sites already selected, trainees not yet identified)							
Pilot sites selected based on the number (caseload) of ANC, PMTCT, ART and VCT services	Specific health posts to be involved are identified	X				The HEWs will be willing to participate in the training	
Activity 5.3: Conduct HEW training on counseling and testing, provision of rapid tests and antiretroviral prophylaxis.							
Sub Activity 5.3.1: Adaptation of existing materials for use in training of comprehensive PMTCT for HEWs ⁹							
Existing materials will be adapted to be effectively used for training	Adapt existing materials for use in onsite training	X					

⁹ This process has already started.

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
Sub Activity 5.3.2: Training of HEWs in comprehensive PMTCT services							
40 HEWs will be trained for six days to provide PMTCT services in two rounds (20 each round)	Two rounds of training conducted for HEWs in PMTCT		X				
Activity 5.4: : Provide onsite supportive supervision in collaboration with the regional research laboratory							
Sub Activity 5.4.1: Provide onsite supportive supervision in collaboration with the regional research laboratory							
Onsite supportive supervision will be provided to all 20 sites	Onsite supervision provided		X	x		The Jhpiego Ethiopia team will design and conduct supportive supervision protocols and visits	
Sub Activity 5.4.2: Generate data through the existing HMIS system and field visits							
Relevant data will be collected	Data collected		X			Relevant stakeholders will be supportive to generate data. HMIS will be in place and properly used	
Activity 6: Follow up HEWs trained in 2007/2008 at the woreda level to collect data with additional visits to the HPs (2-3) per the 12 HC							
- Follow-up data collected from all 38 woredas included in the ACCESS 2008workplan	Collect data from all 38 woredas included in the 2008 workplan			X			

Results & Targets (Project Specific Outputs by Region)	Major Activities	Timeline				Critical Assumptions	Remark
		Q1	Q2	Q3	Q4		
(clustered around 12 training HCs) - An average of 88 HEWs to be followed up at the HP level during the same visit (2-3 per 12 HC training site).	Follow up 2-3 HEWs at the HP level for each of the 12 HC training sites						
Activity 7: Follow up visits to four of the AHOTP sites of the 2007/2008 ACCESS program that are not included in the SBM-R activities of ACCESS 2008/2009							
- 4 AHOTP sites (Dessie, Yirgalem, Arba Minch and Adigrat) followed up	Follow-up visits conducted to AHOTP sites not included in the SBM-R activities of ACCESS 2008/2009			X			Jhpiego
Activity 8: Follow up visits of the twelve health centers of the 2007/2008 ACCESS program for HEW training							
11 HC used for HEW training (the 12 th HC is Bedessa)	One round of follow up visits conducted		X	X			ENMA

Performance Monitoring Plan (PMP) Matrix – ACCESS Ethiopia

Strategic Objective: Investing in People

Program Area: 3. 1. Health

(* Indicates an operational plan/Investing in People Indicator)

Result Indicators (in outcome, output, activity sequence)	Operational Definition	Source of Data	Means & frequency of Reporting	Remark
II- Program Element: 3.1.6: Maternal and Child Health				
Number of people trained in maternal/newborn health through USG supported programs (ACCESS)*	<p>This indicator will be disaggregated by type of course and sex of participant. Types of training courses include:</p> <ul style="list-style-type: none"> • clinical training skills for MNH for nurse-midwives • community mobilization for MNH, BP/CR, and counseling and distribution of misoprostol, infection prevention and clean and safe delivery, postpartum/postnatal care for HEWs • community mobilization for MNH, BP/CR, and counseling and distribution of misoprostol, postpartum/postnatal care for CHWs 	TIMS reports	Quarterly	
1. Program Sub-element: 3.1.6.1: Birth Preparedness and Maternity Services				
Number of deliveries with a skilled birth attendant (SBA) at USG-assisted programs*	This indicator will be tracked at ACCESS-supported health centers and hospitals and includes deliveries by doctors, health officers, nurse/midwives.	HMIS	Semi-annual	
Number/% of women receiving active management of the third stage of labor (AMTSL) through USG-supported programs*	<ul style="list-style-type: none"> • AMTSL is defined as the following three elements: 1) Use of uterotonic drug within one minute of birth (oxytocin is the drug of choice, preferred 10 IU/IM); 2) Performance of controlled cord traction; and 3) Performance of uterine massage after the delivery of the placenta. • Number of women who received AMTSL in the specified time period at target facilities/Total number of women with vaginal deliveries recorded in the specified time period at target facilities 	<p>Pilot data forms</p> <p>HC and Hospital Reports</p>	Semi-annual	
Percent/number of births in ACCESS-targeted facilities that occurred with a skilled attendant using a partograph	<ul style="list-style-type: none"> • 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 	<p>Pilot data forms</p> <p>HC and Hospital Reports</p>	Semi-annual	

Result Indicators (in outcome, output, activity sequence)	Operational Definition	Source of Data	Means & frequency of Reporting	Remark
	recorded in the specified time period that occur with a skilled attendant using a partograph (numerator) by the number of births recorded in the specified time period (denominator).			
Percent/Number of pregnant women who received misoprostol who took it correctly	Number of pregnant women who received misoprostol from a trained HEW or CHW who took it according to standard/Number of pregnant women who received misoprostol from a trained HEW or CHW	HMIS (or in some cases, HEW/health post and CHW registers)	Semi-annual	
Number of MNH job aids printed and distributed to HEWs and CHWs	Job aids are defined as community education pamphlets, cue cards, household action cards pertaining to maternal and newborn health developed and shared with trained HEWs and CHWs	Program records	Semi-annual	
Number of community groups who have generated funds (via different mechanisms) to contribute to maternal and neonatal complications and/or emergencies	Number of community groups in program kebeles who report having generated funds (via different mechanisms) specifically to contribute to maternal and neonatal complications and/or emergencies	Field visits and program records	Semi-annual	
2. Program Sub-element: 3.1.6.2: Treatment of Obstetric Complications and Disabilities				
Percent of USG supported health facilities' compliance with clinical standards*	In addition to calculating a percentage of facilities which meet a minimum threshold for SBM-R (which is expected to remain low even at the end of the project period as typically 18-24 months are needed to get significant gains in such an indicator), ACCESS will measure changes in percentages of standards achieved and thus measure progress toward this indicator.			
Number of referrals for maternal and/or newborn complications by HEWs and other health cadres	This indicator is referring to referrals from the health post to the health center or hospital. It will be disaggregated by referrals for maternal versus newborn complications disaggregated by cadre	HMIS (HEW/health post registers) (Please note that referrals on the HMIS registrar do not differentiate between referrals for PMTCT, HIV testing and others)	Semi-annual	
3. Program Sub-element: 3.1.6.3 Newborn Care and Treatment				

Result Indicators (in outcome, output, activity sequence)	Operational Definition	Source of Data	Means & frequency of Reporting	Remark
Number of postpartum/newborn visits within 2 days of birth in USG assisted programs*	This includes all skilled attendant deliveries plus facility or outreach postpartum/newborn visits for mothers/newborns that did not have SBA delivery. The original OP indicator said 3 days, but this has been modified to 2 days.	HMIS (note, however, that there are limitations with the HMIS in Ethiopia. For example, the Ethiopia HMIS document only tracks the six hour, six days and six week postpartum visits. Therefore, it may be difficult to use the HMIS to track this indicator even though it specifies the date of visit in each postpartum visits).	Semi-annual	
Program Sub-element 3.1.6.4 PMTCT				
Number pregnant women who are provided PMTCT counseling	Total number of pregnant women counseled for PMTCT counseling out of total number of pregnant women who received ANC	Register/HMIS	HMIS - monthly	
Number of pregnant women who receive HIV testing	Total number of pregnant women who were tested for HIV out of total number of pregnant women who were counseled for HIV	Register HMIS	HMIS - monthly	
Number of pregnant women who tested positive who were referred to health centers	Number of pregnant women who tested positive and were referred for combination therapy to a health center out of the total number of pregnant women who tested positive	Register HMIS	HMIS - monthly	
Number of pregnant women who are not able/willing to go to health center to delivery and received Nevirapine at the time of delivery in either the health post or in her home	Number of pregnant women who tested positive for HIV and were not able/willing to go to health center to delivery and received Nevirapine at the time of delivery in either the health post or in her home out of the total number of women who tested positive and did not go to the health center for delivery.	Register HMIS	HMIS - monthly	

Ghana
Field -based ACCESS Contact Person: Yaa Mensah
US-based ACCESS Contact Person: Udaya Thomas, Program Officer, ACCESS
Funding Amount and Sources: \$250,000 - PMI
ACCESS Partners: Jhpiego
Other Collaborating Organizations: QHP

Program Approach: The MIP program approach for this final year will be to integrate activities into the bilateral Quality Health Partners project. ACCESS staff will work seamlessly with QHP staff to infuse MIP training and supervision to QHP districts as well as other districts that have been identified through the nationwide malaria health facility survey. QHP is in the process of setting up 5 sentinel surveillance sites, strengthening malaria case management for children and adults, and services for malaria in pregnancy, working on a policy for home-based management of malaria and fever, and strengthening management and M&E within the National Malaria Control Programme. ACCESS will work in conjunction with QHP to meet the pre-service and in-service goals to strengthen the GHS capacity in MIP services.

Summary of Activities Program Year 5:

The Malaria in Pregnancy interventions listed below will complement the ongoing QHP activities described above, as well as the activities undertaken by ACCESS elsewhere in Ghana. QHP and ACCESS will provide technical assistance to pre-service and in-service MIP training. ACCESS will also assist the facilitative supervision activities, by adapting already established processes, tools and standards utilized in other countries, to increase quality uptake of MIP within the FANC context.

Activities to be accomplished in Program Year 5:

- 1. Develop Supplement to Procedure Manual on MIP**
- 2. Strengthen MIP prevention and treatment by improving FANC in-service training**
- 3. Adapt MIP standards for implementing MIP at the facility level**

Year 5 Anticipated Outputs:

- Pre-service curricula updated with latest information on MIP
- 10 midwives per district x 40 districts = 400 trained service providers
- 3 midwives per region x 10 regions = 30 MIP trainers developed
- MIP facility performance standards

Program Management:

Yaa Mensah, Jhpiego Ghana Program Manager will manage the activities and work closely with the technical team. There will be two Regional Liaisons/MNH Advisors (Jhpiego hires) on QHP that will be involved with the malaria activities. The ACCESS Malaria Advisor, Dr. Bill Brieger will work closely with the in-country team. Udaya Thomas and Alishea Galvin will provide headquarter backstopping support to the ACCESS Malaria team.

ACTIVITY 1: DEVELOP SUPPLEMENT TO PROCEDURE MANUAL (PM) ON MIP (ACCESS)

Rationale: The current pre-service curriculum includes FANC and MIP and can be added either as a supplement or inserted into the curriculum. Since the curriculum was completed in 2007, it is more realistic to consider a supplement. The Nurses and Midwives Council (NMC) will be approached to determine how they would like to proceed.

Activity Lead: Joyce Ablordeppey and Bill Brieger
Activity Location(s): Ghana GHS with Ghana NMC

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Revise the Nursing and Midwifery Procedure Manual to include MIP content	Jhpiego	Nov 2008
Task 2: Technical Update with supplement to Procedure Manual for selected nurse midwifery tutors	Jhpiego	Nov 2008
Task 3: Finalize the PM supplement	Jhpiego	Jan 2009

ACTIVITY 2: STRENGTHEN MIP PREVENTION AND TREATMENT BY IMPROVING FANC INSERVICE TRAINING (ACCESS AND QHP)

Rationale: This activity will be in conjunction with QHP. The clinical sites and process will need to be strengthened prior to further preservice strengthening on MIP. We may look at further preservice activities in the second year. This activity will start with creating a local MIP learning package and end with revisions after it has been field tested. The local MIP package will be based on the global package in order to create relevancy for Ghana. Then trainings will need to be conducted and based on those, further changes may be required. A TOT and co-training will also be needed to ensure competency of trainers. This is the model that Jhpiego has been using in Ghana for years and has increased the sustainability of public health initiatives.

Activity Lead: Joyce Ablordeppey and Bill Brieger
Activity Location(s): Ghana GHS

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Revisions to MIP Learning Package for service providers in Ghanaian context based on the national revised MIP, case management and ITN policy and guidelines	Jhpiego	Nov 2008
Task 2: Conduct clinical training sessions for service providers using the revised LRP	Jhpiego	March 2009
Task 3: Conduct TOT for select MIP trainers from Task 2 training	Jhpiego	May 2009
Task 4: Conduct co-training with new trainers	Jhpiego	July 2009
Task 5: Final revisions after field testing package	Jhpiego	August 2009

ACTIVITY 3: Adapt MIP standards for implementing MIP for facility level (ACCESS and QHP)

Rationale: Activity Lead: Joyce Ablordeppey and Bill Brieger
Activity Location(s): Virtual and Ghana

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Adapt existing Jhpiego MIP performance standards to the Ghanaian context	[Enter Partner]	Nov 2008
Task 2: QHP to then take those standards and integrate into the On-the-job (OJT) and supervision model that QHP and GHS have already created in GHS facilities	[Enter Partner]	June 2009
Task 3: Finalize performance standards after they have been field tested with Jhpiego Malaria Advisor	[Enter Partner]	August 2009

Timeline:

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
Activity 1: Develop supplement to procedure manual on MIP	x	x										
Task 1: Revise Nursing and Midwifery Procedure Manual to include MIP content	x											
Task 2: Technical Update with supplement to Procedure Manual		x										
Task 3: Finalize the PM supplement				x								
Activity 2: Strengthen MIP prevention and treatment by improving FANC inservice training (ACCESS and QHP)												
Task 1: Revise MIP Learning Package for service providers in Ghanaian context based on the national revised MIP policy and guidelines	x	x										
Task 2: Conduct clinical training sessions for service providers using the revised LRP		x		x	x	x						
Task 3: Conduct TOT for select MIP trainers from Task 2 training							x	x				
Task 4: Conduct co-training with new trainers									x	x		
Task 5: Final revisions after field testing package											x	
Activity 3: Adapt MIP standards for implementing MIP for facility level (ACCESS and QHP)												
Task 1: Adapt existing Jhpiego MIP standards to the Ghanaian context	x	x										
Task 2: QHP to then take those standards and integrate into the OJT and supervision model that they have already created in GHS facilities				x	x	x	x	x	x			
Task 3: Finalize performance standards after they have been field tested with Jhpiego Malaria Advisor										x	x	
Activity 4: N/A (Other activities by QHP)												

Performance Monitoring Plan

ACCESS Monitoring and Evaluation Framework

Indicator	Definition/Calculation	Data source/Collection Method	Frequency of data collection	Responsible party
<i>ACCESS Program Result:</i>				
# of nurse midwifery schools implementing new MIP Procedure Manual supplement	Number of schools and health facilities with FANC services that are implementing the MIP protocols in classroom and clinical practice	Observation by Regional Liaison/MNH Advisor	Semi-annual	Joyce Ablordeppey or TBD RL
Ghana MIP Learning Resource Package field tested and finalized	MIP LRP and job aids drafted, field tested and finalized for use throughout Ghana	Observation by Regional Liaison/MNH Advisor	Quarterly supervision visit or report by established trainer in the region	Joyce Ablordeppey or TBD RL
Number of pregnant women who received IPTp-2	Number of women who received second dose of recommended anti-malarial drug treatment as IPTp	Recorded in service statistics	Quarterly	Joyce Ablordeppey or TBD RL
Number of ITNs distributed to pregnant women at program facilities	Number of ITNs distributed to pregnant women at program facilities	Recorded in service statistics	Quarterly	Joyce Ablordeppey or TBD RL
Number of health workers trained in case management with ACT's	Number of health workers trained with USG funds in case management with ACT's	Training registration forms	Quarterly	Joyce Ablordeppey or TBD RL
Number of people (medical personnel, health workers, community workers, etc.) trained with USG funds in malaria treatment or prevention	Sum of indicators: Monitoring IPTp 3, Monitoring ACT 6, Monitoring Treatment 2 and Monitoring Diagnosis 3	Training registration forms	Quarterly	Joyce Ablordeppey or TBD RL

Madagascar
Field-based ACCESS Contact Person:
US-based ACCESS Contact Person: Veronique Dupont, Program Officer, ACCESS
Funding Amount and Sources: \$300,000 - PMI
ACCESS Partners: Jhpiego
Other Collaborating Organizations: Ministry of Health and Family Planning, Madagascar

Program Approach:

In 2004 Madagascar's Ministry of Health and Family Planning (MOH/FP) adopted WHO's three-prong strategy for the prevention and treatment of malaria in pregnancy including: providing two doses of intermittent preventive treatment using Sulfadoxine-pyrimethamine (IPTp), use of insecticide treated nets (ITNs), and prompt case management of malaria. While case management and ITN interventions were adopted nationwide, the IPTp intervention was adopted for 92 coastal and lowland districts, where malaria transmission is stable or seasonal. Beginning in 2004 Jhpiego, through the USAID funded ACCESS program, worked in collaboration with the Malaria Action Coalition (MAC), the MOH, and other partners to develop training materials, carry out trainings for core trainers and supervisors, and develop a quality assurance approach for MIP services using the platform of focused antenatal care. This training package included the introduction of IPTp where relevant. Using these resources, the MOH and WHO scaled up the MIP training to health providers in all 92 districts. While nearly all public health sector providers received training in MIP, most did not receive follow up supervisory visits. Furthermore, health facilities were not provided with key job aids and tools to track performance against the policies and guidelines put in place. Nationwide, coverage of IPTp2 only reached 35%¹⁰ compared to 65% IPTp2 coverage achieved by the MOH and Jhpiego in five model sites. It is evident that a more rigorous scale up strategy needs to be put in place that emphasizes data collection and supervision of health providers if Madagascar is to reach the PMI goal of 85% coverage of pregnant women with IPT2 by 2010. There is a need to identify the key barriers to nationwide uptake of IPTp and to conduct refresher trainings for basic health centers' providers in Malaria in Pregnancy (MIP) interventions. Moreover, all three components of MIP programming must be emphasized and monitored.

Summary of Activities Planned for Program Year 4/5:

Jhpiego/ACCESS has received \$300,000 in funding for FY08 from the President Malaria Initiative (PMI) to strengthen the implementation of IPTp as part of focused antenatal care (FANC) in the 92 districts where malaria transmission is stable or seasonal. This will involve a review of existing literature to determine why IPTp coverage has remained low especially in areas where the new IPTp policy has been implemented and health providers have been trained since 2004. Jhpiego proposes to organize a meeting with key stakeholders to discuss the desk review findings and recommendations to increase SP uptake. Through PMI, Jhpiego will organize a 2-3 day workshop for supervisors from the NMCP and the MOH at the central and district levels and assist them with the development of action plans to roll out the malaria service delivery guidelines (SDGs) at the service delivery level. These SDGs were developed with assistance from the Jhpiego/ACCESS

¹⁰ Source: Data collected by the National Malaria Control Program (NMCP) /Health Information Management System (SIS) as part of ongoing monitoring in 2006.

program and validated by the MOH in October of 2007. Also, Jhpiego will support a nationwide cascade orientation/refresher course for carefully selected service level providers on FANC/MIP and, through this venue, distribute to each service level provider the malaria clinical performance standards as a job aid. Finally, Jhpiego/ACCESS will follow up on ongoing supervision activities in collaboration with the MOH National Malaria Control Program (NMCP), and determine how best to incorporate the newly approved malaria SDGs and clinical performance standards to ensure proper use of ACT in basic health centers. This activity may include an orientation on Jhpiego/Access Quality Assurance System (QAS) approach in selected new sites and development of consequential action plans for improvement.

At least one local project staff in Madagascar will be contracted to coordinate and implement activities in country.

Activities to be accomplished in Program Year 4/5 (please review the calendar on pages four and five for approximate dates of activities)

Conduct a desk review to identify the key barriers to SP uptake nationwide and prepare summary report of findings with appropriate recommendations to achieve optimal IPTp2 service coverage.

Organize a workshop to present and discuss desk review findings and proposed recommendations with key stakeholders.

Organize and facilitate a workshop for supervisors from the NMCP and MOH at the central and district levels and selected service level providers to develop action plans to roll out the Malaria SDGs.

Organize and conduct a nationwide cascade orientation/refresher course for service level providers on FANC/MIP, and using the same venue, disseminate the new service delivery guidelines and clinical performance standards developed in FY07.

Support the ongoing supervision activities carried out by the MOH/NMCP at the district and service delivery levels and determine how best to incorporate the newly approved malaria in pregnancy SDGs and clinical performance standards for the correct use of ACTs.

Conduct an orientation on QAS in selected new sites and development of consequential action plans for improvement.

Year 4/5 Anticipated Outputs:

Summary report of findings with appropriate recommendations to achieve optimal IPTp2 service coverage.

One workshop conducted to discuss with key stakeholders desk review findings and next steps.

Cascade orientation/refresher course on FANC/MIP conducted.

Malaria SDGs and clinical performance standards for use of ACTs printed and disseminated to service level providers.

Supervision activities at the district and service delivery levels strengthened in collaboration with the MOH/NMCP.

Orientation on QAS conducted in selected new sites and actions plans developed.

Program Management:

At least one local project staff in Madagascar will be contracted to coordinate and implement activities in country in collaboration with the MOH at the central and district levels and other in country partners. Jhpiego headquarter staff will be available to provide short term technical assistance as needed.

ACTIVITY 1: CONDUCT A DESK REVIEW TO IDENTIFY THE KEY BARRIERS TO INTERMITTENT PREVENTIVE TREATMENT OF PREGNANT WOMEN (IPTp) SERVICE COVERAGE

Jhpiego has had success achieving high coverage of IPTp2 in five pilot health facilities in Madagascar, however, national coverage of both the first and second dose of IPTp has remained low in spite of the government's initiative to train providers nationwide. Jhpiego/ACCESS proposes to conduct a *desk review* of existing grey literature (program evaluations and other programmatic reports) to identify principal barriers to SP uptake nationwide and discuss recommendations and next steps to achieve optimal IPTp2 coverage nationwide with key partners.

Activity Lead: Veronique Dupont; Local Project Manager TBD

Activity Location(s): Madagascar and Baltimore.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Review results of the WHO/MIP evaluation, the PQI assessments, and other existing grey literature to identify principal barriers to SP uptake nationwide.	Jhpiego	June, 2008
Task 2: Prepare results report including make recommendations to improve IPTp2 coverage.	Jhpiego	July, 2008
Task 3: Organize a meeting with stakeholders (USAID, MOH, NMCP, WHO, UNICEF, Service de Statistiques Sanitaires, Coordination de l'Assurance de la Qualité, DDDS, SDD, DSME, SSEA, SSS, DULMT, CDC, GFATM, MSH, Chemonics, other local NGOs) to discuss desk review findings and recommendations to improve IPTp2 service coverage.	Jhpiego	August/September, 2008

ACTIVITY 2: ORGANIZE A NATIONWIDE CASCADE ORIENTATION COURSE ON FANC/MIP, AND DISSEMINATE THE MIP SERVICE DELIVERY GUIDELINES (SDGS) AND CLINICAL PERFORMANCE STANDARDS DEVELOPED UNDER THE MALARIA ACTION COALITION (MAC) AND THE ACCESS PROGRAM IN FY 07.

Jhpiego/ACCESS will plan and facilitate a 2-3 day workshop for supervisors from the NMCP and the MOH at the central and district levels and selected service level providers to develop action plans to roll out the malaria service delivery guidelines (SDGs) at the service delivery level. These SDGs were developed with assistance from the Jhpiego/ACCESS program and validated by the MOH in October of 2007. Jhpiego/ACCESS will organize a nationwide cascade orientation course on FANC/MIP to strengthen selected service level providers' knowledge of prevention and treatment of MIP. During the orientation course, Jhpiego/ACCESS will also ensure each service provider is given a copy of the malaria clinical performance standards as a job aid. These standards were developed and tested by the NMCP and Jhpiego in eleven health facilities. Jhpiego will also coordinate with UNICEF and other partners to ensure that SP and ITNs are available in all antenatal care centers in the intervention areas.

Activity Lead: Local Project Manager TBD; Jhpiego Senior RH Advisor
Activity Location(s): Madagascar

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Arrange for printing of the SDGs.	Jhpiego	August, 2008
Task 2: Organize a 2-3 day workshop for supervisors/directors from the MOH, NMCP at the central and district levels and selected providers to support the development of action plans to roll out the SDGs at the service delivery level.	Jhpiego	August/September, 2008
Task 3: Using as the foundation the Madagascar malaria in pregnancy (MIP) learning resource package, adapt, translate and validate orientation courseware from Zambia and Kenya programs.	Jhpiego	November, 2008
Task 4: Identify service level providers to participate in the cascade orientation/refresher course, and conduct the cascade orientation course on FANC/MIP using the adapted MIP learning resource package.	Jhpiego	December, 2008

ACTIVITY 3: FOLLOW UP ON ONGOING SUPERVISION ACTIVITIES AND DETERMINE HOW BEST TO INCORPORATE THE MIP SDGS AND CLINICAL PERFORMANCE STANDARDS.

To ensure that service providers who participated in the cascade orientation/refresher course apply systematically the clinical performance standards for the prevention and treatment of MIP, Jhpiego/ACCESS will work with the MOH/NMCP to support the ongoing supervision activities at the district and service delivery levels, and determine how best to incorporate the newly approved malaria in pregnancy SDGs and clinical performance standards for the correct use of ACTs.

Activity Lead: Local Project Manager TBD; Jhpiego Senior RH Advisor
Activity Location(s): Madagascar

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Coordinate with the MOH/NMCP to support the ongoing supervision activities at the district and service delivery levels.	Jhpiego	Ongoing
Task 2: Determine how best to incorporate the newly approved malaria in pregnancy SDGs and clinical performance standards for the correct use of ACTs into the ongoing supportive supervision activities (Possibly in coordination with SPS).	Jhpiego	December, 2008

Task 3: In collaboration with the MOH and UNICEF, identify and establish system to ensure IPT1 and IPT2 are tracked correctly, and that data on IPT1, IPT2, and SP and ITNs stock out is compiled routinely.	Jhpiego	December 2008
Task 4: Conduct an orientation on Jhpiego/Access QAS approach in selected new sites and develop consequential action plans for improvement.	Jhpiego	March, 2009
Task 5: Conduct QAS monitoring visits.	Jhpiego	Ongoing

Timeline:

Timeline of Activities	Months													
	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Activity 1: Conduct desk review to identify barriers to IPTp service coverage	x	x	x	x										
Task 1: Review results of the WHO/MIP evaluation, the PQI assessments, and other existing grey literature to identify principal barriers to SP uptake nationwide.	x	x												
Task 2: Prepare results report including make recommendations to improve IPTp service coverage.			x	x										
Task 3: Organize a meeting with stakeholders to discuss desk review findings and recommendations to improve IPTp service coverage.				x	x									
Activity 2: Organize a nationwide cascade orientation/refresher course and disseminate MIP SDGs and clinical performance standards				x	x	x	x	x						
Task 1: Arrange for printing of the SDGs and clinical performance standards for distribution during the dissemination course for service level providers.		x	x	x										
Task 2: Organize a 2-3 day workshop for supervisors/directors from the MOH, NMCP at the central, regional and district levels and selected service level providers to support the development of action plans to roll out the SDGs at the service delivery level.				x	x									
Task 3: Using as the foundation the Madagascar malaria in pregnancy (MIP) learning resource package, adapt, translate, and validate orientation courseware from Zambia and Kenya programs.					x	x	x							
Task 4: Identify service level providers to participate in the cascade orientation/refresher course, and conduct the cascade orientation course on FANC/MIP using the adapted MIP learning resource package.						x	x	x						

Timeline of Activities	Months													
	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Activity 3: Follow up on ongoing supervision activities and determine how best to incorporate the MIP SDGs					x	x	x	x	x	x	x	x	x	x
Task 1: Coordinate with the MOH/NMCP to support the ongoing supervision activities at the district and service delivery levels.					x	x	x	x	x	x	x	x	x	x
Task 2: Determine how best to incorporate the newly approved malaria in pregnancy SDGs and clinical performance standards for the correct use of ACTs into the ongoing supportive supervision activities.						x	x	x						
Task 3: In coordination with UNICEF, identify system to ensure IPT1 and IPT2 are tracked correctly and that data on IPT1, IPT2, and SP and ITNs stock out is compiled routinely.						x	x	x						
Task 4: Conduct orientation on QAS in selected new sites and develop consequential action plans for improvement.									x	x	x			
Task 5: Conduct QAS monitoring visits.										x	x	x	x	x

BUDGET:

Please see attached budget summary by program task.

Performance Monitoring Plan

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
<i>Strengthen implementation of IPTp as part of focused antenatal care</i>				
# people trained with USG funds in malaria treatment or prevention, by type of trainees, content of training		Program records	Per training event (Reported Quarterly)	Jhpiego/ACCESS
#/% target facilities that received a supervision visit by provincial/district level MOH supervisor		Health facility record	Monthly (Reported Quarterly)	Provincial/District Health Office staff
#/% of supervision visits conducted by district level MOH supervisor using a standardized supervision checklist (By type of health facility)		Standardized supervision checklist	Monthly (Reported Quarterly)	Provincial/District Health Office staff
#/% of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 1 st dose of intermittent preventative treatment (IPT1) under direct observation.	<p>Calculation: Number of pregnant women who receive IPT1 under observation/Number of 1st ANC visits</p> <p>This indicator will be reported by country only where ACCESS activities target IPT with SP as an area for improvement.</p>	Service statistics from health facilities in intervention area	Monthly (Reported Quarterly)	Provincial/District Health Office staff

Indicator	Definition/Calculation	Data source/ Collection Method	Frequency of data collection	Responsible party
% of women who have received two or more doses of IPTs during their last pregnancy in the last two years	<p>Calculation: Number of pregnant women who receive IPT2 under observation/Number of 1st ANC visits</p> <p>This indicator will be reported by country only where ACCESS activities target IPT with SP as an area for improvement.</p>	Service statistics from health facilities	Monthly (Reported quarterly)	Provincial/District Health Office staff
%/# of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received an ITN		Service statistics from health facilities in intervention area	Monthly (Reported quarterly)	Provincial/District Health Office staff

Malawi
Field -based ACCESS Contact Person: Tambudzai Rashidi
US-based ACCESS Contact Person: David Burrows, Program Officer, ACCESS
Funding Amount and Sources: MCH - \$155,000 POP - \$500,000 PEPFAR - \$100,000
ACCESS Partners: Jhpiego, Save the Children
Other Collaborating Organizations: MOH

Program Approach

The ACCESS Team proposes a two-year program aimed at improving availability and access to quality sustainable facility and community maternal and newborn health services, leading to the increased utilization of services and practice of healthy maternal and neonatal behaviors. Specifically, ACCESS will support the MoH and USAID/Malawi strategy to: **Accelerate the reduction of maternal and neonatal morbidity and mortality towards the achievement of the Millennium Development Goals (MDGs).** To meet the Program Objective of increased utilization of MNH services and practices of healthy maternal and neonatal behaviors, ACCESS proposes to work at the national, district, and community levels to achieve the following results:

- Increased access to and availability of quality essential maternal and newborn care services at central and district hospitals, health centers, and through community level services
- Strong MNH policies, planning and management in place at the national, zonal and district level.
- Increased adoption of household behaviors that positively impact the health of mothers and newborns
- Increased uptake of intermittent preventive treatment (IPTp) of malaria in pregnancy

ACCESS' key program approach supports the implementation of integrated community and facility-based EMNC interventions focusing on antenatal care (ANC), Basic Emergency Obstetric and Newborn Care (BEmONC), and postpartum care, along the Household-to-Hospital Continuum of Care (HHCC). The HHCC approach simultaneously addresses maternal and newborn issues of the community, facility and within the enabling environment, using evidence-based interventions and best practices.

Using the HHCC strategy to achieve the results, ACCESS will support ongoing national-level initiatives for Performance and Quality Improvement (PQI) in infection prevention and reproductive health (RH), scale up PQI/RH to additional district and central hospitals, work with providers at hospitals and health centers to prevent malaria in pregnancy (MIP), improve national capacity to train skilled providers in BEmONC, and support development of the national community maternal and newborn health (MNH) package and community mobilization guidelines. ACCESS will collaborate with Malawian governmental bodies, such

as the Ministry of Health's Reproductive Health Unit (RHU) and National Malaria Control Program (NMCP) to revise/adapt/update national policies, guidelines and curricula, as well as with district-level MNH stakeholders to roll out activities to hospitals and health centers nationwide.

ACCESS will provide technical assistance to improve Malawi's national capacity to prevent MIP through increased IPTp uptake in line with the goals of the President's Malaria Initiative (PMI). Using PMI funds, ACCESS will work with RHU and the NMCP to build the capacity of District Health Management Teams (DHMT) to increase IPTp uptake and provide support health facilities nationwide.

In three focus districts, ACCESS will implement interventions of evidence-based and best EMNC practices along the household to hospital continuum of care by introducing PQI/RH, and Kangaroo Mother Care (KMC) to district hospitals and rolling out PQI/RH to health centers. Complementary community-based activities will improve household behaviors through implementation of the community MNH package and community mobilization guidelines. By assisting zonal officers to disseminate lessons learned from the focus districts to other districts in the zone, ACCESS will build the capacity of the newly established zonal officers to disseminate and replicate effective EMNC interventions.

I. YEAR 2 ACTIVITIES

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
1. Advocacy Strategy for Maternal and Newborn Care					\$160,568
1.1	<p>Activity: <i>Participate in key working group meetings</i></p> <p><u>Activity description:</u> ACCESS will participate in national-level meetings with key MNH stakeholders and participate in the Technical Working Group for SRH, Quality Assurance, M & E, Safe motherhood, SWAp, and White Ribbon Alliance.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi, RHU</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> Focus district DHMT, RHU, NMCP, CHAM</p> <p><u>Location:</u> Lilongwe</p>	October 2008 – September 2009	<ul style="list-style-type: none"> Key MNH meetings attended 		<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
1.2	<p>Activity: <i>Attend Africa MNH/FP Best Practices meeting</i></p> <p><u>Activity description:</u> The ACCESS CTO requested that ACCESS Core funds support Headquarters travel to a planned Africa Regional Meeting on MNH and FP Best Practices, ACCESS/Malawi will use Malawi field funds to support 1 ACCESS Malawi staff and 1 MoH counterpart to attend the meeting.</p> <p><i>Note: To ACCESS/HQ knowledge, the meeting time and location has not been set, and the possibility exists that it will not happen in Y2. If so, funds supporting this activity will be reprogrammed.</i></p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> RHU,</p> <p><u>Location:</u> TBD</p>	TBD	<ul style="list-style-type: none"> MoH and ACCESS staff updated in best practices in MNH and FP 		<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
1.3	<p>Activity: <i>Development of Publications</i></p> <p><u>Activity description:</u> Prepare programmatic abstract on the uptake of the PQI (IP and RH) by MoH for submission to regional publications and conferences. Collect impact data at facility and community level to contribute to publications, abstracts, presentations highlighting impact of ACCESS interventions in collaboration with RHU. Submit abstracts at Global Health Council and other international conferences or meetings. Results from the formative research done in Y1 can contribute to a community-themed brief.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> RHU</p> <p><u>Location:</u> N/A</p>		<ul style="list-style-type: none"> One article submitted to regional journal One abstract submitted to GHC 		<p><u>Funding source:</u> MCH, POP, PEPFAR</p>
1.4	<p>Activity: <i>Support to Malawi White Ribbon Alliance (WRA) to becoming a leading advocate for key MNH priorities</i></p> <p><u>Activity description:</u> This activity will assist the WRA/Malawi to become a leading voice in increasing awareness of maternal and neonatal mortality among key policymakers and parliamentarians, and mobilizing resources for MNH activities. ACCESS will hold a meeting with WRA to determine advocacy needs and work with WRA to develop a SOW and work plan.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> WRA/Malawi</p> <p><u>Location:</u> TBD</p>	SOW and Work Plan for WRA development in October-December 2008	<ul style="list-style-type: none"> SOW, Work Plan with advocacy targets and messages, and subgrant agreement. 		<p><u>Funding source:</u> MCH</p>
<p>2. Increase National Capacity to Train Skilled Providers</p>					<p>\$423,045 Includes \$100,000 carry forward</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
2.1	<p>Activity: <i>Strengthening midwifery training curricula (pre-service and in-service)</i></p> <p><u>Activity description:</u> In order to ensure BEmONC is incorporated into the pre-service and in-service training curricula in a standardized way, ACCESS will collaborate with the Nurses and Midwives Council of Malawi to develop a standardized BEmONC curricula, which each midwifery school will adopt for training NMTs.</p> <p>In addition, ACCESS will advocate for the creation of a standardized midwifery curricula to be adopted at all NMT schools</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> MOH/RHU, NMCM</p> <p><u>Location:</u> TBD</p>	January – March 2009	<ul style="list-style-type: none"> Standardized BEmONC curricula adopted by 10 midwifery schools in Malawi 	<p>Number of guidelines developed or changed to improve access to and use of MNH services – 1</p> <p>Number of guidelines developed or changed to improve access to and use of FP/RH services - 1</p>	<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
2.2	<p>Activity: <i>Increasing knowledge and skills of midwifery tutors and preceptors</i></p> <p><u>Activity description:</u> Tutors and preceptors at Malawi’s pre-service and in-service training institutions require updates on BEmONC. In PY1, ACCESS trained 11 tutors and 10 preceptors from selected midwifery training schools and clinical sites in BEmONC. During this program year, ACCESS/Malawi will conduct a three-week training for an additional 10 tutors and 10 preceptors in BEmONC. One week of the BEmONC training is dedicated to PAC content. Participants will be selected from all 10 NMT colleges and 3 RN-midwifery training institutions and ACCESS will advocate that priority is given to preceptors from those institutions that also participate in the PQI/RH initiative. This activity is linked with Activity 2.3.</p> <p><i>Note: ACCESS will work with other donors and the RHU in attempts to leverage funds to support additional trainings. If funds become available, ACCESS will collaborate with the donor and RHU to organize additional TU/CSS.</i></p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local BEmONC trainers</p> <p><u>Key partners:</u> RHU, Training Institutions</p> <p><u>Location:</u> TBD</p>	May – June 2009	<ul style="list-style-type: none"> • Report on training course • 10 tutors and 10 preceptors updated in BEmONC 	<p>Number of people trained in MNH - 20</p> <p>Number of people trained in FP/RH - 20</p>	<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
2.3	<p>Activity: <i>Expanding and standardizing midwifery clinical training capacity and establishment of 2 BEmONC clinical training sites (1 in PY1 and 1 in PY2)</i></p> <p><u>Activity description:</u> In collaboration with the MoH/RHU, ACCESS strengthened Zomba Central Hospital, Matawale Health Center, and Malawi College of Health Sciences Zomba campus in PY1, which included equipping the site with models and other clinical training materials to improve the skills laboratory as well as providing some basic supplies, such as delivery kits, to improve service delivery at the clinical training sites. In PY2, ACCESS will target another site for strengthening. Strengthening includes an assessment visit to identify needed materials, orientation of service providers in BEmONC, provision of needed materials to equip the skills laboratory, training of tutors and preceptors on CTS (see activity 2.6 for CTS description) and follow up supervision visits to ensure competency based training goes on at the sites.</p> <p><i>Note: If additional funding becomes available, ACCESS will procure essential clinical training materials, such as models, to distribute to additional clinical training sites</i></p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local CTS trainers</p> <p><u>Key partners:</u> MoH/RHU, other donors</p> <p><u>Location:</u> TBD</p>	January – February 2009	<ul style="list-style-type: none"> • Assessment report and report on each facilitated supervision visit • Inventory list of additional material to skills laboratory • One BEmONC clinical training site strengthened, including establishment of one skills laboratory and operating according to standards 		<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
2.4	<p>Activity: Reinforce Midwifery supervision</p> <p><u>Activity description:</u> In order to ensure participants in Activity 2.3 apply their training at their workplace, ACCESS will conduct a series of supportive supervision visits to provide guidance and reinforcement and assist the trainers to get more competent in their use of the training material. ACCESS will follow up the participants of the ACCESS Y1 BEmONC training in April 2008 as well as the ones trained in Y2. This follow up includes supervision of PAC service provision.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local Trainers and Supervisors</p> <p><u>Key partners:</u> RHU</p> <p><u>Location:</u> Site-based support</p>	October 2008 – September 2009	<ul style="list-style-type: none"> Report on supervision visit for 11 tutors and 10 preceptors trained in BEmONC in Y1 Report on supervision visits for 10 tutors and 10 preceptors trained in BEmONC in Y2 		<u>Funding source:</u> MCH, POP
2.5	<p>Activity: Conduct Clinical Training Skills (CTS) Course</p> <p><u>Activity description:</u> This activity will improve the clinical training skills of midwifery tutors so they can effectively train students in BEmONC using competency-based approaches. The participants will include 11 tutors who attended the BEmONC training in Y1 as well as 10 who attended the BEmONC in August 2007 supported through ACCESS core funds.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local CTS trainers</p> <p><u>Key partners:</u> MoH/RHU, other donors</p> <p><u>Location:</u> TBD</p>	March – April 2009	<ul style="list-style-type: none"> Report on CTS training 21 tutors trained in clinical training skills 	Number of people trained in MNH - 21 Number of people trained in FP/RH - 21	<u>Funding source:</u> MCH, POP

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
2.6	<p>Activity: BEmONC Supervisory tool and database</p> <p><u>Activity description:</u> ACCESS, in collaboration with RHU, will develop a standardized tool to be used by supervisors assessing providers of BEmONC during supervision visits, including a component which captures routine service delivery and impact data. A database reflecting this information will be developed by ACCESS with RHU support.</p> <p>This follows a discussion with RHU and UNICEF on the lack of a supervision tool to monitor the knowledge, skills and competencies of service providers trained in BEmONC. RHU and UNICEF requested that ACCESS should take lead role in developing the supervision tool as well as the database.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> RHU</p> <p><u>Location:</u> To be determined</p>	October 2008 – September 2009	<ul style="list-style-type: none"> • BEmONC database developed • BEmONC supervision tool developed 		<u>Funding source:</u> MCH, POP
3. Increase National Capacity to Empower Communities					\$37,916

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
3.1	<p>Activity: <i>Work with the MoH led team to develop BCC materials to support community mobilization</i></p> <p><u>Activity description:</u> ACCESS will collaborate with the MoH, UNICEF and Save the Children’s Newborn Program Team to identify and develop needed BCC materials to support community mobilization. The materials will be printed and distributed to the focus districts and copies provided to the RHU. Adequate BCC materials will be distributed to cover the entire district. Results of the formative research conducted in Y1 will contribute to the development and finalization of the materials.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> MoH/RHU, UNICEF, Health Education Unit, SC Newborn Program Team, UNFPA</p> <p><u>Location:</u> N/A</p>	October 2008 – March 2009	<ul style="list-style-type: none"> BCC materials printed and distributed to the three focus districts and copies given to RHU 		<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
3.2	<p>Activity: <i>Introduce Community MNH register for HSAs to capture community level data on MNH</i></p> <p><u>Activity description:</u> ACCESS will collaborate with MoH, UNICEF and Save the Children's Newborn Program Team to modify, if necessary, the existing community MNH data collection tools developed in PY1 and create a standard register to be used by HSAs during home visits. This register will be pre-tested, printed and distributed to ACCESS's 3 focus districts and copies provided to RHU and Community MNH stakeholders.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> MoH/RHU, UNICEF, SC Newborn Program Team</p> <p><u>Location:</u> Focus Districts (Rumphi, Nkhotakota, Machinga)</p>	October 2008 – March 2009	<ul style="list-style-type: none"> Community MNH Register established 		<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
3.3	<p>Activity: <i>Finalize, print and disseminate a standardized National Community Mobilization training manual</i></p> <p><u>Activity description:</u> To assist RHU and DHMT of the focus districts to operationalize the guidelines in Activity 10, ACCESS finalized a CM training manual in Y1. The manual was used during the TOT for CM in Y1, and feedback and lessons learned from that exercise will be incorporated as the manual is being finalized. ACCESS will develop complementary job aides. ACCESS will support MoH in printing and disseminating the manuals and associated job aides such as counseling cards for HSAs to use when mobilizing the community.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> MOH</p> <p><u>Location:</u> N/A</p>	<p>CM Manual: October – December 2008</p> <p>Job aides: October 2008 – March 2009</p>	<ul style="list-style-type: none"> Community Mobilization training manual finalized, 200 copies printed and disseminated nationally Job aides developed, printed and disseminated to the trained HSAs 	<p>Number of guidelines developed or changed to improve access to and use of MNH services – 1</p>	<p><u>Funding source:</u> MCH, POP</p>
4. Increase National Capacity to Provide Quality Integrated RH Services					\$240,928

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
4.1	<p>Activity: Performance and Quality Improvement in Reproductive Health</p> <p><u>Activity description:</u> In Y1, ACCESS introduced PQI/RH to 6 additional district hospitals and continued support to 8 district hospitals which had started the PQI/RH process prior to the start of the ACCESS program. ACCESS will provide support to these 14 sites and introduce PQI/RH to 6 additional sites, including the 4 Central Hospitals in Y2 and continue supportive supervision visits to the other 14 hospitals. The introduction will include: stakeholder meetings, PQI modular trainings, baseline assessments and continuous monitoring at each of the facilities. Injection safety is a major component of PQI/RH trainings under the IP section of the RH standards.</p> <p>ACCESS will coordinate with the RHU and QA technical working group to review the RH standards for hospital level and make revisions based on lessons learned in Y1 and recommendations from the ACCESS CTO field visit, including incorporating IP and RH standards into one set of standards to ease the reporting burden on providers. This is dependant on approval to move forward by the National QA Technical Working group of MoH.</p> <p>In Y1, ACCESS, in collaboration with the National QA Technical Working Group, drafted RH standards that are applicable to the Health Center level. These standards will be finalized in the first quarter of Y2, so PQI IP/RH can be introduced to the Health Center level.</p>	<p>Integrated IP/RH Standards for Health Center: November 2008</p> <p>Supportive supervision to PQI/RH sites: October 2008 – September 2009</p> <p>Introduction of PQI/RH: November 2008 – June 2009</p>	<p>Continued support</p> <ul style="list-style-type: none"> • Report on each supportive supervision visit • 3 sites recognized for achieving RH standards <p>Introduction to 6 hospitals</p> <ul style="list-style-type: none"> • Reports on stakeholder meetings • Report on PQI module trainings • Results of baseline and continuous assessments 	<p>Number of sites recognized – 3</p> <p>Number of people trained in MNH - 54</p> <p>Number of people trained in FP/RH - 54</p> <p>Number of individuals trained in medical injection safety – 54</p>	<p><u>Funding source:</u> MCH, POP, PEPFAR</p>

ACCESS Year Five Field Support Workplan

Malawi
Person(s) responsible: ACCESS/Malawi

Required technical assistance: local

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
5. Strengthen Zonal and District Planning for MNH					
5.1	<p>Activity: <i>Hold discussions with DHMT of ACCESS districts to advocate for increased commitment and resources for community interventions and develop district specific community work plans</i></p> <p><u>Activity description:</u> In Y1, ACCESS advocated for inclusion of specific MNH items in the DIPs of the ACCESS focus districts that support ACCESS objectives, including training of HSAs in delivery of community MNH services and community-based activities. ACCESS will continue to engage the DHMTs to ensure MNH activities are included in the next fiscal year as well as supporting implementation of this year's DIP.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> DHMT of focus districts</p> <p><u>Location:</u> Focus Districts (Rumphi, Nkhotakota, Machinga)</p>	October 2008 – December 2008	<ul style="list-style-type: none"> DIP of focus districts include support for community-based activities (HSA trainings, MNH open days, creation of community MNH committees) 		<u>Funding source:</u> MCH, POP
6. Kangaroo Mother Care in Focus Districts					\$282,495 Includes \$39,615 carry forward

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
6.1	<p>Activity: Conduct TOT for KMC trainers</p> <p><u>Activity description:</u> The RHU requested that KMC TOT training wait until KMC is integrated into a RH harmonized training manual that includes BEmONC. As soon as it is finalized, ACCESS will facilitate a TOT for 15 people, which will contribute to a pool of national KMC trainers. ACCESS will continue to provide TA to the integration of the training materials. . ACCESS will support the KMC portion of the larger training, which amounts to one week of support.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> SC, MoH</p> <p><u>Location:</u> National, including focus districts</p>	October 2008 – January 2009	<ul style="list-style-type: none"> • Report on KMC Training of Trainers • 15 people trained as trainers in KMC 	Number of people trained in MNH - 15	<u>Funding source:</u> MCH

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
6.2	<p>Activity: <i>Provide supportive supervision to KMC sites in ACCESS Districts</i></p> <p><u>Activity description:</u> Building on the progress made in Y1, ACCESS will work with hospital and health center staff and district officials to support quality KMC services at 5 hospitals and 5 health centers within the focus districts. This will include supportive supervision to ensure quality, and distribution of supplies purchased in Y1 in the selected facilities.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> SC, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphi)</p>	October 2008 – September 2009	<ul style="list-style-type: none"> KMC services integrated in 5 hospitals and 5 health centers 		<p><u>Funding source:</u> MCH</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
6.3	<p>Activity: Ambulatory KMC Services in ACCESS Districts</p> <p><u>Activity description:</u> ACCESS will determine the feasibility of establishing ambulatory KMC services at the health center level in the focus districts and continue advocating for policy changes to support ambulatory KMC services. Based on the assessments and assuming a supportive policy environment, ACCESS, with MoH, will develop ambulatory KMC guidelines which will later be incorporated into RH service delivery guidelines and training documents.</p> <p>If the assessments prove feasible, ACCESS will work with RHU to establish ambulatory KMC linked to two KMC facilities in one focus district. RHU has granted permission for ACCESS to proceed with the feasibility assessment.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> SC, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	October 2008 – September 2009	<ul style="list-style-type: none"> Report on feasibility of establishment of ambulatory KMC in focus districts 		<p><u>Funding source:</u> MCH</p>
7. Integrated Performance and Quality Improvement in Reproductive Health and BEmONC trainings in Focus Districts					<p>\$749,122 Includes \$250,000 carry forward</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
7.1	<p>Activity: <i>Increasing knowledge and skills of service providers in BEmONC in facilities within focus districts</i></p> <p><u>Activity description:</u> Based on lessons learned from Y1 implementation and recommendations from the ACCESS CTO field visit that BEmONC skills are necessary for the achievement of RH standards, ACCESS/Malawi will update service providers from selected facilities in the focus districts in BEmONC. This will be based on a BEmONC training needs assessment and priority will be given to Nkhosakota district hospital which started providing maternity services in July 2008. Updating their skills will provide a greater chance that the PQI/RH standards are met as many of the standards are related to effective delivery of BEmONC. Updated skills will allow service providers at the District Hospital and selected Health Centers to deliver BEmONC.</p> <p>In order to ensure that participants apply their training at their work place, ACCESS will conduct a series of supportive supervision visits to provide guidance and reinforcement and assist the providers trained in this activity.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local BEmONC trainers</p> <p><u>Key partners:</u> RHU</p> <p><u>Location:</u> TBD</p>	November 2008 – February 2009	<ul style="list-style-type: none"> • Report on training course • 60 service providers in 3 focus districts trained in BEmONC 	<p>Number of people trained in MNH - 60</p> <p>Number of people trained in FP/RH - 60</p>	<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
7.2	<p>Activity: Performance and Quality Improvement in Reproductive Health at targeted Health Centers in Focus Districts</p> <p><u>Activity description:</u> Using the integrated IP/RH standards for Health Centers finalized under activity 4.1, ACCESS will introduce PQI IP/RH to 10 health centers, 3 each in Rumphi and Machinga and 4 in Nkhotakota. The introduction will include: stakeholder meeting, PQI modular trainings, baseline assessments and continuous monitoring at each of the 9 facilities. The modular trainings have been streamlined. The orientation and baseline assessments will occur at the health centers before the BEmONC trainings of Activity 8.1. Following the BEmONC training, the PQI IP/RH module 2 and 3 trainings will be conducted. Injection safety is a major component of PQI/RH trainings under the IP section of the RH standards.</p> <p>This integrated model will upgrade the skills of providers while also introducing them to PQI/RH. The BEmONC skills allow for quicker achievement of the RH standards. The third module will be conducted three month later and supportive supervision will continue throughout the program year. ACCESS will use existing resources within the MoH at the district level to lead the PQI/RH roll out to the Health Centers.</p> <p>Advocacy with the DHMT done in activity 6.1 will support MoH funded improvements at the targeted Health Centers</p>	<p>Introduction of PQI/RH: October 2008 – June 2009</p> <p>Supportive supervision to PQI/RH sites: February – September 2009</p>	<p>Introduction to 9 health centers</p> <ul style="list-style-type: none"> • Reports on stakeholder meetings • Report on PQI module trainings • Results of baseline and continuous assessments <p>Continued support</p> <ul style="list-style-type: none"> • Report on each supportive supervision visit 	<p>Number of people trained in MNH – 36</p> <p>Number of people trained in FP/RH - 36</p> <p>Number of individuals trained in medical injection safety - 36</p>	<p><u>Funding source:</u> MCH, POP, PEPFAR</p>
	<p><u>Person(s) responsible:</u> ACCESS/Malawi ACCESS Year Five Field Support Workplan Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> RHU, QA Technical Working Group</p>				82

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
8. Post Abortion Care Services					
8.1	PAC, as part of BEmONC, is included in technical updates and clinical skills standardization as part of Activity 2 and 8				
9. Build Capacity of DHMTs to Implement the Community MNH package					\$457,535 Includes \$175,000 carry forward

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
9.1	<p>Activity: HSA Trainings in Community MNH package</p> <p><u>Activity description:</u> ACCESS will provide financial support for one training per district targeting 20 HSAs per district. The HSA's will come from the Traditional Authorities identified in Y1 by the DHMT for ACCESS community interventions. The trainings will be facilitated by the trainers developed in Y1, with ACCESS providing necessary technical assistance. The training will use the community MNH package developed in Y1, which includes elements of birth preparedness and complication readiness as well as MIP and FP messages. Training of additional HSAs will contribute to reaching more families and communities with MNH messages.</p> <p>The DHMTs included funding for HSA trainings in their DIPs when the DIPs were submitted for approval in Y1, however, to date, the funding has not been obligated to the districts for implementation of the DIPs. Assuming the funding for the community MNH package passed each approval level, when it arrives, ACCESS will provide TA to additional HSA trainings.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> MoH, DHMT</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	<p>ACCESS funded trainings: October 2008 – March 2009</p> <p>MOH funded trainings: TBD</p>	<ul style="list-style-type: none"> 60 HSAs trained (20 per focus district) Report on trainings 	<p>Number of people trained in MNH - 60</p> <p>Number of people trained in FP/RH - 60</p>	<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
9.2	<p>Activity: <i>Supervision of Community MNH and Community Mobilization Interventions</i></p> <p><u>Activity description:</u> ACCESS will provide ongoing supportive supervision of the HSAs as they implement the community MNH and CM activities.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> DHMT, zonal team, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	January - August 2009	<ul style="list-style-type: none"> Report on supervision visits 		<p><u>Funding source:</u> MCH, POP</p>
9.3	<p>Activity: <i>Conduct semi-annual meetings with focus district DHMT and zonal staff to review progress of Community MNH and Community Mobilization interventions</i></p> <p><u>Activity description:</u> ACCESS will hold semi-annual meetings with the DHMT, zonal teams, HC staff to review progress of Community MNH interventions. Discussions during these meetings will provide useful information on the way forward for program implementation. This activity is linked with Activity 11.2.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> DHMT, zonal team, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	January, August	<ul style="list-style-type: none"> Report on semi-annual meetings 		<p><u>Funding source:</u> MCH, POP</p>
<p>10. Strengthen DHMTs capacity to implement and support effective CM activities based on the national CM guidelines</p>					<p>\$538,981 Includes \$175,000 carry forward</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
10.1	<p>Activity: <i>Community Mobilization Training</i></p> <p><u>Activity description:</u> Using CM trainers trained in Y1, ACCESS will train 120 HSAs (60 HSAs trained in Y1 in community MNH and an additional 60 to be trained in Y2) in the focus districts to implement CM. These HSA's, with ACCESS guidance, will implement community mobilization activities within their catchment area.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local</p> <p><u>Key partners:</u> RHU, DHMT, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	October 2008 – March 2009	<ul style="list-style-type: none"> • Reports on HSA CM trainings • 120 HSAs trained in CM 	Number of people trained in MNH - 120	<u>Funding source:</u> MCH, POP
10.2	<p>Activity: <i>Support key partners in focus district to conduct orientation sessions on CMNH for CM action group</i></p> <p><u>Activity description:</u> Once trained in CM, an initial task of the HSAs is to orient a community action group as this group's participation in CM activities is vital. The orientation will focus on key community MNH messages, such as birth preparedness.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> DHMT, zonal team, MoH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	October 2008 – September 2009	<ul style="list-style-type: none"> • Reports on orientation sessions 		<u>Funding source:</u> MCH, POP

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
10.3	<p>Activity: <i>Support cross learning opportunities for Community MNH and Community Mobilization</i></p> <p><u>Activity description:</u> This activity includes exchange visits between different communities so community members can share lessons learned. ACCESS will support one exchange visit for each focus district. ACCESS will advocate with DHMTs to organize and support district level open days to raise awareness of MNH issues within the community.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> DHMT, Zonal teams, MOH</p> <p><u>Location:</u> Focus districts (Machinga, Nkhotakota, Rumphu)</p>	August – September 2009	<ul style="list-style-type: none"> • Reports on Exchange visits • Reports on Open days in focus districts 		<p><u>Funding source:</u> MCH, POP:</p>
11. ACCESS Technical Assistance to MoH and other MNH stakeholders					

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
11.1	<p>Activity: <i>Provide Technical Assistance to MoH to conduct additional BEmONC trainings.</i></p> <p><u>Activity description:</u> In August 2008, the RHU requested that ACCESS facilitate a BEmONC training for midwifery tutors and preceptors that the MoH will fund. This activity is included to reflect potential requests by the MoH for ACCESS to facilitate additional MoH-funded BEmONC trainings during Y2. All efforts will be made to advocate for participation from newly graduated BSC education RNM so when placed, they begin work with the skills to effectively teach BEmONC and preceptors from the hospitals which also participate in the PQI/RH initiative in order to increase provider skills at those sites.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi, RHU</p> <p><u>Required technical assistance:</u> Local Trainers</p> <p><u>Key partners:</u> RHU</p> <p><u>Location:</u> To be determined</p>	October 2008 – September 2009	Technical Assistance provided as needed	<p>Number of people trained in MNH – TBD</p> <p>Number of people trained in FP/RH – TBD</p>	<p><u>Funding source:</u> MCH, POP</p>

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
11.2	<p>Activity: Provide TA as required to support additional HSA trainings in community MNH package and CM if requested by MoH</p> <p><u>Activity description:</u> ACCESS will respond to requests by the RHU to facilitate additional MoH-funded trainings of HSAs in community MNH and CM at the national level. See Activity 10.1 for additional HSA trainings in focus districts funded by DIPs.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> Local Community MNH trainers</p> <p><u>Key partners:</u> MoH/RHU</p> <p><u>Location:</u> TBD</p>	October 2008 – September 2009	<ul style="list-style-type: none"> Technical Assistance provided as needed 	<p>Number of people trained in MNH – TBD</p> <p>Number of people trained in FP/RH – TBD</p>	<p><u>Funding source:</u> MCH, POP</p>
12. Program Management and M&E Activities					\$4,025

Number	Activity	Timeframe	Outputs	OP Indicators /Targets*	Funding Source /Cost Estimates**
12.1	<p><u>Activity:</u> M&E</p> <p><u>Activity description:</u> ACCESS will continue to capture OP indicators and contribute to ACCESS global annual and semi-annual report as well as monitor and report program outputs over the course of program period. The M&E specialist will accompany supportive supervision visits to ACCESS supported facilities and focus districts at least two times in the program year to collect service delivery statistics to contribute to ACCESS OP targets. This will include one data quality assessment.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> ACCESS/HQ</p> <p><u>Key partners:</u> USAID</p> <p><u>Location:</u> N/A</p>	<p>Quarterly Reports: October, January, April, July</p> <p><i>ACCESS Malawi will also contribute to ACCESS-Lead's reporting requirements</i></p>	<ul style="list-style-type: none"> • Routine data collected to contribute to OP targets • Malawi program reports submitted • One data quality assessment completed 		<p><u>Funding source:</u> MCH, POP, PEPFAR</p>
12.2	<p><u>Activity:</u> Production of ACCESS Malawi Country Brief</p> <p><u>Activity description:</u> To contribute to the ACCESS global award information briefs and provide a synopsis of ACCESS activities and results for Malawian audiences, ACCESS will complete a 4-page program brief describing the program design and highlighting key results. The brief will be updated in September 2009 with Y2 results.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> USAID</p> <p><u>Location:</u> N/A</p>	<p>October 2008, updated in September 2009</p>	<ul style="list-style-type: none"> • Program Brief finalized and printed: October 2008 • Program Brief updated with final results: September 2009 		<p><u>Funding source:</u> MCH, POP, PEPFAR</p>

II. YEAR 1 CARRYFORWARD ACTIVITIES

1. Increase National Capacity to Prevent Malaria in Pregnancy (Activity to conclude by 31 December 2008)					\$104,308 carryforward
1.1	<p>Activity: <i>Support RHU and NMCP to finalize IEC materials for MIP and FANC</i></p> <p><u>Activity description:</u> Building on progress from Y1, ACCESS will finalize the gestational wheels, support printing and disseminate the materials to all health facilities in 28 districts. ACCESS in collaboration with NMCP will facilitate a final MIP IEC stakeholders meeting to finalize the gestational wheel and FANC job aide. Following this stakeholders meeting, ACCESS will handover to NMCP and RHU the remaining IEC materials and messages.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> NMCP, RHU</p> <p><u>Location:</u> National</p>	<p>Gestational wheels: September – November 2008</p>	<ul style="list-style-type: none"> • 3,000 Gestational wheels printed and disseminated in all 28 districts • 2100 FANC/MIP job aides printed and distributed in all 28 districts 		<p><u>Funding source:</u> PMI</p>

1.2	<p>Activity: Zonal stakeholders meeting to review MIP/ IPTp implementation</p> <p><u>Activity description:</u> In Y1, ACCESS supported MIP trainings to all 28 districts to improve delivery of MIP prevention services in order to increase IPTp 2 uptake. In addition ACCESS procured and distributed countrywide supplies, such as cups and buckets, to improve the delivery of DOT. In Y2, ACCESS will hold zonal stakeholders meetings to review the progress made following Y1 trainings and other improvements in MIP prevention services to consolidate lessons learned.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> NMCP, RHU, CHAM</p> <p><u>Location:</u> Five zones</p>	October 2008 – November 2008	<ul style="list-style-type: none"> • Reports of stakeholder meetings 	<u>Funding source:</u> PMI
2. Community Mobilization and Community Maternal and Newborn Health				\$50,000 carryforward
2.1	<p>Activity: Printing and dissemination of CM and CMNH Manuals</p> <p><u>Activity description:</u> In Y1, ACCESS supported the development and pre-testing of the Community Mobilization and Community MNH training manuals. In Y2, ACCESS will finalize, print and disseminate the training manuals to program implementers and RH partners.</p> <p><u>Person(s) responsible:</u> ACCESS/Malawi</p> <p><u>Required technical assistance:</u> N/A</p> <p><u>Key partners:</u> Save the Children</p> <p><u>Location:</u> Focus Districts (Rumphi, Nkhotakota, Machinga)</p>	October – December 2008	<ul style="list-style-type: none"> • 200 CMNH Training manuals printed and disseminated • 200 CM Training manuals printed and disseminated 	

Nepal
Field -based ACCESS Contact Person: Stephanie Suhowatsky
US-based ACCESS Contact person: Nancy Caiola
Funding Amount and Sources: \$500,000 through September 2009 ¹¹
ACCESS Partners: Jhpiego
Other Collaborating Organizations: Nepal Family Health Program (NFHP), Family Health Division (FHD), Child Health Division (CHD), National Health Training Center (NHTC), District Public Health Offices (DPHO), World Health Organization (WHO), Support to Safe Motherhood Program (SSMP), Nepal Society of Obstetricians & Gynecologists (NESOG), Nursing Association of Nepal (NAN)

Program Approach

ACCESS will work with various safe motherhood partners in Nepal to provide technical assistance in two key emerging areas: prevention and management of pre-eclampsia/eclampsia (PE/E); and the Nepal Maternal Mortality and Morbidity Study (NMMMS). These two discreet activities will contribute to the USAID bilateral Nepal Family Health Program's (NFHP's) on-going capacity building and service delivery efforts for maternal and newborn care and national efforts to more fully understand the changes in maternal mortality over the past ten years, respectively. ACCESS will contribute to USAID's overall Strategic Objective #2 of 'Reduced fertility and protected health of Nepalese families' and specifically,

- Intermediate Result 2.2 'Increased use of selected maternal and child health services'.

Summary of Activities

Prevention and management of PE/E at community and facility levels

Prevention of PE/E at community level

Task 1: Assess the availability of calcium tablets of appropriate dose and cost in Nepal

Task 2: Develop community awareness package for prevention of PE/E

Task 3: Support pilot test of the administration of calcium in one of the NFHP districts with the Community Based Maternal and Newborn Care (CB-MNC) package

Management of PE/E at facility level

Task 4: Review current national policies and guidelines for prevention and treatment of eclampsia, and identify gaps relevant to international, evidence-based standards and recommend revision of guidelines as needed

¹¹ This assumes approval of a no-cost extension for the ACCESS global award. Absent an extension, activities will conclude by June 2009.

Task 5: Assess current practice for management of pre-eclampsia/eclampsia in a representative sample of hospitals and PHCs. Determine availability and any current use of magnesium sulphate.

Task 6: Engage professional associations as leaders and develop country champions as advocates to raise awareness on evidence based practices

Task 7: Support implementation of magnesium sulphate to manage pre-eclampsia/eclampsia through NESOG and/or NAN at up to 12 facilities of different parts of the country.

Technical support to the NMMMS

Task 1: Provide TA during study design and participate in the first TAG meeting

Task 2: Provide TA during data collection and participate in ongoing TAG meetings

Task 3: Provide TA for final TAG meeting, data analysis and study report

ACTIVITY 1: PREVENTION AND MANAGEMENT OF PE/E AT COMMUNITY AND FACILITY LEVELS

Background

The international community's attention now is growing to focus on the second-highest cause of maternal mortality in most developing countries: pre-eclampsia and eclampsia. Pre-eclampsia is a pregnancy complication in which there is raised blood pressure and protein in the urine, which can lead to convulsions (eclampsia) and death of the woman if not treated. The condition also adversely affects the placenta resulting in poor intrauterine growth, premature birth, or death of the fetus.

In the first Maternal Mortality and Morbidity Study (MMMS), conducted in Nepal (Family Health Division, Ministry of Health and Population (FHD/MoHP) in 1998, 14% of the direct causes of maternal mortality at the community were due to pre-eclampsia/eclampsia—however eclampsia was the leading cause of hospital maternal deaths (followed by prolonged/obstructed labor, ruptured uterus and postpartum hemorrhage [PPH] respectively). From this study it is clear that eclampsia is one of the main causes of maternal mortality both in hospitals and in the community in Nepal—similar to most developing countries. Therefore to achieve further reduction in maternal mortality, this problem needs to be addressed.

In Nepal a one-year hospital-based retrospective study was conducted in 2006. Among a total of 5240 deliveries, there were 68 cases of eclampsia and 39 pre-eclampsia cases identified. Hospitals had trained the service providers in evidence-based practice to manage the pre-eclampsia and eclampsia. As a result, 79.4% cases received a full dose of magnesium sulphate for its management.

Working with NFHP and the MoHP, ACCESS proposes to provide technical assistance to bring the following research to practice by testing a community-based model of care:

- **Prevention:** Studies have shown that antenatal calcium supplementation reduces the incidence of pre-eclampsia. The effect was greatest for high-risk women (primigravida, previous history of pre-eclampsia), and those with low baseline calcium intake. According to the World Health Organization (WHO), some 87 percent of pregnant women in developing countries have very low calcium intake.
- **Treatment:** Magnesium sulphate is the drug of choice for management of severe pre-eclampsia and can reduce maternal death. Its use however still is not universal due to various reasons such as limited availability, health provider’s knowledge and skills for appropriate use, and national guidelines to support its use.

Preliminary discussions with MOHP officials and obstetric professionals in Nepal reflected great interest in addressing PE/E and they are aware of the latest developments on this subject. The MOHP in Nepal realizes that many women lose their lives unnecessarily from eclampsia, for which preventive measures can be effective, and that early detection and proper management are feasible through low cost and simple interventions.

For prevention, ACCESS will work collaboratively with NFHP to provide technical assistance to assess the availability and cost of calcium tablets in Nepal and implement a pilot project to assess feasibility of inclusion in the antenatal portion of the CB-MNC package of services. For the community, ACCESS will work with NFHP, government and other stakeholders to develop an information package to raise community awareness on the importance of hypertensive disorders of pregnancy, of testing blood pressure, and taking calcium tablets.

For management of eclampsia, ACCESS will develop a strategic partnership with professional associations to strengthen the use of magnesium sulphate among providers at different facilities throughout Nepal. First, a review will be conducted of current national policies and guidelines for prevention and treatment of eclampsia. If gaps are identified relevant to international, evidence-based standards, ACCESS will work with government and key stakeholders to recommend revision of guidelines as needed. ACCESS with NESOG and/or NAN will conduct an assessment in selected districts to determine the availability of magnesium sulphate at the facility level (hospital and PHC centers) and commercially. ACCESS will support NESOG and/or NAN to use the SBMR approach to introduce standards, improve providers’ knowledge and skills, and strengthen the quality of services—all related to evidence-based to detection and management of eclampsia. Monitoring progress and improvements will be done collectively across all participating sites.

Jhpiego will provide technical assistance through this workplan cost-shared with NFHP and ACCESS core funds in PY4.

Activity Lead: Geeta Sharma, Jhpiego

All of these sub-activities related to PE/E will be done in close collaboration with NFHP, MoHP and other key stakeholders

Activity Location(s): Kathmandu and in selected facilities (locations TBD)

Specific Tasks	ACCESS Partner(s)	Completion Date
Prevention of PE/E at community level		
Task 1: Assess the availability of calcium tablets of appropriate dose	Jhpiego	June 08
Task 1.1 Prepare a list of manufacturer from India and Nepal (permitted from Department of Drug Administration list)	Jhpiego, NFHP	June 08
Task 1.2 Survey the market and find out the product (calcium) from Nepal and India and its cost during bulk purchase.	Jhpiego	June 08
Task 2: Provide TA to develop community awareness material for prevention of PE/E	Jhpiego	September 08
Task 2:1 Draft educational materials	Jhpiego, NFHP	July 08
Task 2:2 Work with NFHP to collect the information from users regarding calcium acceptance	NFHP	August 08
Task 2.2 Revise educational material based on the users feedback	Jhpiego	September 08
Task 2.3 Organize workshop or working meeting for input on draft educational material and consensus building	Jhpiego	October 08
Task 2.4 Finalize the educational material (prototypes)	Jhpiego	September 08
Task 2.5 Print the educational materials for pilot	NFHP	October 08
Task 3: Provide technical assistance to NFHP to pilot test the administration of calcium in one of the districts with the CBMNC package	Jhpiego, NFHP	
Task 3.1 Provide input to NFHP to design monitoring and evaluation tools	Jhpiego	October 08
Task 3.2 Provide input to NFHP on implementation of intervention	Jhpiego	November 08
Task 3.3 Conduct joint monitoring visits	Jhpiego	August 09
Task 3.4 Assist with report writing and provide data analysis		September 09
Management of PE/E at facility level		
Task 4: Review current national policies and guidelines for prevention and treatment of eclampsia, and identify gaps relevant to international, evidence-based standards and recommend revision of guidelines as needed		
Task 4.1 Form a working committee under PE/E TAG to review evidence-based practice and work on reviewing and revising national policies and guidelines as needed	Jhpiego	September 08
Task 4.2 Conduct a half-day advocacy workshop to introduce the changes in guidelines and policies related to PE/E management and how changes could address in facility level	Jhpiego	November 08
Task 5: Assess current practice for management of pre-eclampsia/eclampsia in a representative sample of hospitals and PHCs. Determine availability and any current use of magnesium sulphate.		
Task 5.1 Select up to 12 sites (SBA training sites, district hospitals and PHC centers) for magnesium sulphate intervention	NESOG and/or NAN, Jhpiego	November 08
Task 5.2 Visit selected sites	NESOG and/or NAN, Jhpiego	December 08

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 5.3 Collect data on availability of magnesium sulphate, and knowledge and skill of involved staff (SBA, ANM, MO) regarding use, using SBM-R approach	NESOG and/or NAN, Jhpiego	December 08
Task 6: Engage professional associations as leaders; develop country champions to advocates and raise awareness		
Task 6.1 Develop a subagreement with an action plan for PE/E management (including NESOG, NAN) in facility level	Jhpiego	September 08
Task 6.2 Organize a two-day workshop on PE/E related evidence-based practice to update design and prepare trainers	Jhpiego	September 08
Task 6.3 Develop one-day in-service training package (orientation/skill standardization) on use of magnesium sulphate at facility level to prevent PE/E	Jhpiego	September 08
Task 6.4 Develop job aids for providers and facilities	Jhpiego, NESOG and/or NAN	November 08
Task 6.5 Present PE/E related evidence at professional associations meetings	NESOG and/or NAN	March 09
Task 7: Support implementation of magnesium sulphate to manage pre-eclampsia/eclampsia through NESOG and/or NAN in up to 12 facilities in different parts of the country.		
Task 7.1 Facilitate SBMR baseline data collection (links with the task 5.3)	NESOG and/or NAN, Jhpiego	December 08
Task 7.2 Facilitate site progress monitoring (first)	NESOG and/or NAN, Jhpiego	April 09
Task 7.3 Facilitate site progress monitoring (second)	NESOG and/or NAN, Jhpiego	August 09
Task 7.4 Document the intervention process and the data gathered during this implementation to present feasibility of this approach in Nepal	Jhpiego, NESOG and/or NAN	August 09

ACTIVITY 2: TECHNICAL ADVISORY GROUP SUPPORT FOR THE NATIONAL MATERNAL MORBIDITY AND MORTALITY STUDY (NMMMS)

Background

Noted as a significant development challenge, the Millennium Development Goals (MDGs) aim to reduce maternal mortality by three quarters between 1990 and 2015 (UN, 2006). Data on maternal mortality from the Demographic and Health (DHS) household surveys in 1996 and 2006 showed a drop in the maternal mortality ratio between 1996 and 2006 from 539 to 281 maternal deaths per 100,000 live births. The results also indicated that in 2006, 82 percent of women give birth at home and 81 percent without skilled attendance at delivery—progress from equivalent figures in 1996, but not a dramatic improvement. The Government of Nepal (GoN) has targeted a 66 percent reduction in maternal mortality between 1990 and 2015 in line with commitments made to achieve the MDGs.

In 1998, a detailed maternal mortality and morbidity study was conducted in Nepal (FHD/MOH, 1998). It was designed to fill the knowledge gap about the leading causes of maternal deaths, delays in deciding to seek, reach and receive care as well as other avoidable factors. The study was conducted in three districts (Kailali, Rupendehi and Okhaldhunga), and the findings were catalytic in prioritizing needs and designing interventions. A decade later, there is a need to focus on mechanisms and approaches to help better understand the story behind the change in maternal mortality over the past ten years—as well as to set priorities moving forward. At this point, this second comprehensive national maternal mortality study is needed. In the 2008 followup NMMMS, the same methodology from 1998 will be used with some improvements. It will have the following six components:

- Community-based study (verbal autopsy)
- Hospital maternal death review
- Recording of analysis of obstetric morbidities in hospital
- A rapid situation assessment of health facilities in study districts
- Random spot check of staff competencies (for health professionals delivering intrapartum care within the community and at facilities)
- Community based qualitative investigation of demand side barriers to access, and user perceptions of Quality of Care

The GoN has recommended that the 2008 study cover eight districts including the three original districts from the 1998 study plus five additional districts (total 8 districts).

In conducting the NMMMS again, a technical advisory group (TAG) has been formed and will be chaired by Dr. G. P. Ojha, Director General, Department of Health Services, Ministry of Health and Population (MoHP). The Member Secretary will be Dr. B. K. Suvedi, Director, Family Health Division, MoHP, and there will be six other members all currently based in Nepal. ACCESS will provide international technical assistance to the NMMMS technical advisory group (TAG) by up to four selected technical advisors:

1. Professor Lynn Sibley, Emory University, College of Nursing, Atlanta, Georgia, USA
2. Dr. Zoe Matthews, University of South Hampton, United Kingdom
3. Dr. Marge Koblinsky, ICDDR, Bangladesh
4. Dr. Harshad Sanghvi, JHPIEGO, Baltimore, Maryland, USA

ACCESS will be responsible for coordinating TAG meetings, ensuring timely technical assistance (both virtually and through international visits) and providing general secretarial support to the TAG as requested.

Activity Lead: Geeta Sharma

Activity Location(s): Kathmandu

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Provide TA by international TAG members during study design and participate in first TAG meeting	Jhpiego	May–June 08

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1.1 Plan technical assistance and travel schedules from international TAG advisors	Jhpiego	May–June 08
Task 1.2 Ensure all TAG advisors receive, review and comment on the related materials (study objectives information on selected district, data collection methodologies and tools)	Jhpiego	May–June 08
Task 1.3 Prepare local consultant contracts for in-country TAG members	Jhpiego	July 08
Task 2: Provide TA by international TAG members during data collection	Jhpiego	August 08–July 09
Task 2.1: Ensure advisors provide comments and recommendations on data collection	Jhpiego	July–August 08
Task 2.2: Provide support to visit selected sites for international technical advisors	Jhpiego	May–June 08
Task 2.3: Ensure advisors provide comments and recommendations on data analysis	Jhpiego	May–June 09
Task 3: Provide TA by international TAG members during data analysis and final report review, including participation in a TAG meeting	Jhpiego	
Task 3.1: Ensure advisors provide comments and recommendations received on data analysis and report drafts	Jhpiego	June–July 09
Task 3.2: Participate in TAG meetings, dissemination and policy-related planning based on findings, as feasible	Jhpiego	July–August 09

ACCESS/Nepal Program Management

Jhpiego Nepal will be responsible for coordinating TAG meetings and ensuring timely technical assistance in managing the Nepal program on behalf of ACCESS.

The Jhpiego Program Manager, Asia Region will be the ACCESS field representative for this activity. The PM will directly supervise the Jhpiego Nepal staff and will be responsible for providing oversight to all activities. The PM will be the direct link with USAID/Nepal and ACCESS Headquarters (HQ) for technical and management direction for the overall program. The program officer will manage the day-to-day implementation of PE/E work in coordination with NFHP and in coordination with SSMP for NMMMS activity.

Jhpiego/Nepal will provide logistic support for international advisors for travel to and while in Nepal. Jhpiego Nepal office will prepare consultant contracts for in country TAG members.

As the ACCESS lead globally, Jhpiego will be responsible to USAID for the Program’s overall results. Senior program coordinator in Jhpiego/Baltimore will coordinate contracts and travel support plans for international advisors.

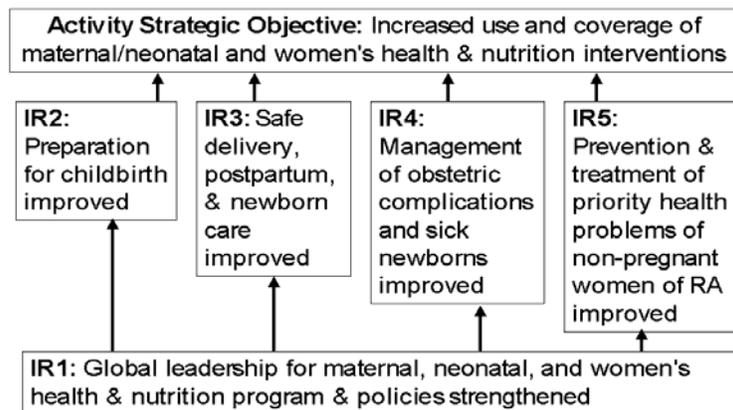
PERFORMANCE MONITORING PLAN (PMP)

I. Strategic and Conceptual Approach

M&E information will measure ACCESS progress towards results relating to Intermediate Results (IRs) 2.2 of USAID/Nepal's Strategic Objectives. Program markers (benchmarks, milestones, or indicators) are tied to the USAID Mission IRs as appropriate to the ACCESS

program design and component activities agreed between USAID and ACCESS partners. This Performance Monitoring Plan (PMP) presents the frameworks within which these markers have been developed, and provides details on indicators, data systems and sources, and roles/responsibilities for monitoring implementation.

ACCESS Strategic Framework



While the ACCESS strategic framework above applies globally, country-level ACCESS programs have individually- tailored indicators agreed with the USAID Mission and linked to the respective USAID Mission strategic framework. The ACCESS M&E system relies on appropriate field and program staff to fulfill M&E responsibilities in order to maximize implementation efficiencies, partners and stakeholder collaboration, and cost-effectiveness.

Critical Assumptions

- That implementation will not be unduly disrupted by significant changes in funding levels, nor by events interrupting ability to travel freely or significant alterations in donor expectations
- That the respective local and global partners will cooperate, collaborate, and meet their commitments to contribute to the improvement of maternal and neonatal health initiatives
- That the Government of Nepal will remain stable with a continuing commitment to improving maternal and newborn
- That security challenges will not prohibit implementation as relevant

II. Performance Indicators and Results

The ACCESS Program and USAID/Washington recommend all countries with maternal, newborn, and women’s health concerns establish systems track at least a minimum set of outcome- and impact-level indicators. Those indicators should consolidate key information for all stakeholders working in maternal and newborn health programming. Such a system should be designed to provide information crucial to the USAID Mission, host governments, and other stakeholders for understanding the relevant context in that country and how it changes over time, which is vital for appropriate programmatic decision-making.

The ACCESS Program will not track essential reproductive health, safe motherhood, or newborn information at the impact or population/national level, in any country, unless specifically tasked and fully funded by the appropriate USAID Mission to do so. Indicators for annual reporting on ACCESS Nepal Program results will be developed in the initial phase of the project in collaboration with MOHP and NFHP.

Performance Monitoring Plan

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<i>USAID/Nepal</i> Intermediate Result 2.2: Increased use of selected maternal and child health services.						
Number of Generic Skilled Birth Attendant (SBA) Learning Resource Package developed and tested and provided to HMG and key partners to be adapted and incorporated curricula of various cadre of SBA	This generic SBA Learning Resource Package will accommodate the competencies and skills of Skilled Birth Attendants as defined by SBA policy of Nepal.	Program records SBA Learning Package	Records review	ACCESS Nepal Program Manager and Program Officer (HR)	Baseline: 0 Target: 1	-Standardize skills set and training package - Provide a national standard to contribute to future activities
Number and type (by cadre) of curricula adapted using SBA LRP	Existing in-service training curricula for various cadres will be adapted to ensure they now cover all SBA competencies to produce competent, skilled SBAs	Program records New curricula	Records review	ACCESS Nepal Program Manager and Program Officer (HR)	Baseline: 0 Target: 2	
Number of SBA In-service Training Site Standards developed for use by NHTC and/or national accreditation systems	A set of performance-based standards will be developed / adapted from Afghanistan midwifery school standards for Nepal SBA IST sites.	Program records Standards	Records review	ACCESS Nepal Program Manager and Program Officer (HR)	Baseline: 0 Target: 1	

Indicator	Definitions and Calculation	Data source	Collection method/ frequency	Responsible party	Baseline (and Target)	Use of data
Number of SBA IST sites assessed according to standards and working towards meeting them	Some current IST sites conducting BEOC and/or MRT training will be selected for upgrading to SBA IST sites, according to the newly-defined standards.	Program records Site assessment reports	Records review	ACCESS Nepal Program Manager and Program Officer (HR)	Baseline: 0 <i>Target: 6</i>	
Number of Community Strategies to identify and manage Low Birth Weight (LBW) Infants developed, tested and provided to GON and NNTAC for incorporation into the national protocols	The community model will identify LBWs for targeted care at the home level by families and community workers and assist in referral if necessary.	LBW Community Strategy	Records review, Annual	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0 <i>Target: 1</i>	-Review approaches to identify strengths and weaknesses toward improving successes -Guide resource allocation and contribute to effective planning for future activities
Number of LBW infants identified and managed as per protocol	Newborn infants who are less than 2.5 Kg will be identified in all VDCs in Kanchanpur. Cared for at home and community health facilities as per the protocol developed	CB MNC forms and data collection system	CB MNC reporting systems, Monthly	CB MNC Kanchanpur team	Baseline: 0 <i>Target: TBD based on expected pregnancy and percentage of LBW</i>	- Determining effectiveness of community based LBW intervention and protocol

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
Number of guidelines developed for LBW infants to be included in the National Maternal and Neonatal standards and protocols	Based on recommendations and information gained from relevant studies a National Guideline/ Protocol for LWB will be developed for the used at all service delivery levels and these guideline will be incorporated into national standards and protocols	LBW Guidelines	Records review, Annual	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0 <i>Target: 1</i>	-Contributes to National Standards and Protocols
Number of studies conducted to assess factors affecting skilled birth attendance and provide recommendations to HMG and other stakeholders	Study will be conducted thorough review of successes and failures of projects and investigates the perceptions and needs of community and the service provides, explore public private partnership and other factors affecting skilled birth attendance.	Program records Study report	Records review, Annual	ACCESS Nepal Program Manager and Program Officer (LBW)	Baseline: 0 <i>Target: 1</i>	- Review approaches to identify strengths and weaknesses toward improving successes -Guide resource allocation and contribute to effective planning for future activities

Rwanda – PMI
ACCESS Field Representative: Jeremie Zoungrana
US-based ACCESS Contact Person: Aimee Dickerson
Year 3 Funding Amount and Sources: PMI \$650,000
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: Save the Children, IMA, RCLS, Twubakane, MoH, UNICEF.

Objectives:

- Support the new national policy on malaria in pregnancy (MIP) implementation at national and district levels
- Increase utilization of focused antenatal care (ANC) services, especially in the first trimester of pregnancy
- Increase use of insecticide treated nets (ITN) including long-lasting insecticide treated nets (LLIN) among pregnant women and children under five
- Improve community awareness of comprehensive maternal and newborn health services, with a focus on MIP

Program Approach: ACCESS continues to provide technical assistance to the Ministry of Health (MOH)/Rwanda in support of MIP prevention and control programs. To date, technical assistance has targeted four focus districts: Gasabo, Kicukiro (Kigali), Nyamagabe and Nyaruguru (Sud), including five district hospitals, 38 health centers and approximately 2000 villages, where ACCESS is also supporting safe birth Africa initiative (SBAI) activities. These activities also build on past efforts implemented through ACCESS/Jhpiego, in collaboration with the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), under USAID’s Malaria Action Coalition Program. The MIP program approach for this final year will be to extend activities into ten additional districts in Rwanda (Rubavu, Nyabihu, Musanze, Gakenke, Gicumbi, Rulindo, Gatsibo, Huye, Rutsiro and Nyamashake). ACCESS staff will work seamlessly with the National Malaria Control Program (PNILP), the Maternal Child Health (MCH) Desk and other partners to scale up Rwanda’s new MIP policy, which promotes routine focused ANC, sleeping under an ITN and effective and prompt case management for the treatment of malaria. Intermittent preventive treatment (IPT) with sulfadoxine pyrimethamine (SP) is no longer recommended by the government of Rwanda. Strengthening skills of providers from hospitals and health centers, as well as those of community health workers (CHW), combined, form a comprehensive intervention that will ensure quality of service provision and increased demand of services. At the national level, harmonization of training materials and tools will be promoted among partners and ACCESS will continue to support the MoH with advocacy to disseminate best practices and to have more involvement from other stakeholders in combating MIP.

Summary of Activities Program Year 5:

MIP interventions in ACCESS Program year 5 (second year of ACCESS PMI program in Rwanda) will complement ongoing activities in the initial four focus districts described above, as well as the activities undertaken by ACCESS in the ten additional districts in Rwanda. In Year 5, technical support for MIP programming in the initial four districts will be cost-shared by the ACCESS

Program's SBAI initiative. ACCESS/Jhpiego will provide technical assistance to implement and disseminate the new MIP policy, as well as assist with facilitative supervision activities. In addition to reinforcing providers' skills in MIP prevention and treatment through FANC, Behavior Change Communication (BCC) activities will be conducted at the community level in order to increase the use of services.

Activities to be accomplished in Program Year 5:

1. Support PMI activities at national and district levels

- 1.1 National and district stakeholders sensitization meeting
- 1.2 District advocacy workshops

2. Capacity building

- 2.1. Conduct refresher training in FANC/MIP for 10 former trainers
- 2.2. Training of 20 additional trainers in FANC/MIP
- 2.3. Training of 50 providers from five hospitals in FANC/MIP
- 2.4. Training of 225 providers from health centers in FANC/MIP
- 2.5. Standards based management and recognition (SBM-R) workshop for providers from hospitals in four districts

3. Support BCC activities at national and district Levels

- 3.1 Support finalization of Behave model, messages, community health worker (CHW) training materials and BCC tools
- 3.2 Field test BCC materials
- 3.3. Workshop to validate BCC materials
- 3.4 Printing of BCC materials
- 3.5. Training of 20 national trainers in the use of CHW training materials
- 3.6. Training of 30 district trainers to train CHW
- 3.7 Training of 280 CHW on maternal and child health care at the community level
- 3.8. Support community health workers in the use of BCC materials
- 3.9 Work with FBO to integrate FANC/MIP messages into their sermons

4. Monitoring and supervision

- 4.1 Training of 28 supervisors in formative supervision
- 4.2 Quarterly monitoring of activities in 14 districts
- 4.3 Endline facility-based survey

Year 5 Anticipated Outputs:

- National stakeholders and community leaders sensitized on MIP program
- District Health Management team and partners sensitized on MIP program

- 10 trainers received refresher training in FANC/MIP
- 20 trainers trained in FANC/MIP
- 50 providers from hospitals trained in FANC/MIP
- 225 providers from health centers trained in FANC/MIP
- Providers from hospital of four districts trained in the use of SBM-R tools for performance improvement
- Behave model, messages, CHW training materials and BCC tools finalized
- BCC material tested at the field level
- BCC material validated by the MoH and partners
- BCC material printed
- 20 national trainers trained in the use of CHW training materials
- 30 district trainers trained in the use of CHW training materials
- 280 CHW trained in maternal and child health care
- 280 CHW supported in the use of BCC materials
- 28 supervisors trained in formative supervision
- 14 districts monitored quarterly
- Endline facility survey conducted

Program Management:

Jeremie Zoungrana, Jhpiego/ACCESS Rwanda Country Director, will manage the activities and work closely with the technical team composed of one MNH technical advisor, one BCC coordinator one FBO coordinator and a National Program Coordinator. Aimee Dickerson and Elaine Roman will provide backstopping support from headquarters.

ACTIVITY 1: SUPPORT PMI ACTIVITIES AT NATIONAL AND DISTRICT LEVELS

Rationale: In 2008, the MOH of Rwanda changed the MIP policy by discontinuing the provision of IPTp/SP to pregnant women. MIP clinical training materials have been revised accordingly and the new MIP policy needs to be disseminated and discussed with stakeholders to ensure that the new approach is clear and can be implemented. Emphasis is now placed on the use of ITNs, iron folate, mebendazole and correct and prompt case management. Through advocacy meetings at the national and district levels, stakeholders will be oriented to the new policy and will discuss best practices to prevent MIP.

Activity Leads: Louise Kwizera and Therese Bishagara

Activity Location(s): Kigali, with PNILP and MCH Desk

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1. National and district stakeholders sensitization meeting	Jhpiego	Dec 2008
Task 2. District advocacy workshops	Jhpiego	Jan 2009

ACTIVITY 2: STRENGTHEN MIP PREVENTION AND TREATMENT BY IMPROVING FANC INSERVICE TRAINING

Rationale: In light of the MIP policy change in Rwanda and need to extend activities to ten additional districts, activities will start by refreshing national trainers and training additional trainers who will support district-level training. Both providers from hospitals and health centers will be trained in FANC/MIP, as well as SBMR, in order to provide quality services to women. The MIP learning package adapted to the Rwandan context will be used for these trainings.

Activity Lead: Louise Kwizera

Activity Location(s): In all 14 districts

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1. Conduct refresher training in FANC/MIP for 10 former trainers	Jhpiego	Nov 2008
Task 2. Training of 20 additional trainers in FANC/MIP	Jhpiego	Jan 2009
Task 3. Training of 50 providers from five hospitals in FANC/MIP	Jhpiego	Feb 2009
Task 4. Training of 225 providers from health centers in FANC/MIP	Jhpiego	March 2009
Task 5. SBM-R workshop for providers from hospitals and others partners in four districts	Jhpiego	March 2009

ACTIVITY 3: SUPPORT BCC ACTIVITIES AT THE NATIONAL AND DISTRICT LEVELS

Rationale: ACCESS's approach for addressing MIP programs comprehensively targets support across the Malaria in Pregnancy Continuum of Care, which aims to improve maternal and newborn health by reaching pregnant women at both the community and facility levels. BCC activities are based on the Behave Model that considers the influencing factors which can be barriers or positive factors to care-seeking and defines desired behaviors and the messages to be used by community workers. CHW training materials and BCC materials will be adapted, field-tested and used by CHW who will conduct regular discussion sessions and counseling at the community level. Two master trainers from headquarters will provide technical support to the national pool of trainers in the use of the manual while the national coordinator will support district trainers and CHW in their routine job. ACCESS will also coordinate with the FBO organization network in Rwanda which is working

toward integrating health messages into sermons. Christian and Muslim religious leaders will be supported to include MIP messages in their sermon guides.

Activity Lead: Kagoma Jean de Dieu and Laban HABIMANA

Activity Location(s): Selected districts of Rwanda

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1. Support finalization of Behave model, messages, CHW training materials and BCC tools	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Nov 2008
Task 2. Field test BCC materials	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Dec 2008
Task 3. Workshop to validate BCC materials	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Dec 2008
Task 4. Printing of BCC materials	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Jan 2009
Task 5. Training of 20 national trainers in the use of CHW training materials	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Jan 2009
Task 6. Training of 30 district trainers to train CHW	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	Feb 2009
Task 7. Training of 280 CHW on maternal and child health care at the community level	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	March 2009
Task 8. Support CHW in the use of BCC materials	Save the Children, EIP, Champ, Twubakane, MoH, Unicef, Unfpa	March to Sept 09
Task 9. Work with FBOs to integrate FANC/MIP messages into their sermons	Twubakane, MoH, Unicef, Unfpa, RCLS, CRCS	Jan 09

ACTIVITY 4: MONITORING AND SUPERVISION

Rationale: Facility and community level activities will be monitored through follow up visits conducted by trained supervisors and ACCESS staff using the Supervisors' Guide. A data collection system will be determined based on the needs of PNILP and in accordance with the findings of the baseline survey conducted during ACCESS program year four, in order to measure progress after an endline survey. Supervisor capacity in formative supervision will be reinforced and supervision tools harmonized.

Activity Lead: Jean de Dieu Kagoma and Louise Kwizera,

Activity Location(s): Selected districts of Rwanda

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1. Training of 28 supervisors in formative supervision	Jhpiego	Feb 2009
Task 2. Quarterly monitoring of activities in 14 districts	Jhpiego	Oct 08 to Aug 09
Task 3. Endline facility-based survey	Jhpiego	Aug 2009

Timeline

Timeline of Activities	Months – October 2008 – September 2009											
	O	N	D	J	F	M	A	M	J	J	A	S
Activity 1: Support PMI activities at national and district levels												
Task 1: National and district stakeholders sensitization meeting			x									
Task 2: District advocacy workshops				x								
ACTIVITY 2: Strengthen MIP prevention and treatment by improving FANC in service training												
Task 1. Conduct refresher training in FANC/MIP for 10 former trainers		x										
Task 2. Training of 20 additional trainers in FANC/MIP				x								
Task 3. Training of 50 providers from five hospitals in FANC/MIP					x							
Task 4. Training of 225 providers from health centers in FANC/MIP						x						
Task 5. SBM-R workshop for providers from hospitals and others partners in four districts						x						
ACTIVITY 3: Support BCC activities at the national and district levels												
Task 1. Support finalization of Behave model, messages, CHW training materials and BCC tools		x										
Task 2. Field test BCC Materials			x									
Task 3. Workshop to validate BCC materials			x									
Task 4. Printing of BCC materials.				x								
Task 5. Training of 20 national trainers in the use of CHW training materials				x								
Task 6. Training of 30 district trainers to train CHW					x							
Task 7. Training of 280 CHW on maternal and child health care at community level						x						
Task 8. Support CHW in the use of BCC materials				x	x	x	x	x	x	x	x	x
Task 9. Work with FBO to integrate MIP messages into their sermons	x	x	x	x	x	x	x	x	x	x	x	x
ACTIVITY 4: Monitoring and supervision												

Task 1. Training of 28 supervisors in formative supervision					x							
Task 2. Quarterly monitoring of activities in 14 districts	x	x	x	x	x	x	x	x	x	X	x	x
Task 3. Endline facility-based survey										X	x	

Performance Monitoring Plan

Indicator	Definition/Calculation	Data source/Collection Method	Frequency of data collection	Responsible party
<i>ACCESS Program Result:</i>				
Number of ITNs distributed to pregnant women at program facilities	Number of ITNs distributed to pregnant women at program facilities	Recorded in service statistics	Quarterly	ACCESS
Number of people (medical personnel, health workers, community workers, etc.) trained with USG funds in malaria treatment or prevention	Total number of people trained in malaria treatment or prevention through PMI funds in the target areas, disaggregated by type of training and type of health worker (e.g. national trainers, district trainers, supervisors, CHWs, etc.; Will include training in case management, HBMF, BCC/IEC, facilitative supervision, FANC/MIP, SBM-R, refresher trainings, and other activities as relevant	Training registration forms	Quarterly	ACCESS
Number of BCC/IEC activities implemented	Number of BCC/IEC activities undertaken in the project areas through PMI funding, disaggregated by type of activity and focus of activity (e.g. ITN use, to promote ANC use, prompt and effective treatment, HBMF, etc)	Activity reports	Quarterly	ACCESS
Number of ANC visits by skilled providers	Number of ANC visits at health facilities assisted by PMI/Jhpiego	HMIS reports	Quarterly	
Median gestational age at first ANC visit	Median of the number of months pregnant at first ANC visit in PMI/Jhpiego supported facilities	Patient records (ANC cards or maternity registry)	Quarterly	

Indicator	Definition/Calculation	Data source/Collection Method	Frequency of data collection	Responsible party
Number of planned malaria-related supervisions conducted	Number of planned malaria case management or prevention supervision visits that were conducted in a quarter	Activity reports	Quarterly	ACCESS
Number of materials produced and distributed	Disaggregated by type of material (e.g. training manual, leaflets, posters, job aids, etc.)	Activity report	Quarterly	ACCESS
Number of workshops conducted	Disaggregated by type of workshop (e.g. national or district-level; focus of workshop, etc)	Activity reports	Quarterly	ACCESS

South Africa
ACCESS Field Representative: Chester Morris
US-based ACCESS Contact Person: Bernice Pelea
Year 3 Funding Amount and Sources: PEPFAR \$1,245,000
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: South African National Department of Health, Johns Hopkins Health and Education in South Africa (JHHESA)

Program Approach:

South Africa is faced with the enormous task of providing treatment, care and support to more than 5.3 million persons living with HIV/AIDS (PLWHA) and their family members. More than 120 partners, mostly South African entities, along with the support of the international community, contribute to the efforts of the President's Emergency Plan for AIDS Relief (PEPFAR) as administered by the Office of the Global AIDS Coordinator (OGAC) and United States Government (USG) bodies operating in South Africa. As a PEPFAR contributor since 2003, JHPIEGO has been supporting the rollout of ART and other HIV/AIDS services, and will continue to do so under ACCESS Program Year Four. Working in close collaboration with the South African National Department of Health (NDOH) and Provincial Departments of Health (PDOHs), ACCESS will build on interventions that were implemented from FY04 to the present. These include strengthening of PMTCT services, dissemination of National HIV/AIDS related Guidelines, scaling up of Standards-Based Management and Recognition (SBM-R) approach to improve quality of ART services and support for Training Information Monitoring Systems (TIMS).

Achievements Program Year 3:

- Standards Based Management and Recognition in place at 5 ART sites in the Gauteng Province of South Africa
- TIMS functioning at three Regional Training Centers (RTC) in South Africa (Northern Cape, Mpumalanga and Western Cape Provinces)
- Orientation Packages for National ART and Palliative Care Guidelines developed and disseminated

Summary of Activities Program Year 4:

Year 4 Planned Outputs:

- PMTCT services within one district in South Africa's North West Province will be strengthened
- Standards Based Management and Recognition for ART services will be scaled up in the Gauteng Province and other Provinces as requested by NDOH
- TIMS will be introduced and established at additional three South African Provinces

- Palliative care services, including provision of clinical and social care services for people living with HIV and AIDS (PLHIV) with an emphasis on opportunistic infections and cancers in service delivery settings, expanded in the North West Province, and social and legal frameworks for people living with HIV and AIDS developed at the NDOH.
- Orientation Packages for: 1) Continuum of Care Guidelines and 2) Comprehensive Care, Management and Treatment Plan developed and disseminated
- Technical Assistance for national level support to the NDOH for Treatment Care & Support as well as improved social and legal care provided
- Technical Assistance to the North West PDOH PMTCT Unit provided

Program Management:

Lunah Ncube, JHPIEGO's Country Program Manager in South Africa, will be responsible for day-to-day management of field activities including coordination with USAID South Africa and National/Provincial Departments of Health and for capturing of program results. She will be backstopped by Bernice Pelea, ACCESS Program Officer for South Africa

ACTIVITY 1: INTRODUCE AN INTEGRATED PMTCT MODEL AND SUPPORT A PMTCT SERVICE DELIVERY IN A DISTRICT WITHIN NORTH WEST PROVINCE

Activity Lead: Chester Morris

Activity Location: North West Province, South Africa

JHPIEGO has provided M&E training to the NDOH since FY 2004. In FY 2008, support and technical assistance will be provided to introduce an integrated PMTCT service delivery model in North West province. In most cases, antenatal care services are provided only at antenatal facilities. ACCESS proposes that the integrated PMTCT model combine antenatal care (ANC)/delivery services at the district hospital level inclusive of its primary health care "feeder" clinics, thereby increasing access and standardizing services. Currently, adequate referral systems between PHCs and district hospitals are lacking. This model will improve comprehensive PMTCT by addressing each pillar of the World Health Organization's (WHO) framework for PMTCT services, including 1) primary prevention of HIV infection, 2) prevention of unintended pregnancy among HIV-infected women, 3) prevention of transmission from HIV-infected women to their infants, and 4) care, treatment, and support for HIV-infected women and infants.

ACCESS will work closely with the North West province department of health (NWDOH) HIV and AIDS directorate, and district health authorities to develop an implementation plan that will include eventual transition away from donor funding and to full support by the NWDOH. As cross-cutting support to address sustainability, ACCESS will introduce standards-based management and recognition (SBM-R) for PMTCT that will encompass those interventions mentioned above as well as others. ACCESS will also support the rollout of couple counseling in this model program in an attempt to increase men's role in PMTCT services.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct PMTCT baseline assessment in one district in NWP	JHPIEGO	February 2008
Task 2: Conduct training of service providers to enable them to provide comprehensive PMTCT services	JHPIEGO	September 2008
Task 3: Support comprehensive PMTCT services in selected clinical sites	JHPIEGO	September 2008
Task 4: Recruit local staff to support NWP-DOH	JHPIEGO	February 2008
Task 5: Documentation and sharing of practices	JHPIEGO	September 2008

ACTIVITY 2: USING STANDARDS-BASED MANAGEMENT AND RECOGNITION TO IMPROVE THE QUALITY OF ART SERVICES IN GAUTENG PROVINCE AND OTHER PROVINCES AS REQUESTED BY NDOH

Activity Lead: Lunah Ncube

Activity Location(s): Gauteng Province and other Provinces, South Africa

In 2005 and 2006, JHPIEGO worked with the Foundation for Professional Development (FPD) in South Africa and personnel of ART facilities in the Gauteng Province to develop performance standards for ART. These standards are the foundation for implementation of the SBM-R approach for ensuring quality and sustainability for the rollout of ART in South Africa.

With completion of the standards, ACCESS and FPD will work to complete a baseline measurement of actual performance and use this measurement to identify performance gaps in the services provided. Working with site personnel and ART stakeholders, including representatives of PLWHAs groups, ACCESS will lead this group through the process of root cause analysis and design of interventions to remedy performance gaps.

Throughout FY08, ACCESS will support continuous measurement at each site to determine changes in the level of improvement in performance standards at all sites to track progress over time. ACCESS will also work to integrate this process into site supervision, both through self-assessments, internal assessments and external assessments. This process ensures sustainability of quality services as it acknowledges a multi-dimensional supervision system starting with self, clients, peer and site, as well as external supervision.

As this process evolves, ACCESS will work with FPD and Provincial Department of Health to implement interventions and will begin the process of discussing recognition systems to reward

high-performing sites.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct baseline measurement of actual performance at targeted sites	JHPIEGO	January 2008
Task 2: Conduct root cause analysis and design of interventions	JHPIEGO	March 2008
Task 3: Implement Interventions to improve quality of services	JHPIEGO	July 2008
Task 4: Support ongoing measurement of actual performance	JHPIEGO	September 2008
Task 5: Work with the NDOH and PDOH to establish criteria for recognition and reward those sites who meet this criteria	JHPIEGO	September 2008

ACTIVITY 3: BUILD A FOUNDATION FOR DISSEMINATION OF NATIONAL HIV/AIDS GUIDELINES

Activity Lead: JHPIEGO

Activity Location(s): National Coverage

Using the model previously employed in 2005 and 2006 in dissemination of National ART and Palliative Care guidelines, ACCESS will build the foundation for dissemination of National Health Care Worker Guidelines for HIV/AIDS and Continuum of Care for HIV/AIDS. These guidelines are particularly important at this time as they support South Africa's move to integrate ART with primary health care at the PHC level. This approach includes development of user-friendly orientation packages that facilitators and service providers use as a tool for orienting themselves to the content of the guidelines. It includes practical exercises related to content and encourages providers to examine their values and judgments as they relate to HIV/AIDS care.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Develop Orientation Packages: 1) Continuum of Care and 2) Comprehensive Care, Management and Treatment Plan	JHPIEGO	October 2008
Task 2: Orient Provincial teams and build facilitation skills for dissemination of National Guidelines.	JHPIEGO	September 2008
Task 3: Conduction dissemination of orientation guidelines	JHPIEGO	September 2008

ACTIVITY 4: INSTALL AND SUPPORT TRAINING INFORMATION MONITORING SYSTEMS (TIMS) IN THREE REGIONAL TRAINING CENTERS

Activity Lead: JHPIEGO

Activity Location(s): Northern Cape, Limpopo, and Mpumalanga

TIMS is a computer-based tool that permits program managers to collect and analyze data on training activities. As most training activities in South Africa occur within decentralized settings, it is currently difficult to calculate both the number of training activities and their geographical reach. TIMS allows program managers to capture and use data to improve allocation of resources and provider deployment, as well as inform policy decisions. Since 2003, JHPIEGO has been working with the NDOH, HOPE *worldwide*, and the Eastern Cape RTC to improve analysis of training information by installation and use of TIMS.

Building on the expansion of TIMS in FY 2006 to the National PMTCT Unit, Northern Cape, and North West provinces, ACCESS will continue to support TIMS in FY 08 by providing technical assistance with intermittent troubleshooting to the provinces. As a result of this activity, the NDOH PMTCT and TB units and three regional training centers in Gauteng, Mpumalanga and Limpopo will be able to capture training data on both national and provincial levels. This data will permit them to assess their progress and ongoing needs for capacity building. TIMS allows program planners to determine where training needs are greatest and prioritize their investment of training resources accordingly.

By strengthening PMTCT services and building the capacity of healthcare workers, these activities contribute to PEPFAR 2-7-10 goals, averting new infections among infants exposed to HIV as well as increasing access to treatment care and support for HIV-infected women and their infants

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Orient personnel in Gauteng Province, Northwest Province, Northern Cape, Mpumalanga, and Limpopo to TIMS and prepare them for day-to-day use and management (identification of equipment and personnel).	JHPIEGO	September 2008
Task 2: Work with site personnel to customize TIMS forms and to install the system	JHPIEGO	September 2008
Task 3: Provide on-going support and trouble shooting for newly installed TIMS at Gauteng Province, Northwest Province, Northern Cape, Mpumalanga, and Limpopo.	JHPIEGO	September 2008

ACTIVITY 5: SUPPORT TO THE SOUTH AFRICAN NDOH

Activity Lead: JHPIEGO

Activity Location(s): National Coverage

Since 2003, JHPIEGO has been providing support for a senior HIV/AIDS specialist seconded to the NDOH's Treatment Care and Support Unit. In 2006, a similar request was made to support a PLWHA coordinator. In FY08, ACCESS will continue to support these two HIV/AIDS experts as consultants to the TCS Sub-directorate to help with the transfer of learning in treatment, care and accreditation of sites to provide ARV services, and to develop national programs that support PLWHA.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Support a senior technical advisor at the NDOH Treatment, Care, and Support and a national coordinator for PLWHA.	JHPIEGO	September 2008

ACTIVITY 6: CERVICAL CANCER PREVENTION

In FY 2008, ACCESS will support the introduction of visual inspection with acetic acid (VIA) and cryotherapy for the prevention and treatment of cervical cancer in North West Province. The major emphasis areas of these activities are: 1) training, 2) provision of equipment necessary for VIA, and 3) ongoing support. Specific target groups are women of reproductive age and family planning clients.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct training in VIA and cryotherapy	JHPIEGO	September 2008
Task 2: Provision of equipment to conduct VIA and cryotherapy.	JHPIEGO	September 2008
Task 3: Conduct follow up and ongoing support to trained service providers.	JHPIEGO	September 2008

Timeline:

Timeline of Activities	Months								
	J	F	M	A	M	J	J	A	S
Activity 1: Introduce an integrated PMTCT model and support a PMTCT service delivery in a district within North West province									
Task 1: Conduct PMTCT baseline assessment in district in NWP		X	X						
Task 2: Conduct training of service providers to enable to provide comprehensive PMTCT services	X	X	X	X	X	X	X	X	X
Task 3: Provide comprehensive PMTCT services in selected clinical sites	X	X	X	X	X	X	X	X	X
Task 4: Recruit local staff to support NWP-DOH		X							
Task 5: Documentation and sharing of practices			X			X			X
Activity 2: Using SBM-R to improve quality of ART services									
Task 1: Baseline measurement of actual performance	X	X	X						
Task 2: Conduct root cause analysis and design of interventions	X	X	X						
Task 3: Implement Interventions to improve quality of services						X			
Task 4: Support ongoing measurement of actual performance							X	X	X
Activity 3: Dissemination of National HIV and AIDS Guidelines									
Task 1: Develop Orientation Packages for 1) Continuum of Care and 2) Comprehensive Care, Management and Treatment Plan	X	X	X	X	X	X			
Task 2: Orient Provincial teams and build facilitation skills for dissemination of National Guidelines.			X	X	X	X	X	X	X
Task 3: Dissemination of orientation guidelines						X	X	X	X
Activity 4: Support for TIMS									
Task 1: Orient personnel in Gauteng Province, Northwest Province, Northern Cape, Mpumalanga, and Limpopo to TIMS and prepare them for day-to-day use and management (identification of equipment and personnel).	X	X	X						
Task 2: Work with site personnel to customize TIMS forms and to install the system	X	X	X						
Task 3: Provide on-going support and trouble shooting for newly installed TIMS at Gauteng Province, Northwest Province, Northern Cape, Mpumalanga, and Limpopo.				X	X	X	X	X	X
Activity 5: Support to the South African NDOH:									

Task 1: Support a senior technical advisor at the NDOH Treatment, Care, and Support and a national coordinator for PLWHA	X	X	X	X	X	X	X	X	X
Activity 6: Cervical Cancer Prevention									
Task 1: Conduct training in VIA and cryotherapy	X					X			
Task 2: Provision of equipment to conduct VIA and cryotherapy.	X	X							
Task 3: Conduct follow up and ongoing support to trained service providers.	X	X	X	X	X	X	X	X	X

Performance and Monitoring Plan

Indicator	Definition/Calculation	Data source/Collection Method	Frequency of data collection	Responsible party
<i>USAID/South Africa (PEPFAR): Support anti-retroviral therapy for 2 million HIV-infected individuals</i>				
<i>USAID/South Africa (PEPFAR): Support care for 10 million individuals infected and affected by HIV/AIDS, including orphans and vulnerable children</i>				
<i>ACCESS Program Result: Prevention and treatment of priority health problems of non-pregnant women of reproductive age</i>				
Total number of health workers trained to deliver ART services, according to national and/or international standards (PEPFAR)	Health Care workers are those individuals involved in management or delivery of HIV/AIDS services at the provincial, district, or service delivery level (nurses, doctors, HIV/AIDS managers, etc). These services will include any aspect of HIV/AIDS care and continuum of care. Standards are set by the South Africa NDOH	Participant registration forms	Semi-annual	Lunah Ncube - ACCESS
Number of local organizations provided with technical assistance for strategic information activities (PEPFAR)	Local organizations include regional training centers operating in any one of four targeted provinces in South Africa (Eastern Cape, Mpumalanga, Northern Cape, and Limpopo) and National TB and PMTCT units. In this instance, strategic information refers to the capture of training data.	Activity reports/ Consultant reports	Semi-annual	Lunah Ncube – ACCESS
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) (PEPFAR)	Individuals refer to those individuals involved in the management and use of TIMS at Regional Training Centers and the National PMTCT and TB units at the NDOH. Training involves data entry, cleaning, running reports, trouble shooting, and analyzing training data.	Activity reports/ Consultant reports	Semi-annual	Lunah Ncube - ACCESS
Proportion of ART facilities targeted for SBM-R achieving 85% of performance standards	This is the number of ART facilities targeted for SBM-R achieving 85% of performance standards divided by the total number of ART facilities using the SBM-R approach	Performance standards	Semi-annual or annual	Lunah Ncube - ACCESS
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	This is the number of sites that provide the minimum package of PMTCT services according to NDOH	Activity report	Semi-annual	Lunah Ncube – ACCESS

Indicator	Definition/Calculation	Data source/Collection Method	Frequency of data collection	Responsible party
<i>USAID/South Africa (PEPFAR): Support anti-retroviral therapy for 2 million HIV-infected individuals</i>				
<i>USAID/South Africa (PEPFAR): Support care for 10 million individuals infected and affected by HIV/AIDS, including orphans and vulnerable children</i>				
<i>ACCESS Program Result: Prevention and treatment of priority health problems of non-pregnant women of reproductive age</i>				
Number of health workers trained in the provision of PMTCT services according to national and international standards	Health Care workers are those individuals involved in management or delivery of PMTCT services at the provincial, district, or service delivery level (nurses, doctors, MCWH & PMTCT managers, etc). These services will include any aspect of comprehensive PMTCT..Standards are set by the South Africa NDOH	Activity reports/ participant registration forms/ Training Information Monitoring System	Semi annual/ annual report	Lunah Ncube - ACCESS
Orientation Packages for Health National Guidelines Developed for HIV/AIDS and Continuum of Care	The orientation packages are those materials developed from the National HIV and AIDS or related guidelines.	Activity reports	Semi annual / annual reports	Lunah Ncube - ACCESS
Number of health workers oriented on National Guidelines	Health Care workers are those individuals involved in management or delivery of HIV and AIDS services at the provincial, district, or service delivery level (nurses, doctors, HIV and AIDS managers, etc). These services will include any aspect of comprehensive PMTCT.. Standards are set by the South Africa NDOH	Activity reports, TIMS	Semi annual / annual reports	Lunah Ncube - ACCESS
Number of health workers trained in ART site accreditation according to national standards	Health Care workers are those individuals involved in management or delivery of HIV and AIDS services at the provincial, district, or service delivery level (nurses, doctors, HIV and AIDS managers and facility managers, etc).	Activity reports, TIMS	Semi annual / annual reports	Lunah Ncube - ACCESS
Number of individuals provided with HIV-related palliative care (including TB/HIV)	Individuals who are screened for cervical dysplasia and treated with cryotherapy.	Activity reports	Semi annual / annual reports	Lunah Ncube - ACCESS
Number of health workers trained in palliative care	Health Care workers are those individuals involved in management or delivery of reproductive health services at the provincial, district, or service delivery level (nurses, doctors).	Activity reports	Semi annual / annual reports	Lunah Ncube - ACCESS

