

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

ACCESS

YEAR FOUR

ANNUAL IMPLEMENTATION PLAN – PART A

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
CDC	Center for Disease Control
CSD	Child Survival and Development
DFID	Department for International Development
EHP	Essential Health Package
EMNC	Essential Maternal and Newborn Care
EmOC	Emergency Obstetric Care
FANC	Focused Antenatal Care
FP	Family Planning
HHCC	Household-to-Hospital Continuum of Care
HIV	Human Immunodeficiency Virus
HSSP	Health Service Support Project
IP	Infection Prevention
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
MDG	Millennium Development Goal
MNH	Maternal and Neonatal Health
MOH	Ministry of Health
NGO	Non-governmental Organization
PAC	Post abortion Care
PDQ	Partnership Defined Quality
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother to Child Transmission
PPH	Postpartum Hemorrhage
PQI	Performance and Quality Improvement
PY3	Program Year Three
PY4	Program Year Four
RH	Reproductive Health
SNL	Saving Newborn Lives
SP	Sulfadoxine-Pyrimethamine
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	White Ribbon Alliance

OVERVIEW OF WORKPLAN

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

USAID's Results Pathways under Strategic Objective 2 and 3 (SO2 and SO3) address Congressional needs for reporting on an outcome and results level for priority activities. USAID has recently refined these results pathways and the ACCESS program addresses four of these pathways: (1) Skilled Birth Attendance; 2) Postpartum Hemorrhage (PPH); 3) Newborn; and 4) Antenatal Care (ANC). ACCESS, as the global flagship program addressing maternal and child health, is well positioned to respond to these four results pathways and ACCESS seeks opportunities to include or scale up work in these areas.

Activities in the ACCESS Program Year 4 (PY4) workplan continue building on the activities and partnerships of previous years at the county, regional and global level, to improve the enabling environment, scale up proven interventions, and initiate country-level activities. ACCESS will continue to promote the household-to-hospital continuum of care (HHCC) that includes basic newborn and maternal health services as well as obstetric care and postpartum services that can be effectively provided in the home, community and peripheral health facilities. ACCESS will continue to collaborate with global partners, including the World Health Organization (WHO), the Partnership for Maternal, Newborn and Child Health (PMNCH), the International Confederation of Midwives (ICM), the National White Ribbon Alliances (WRAs) and WHO regional offices in Africa (WHO/AFRO) and Asia (WHO/SEARO) to advocate and promote Essential Maternal and Newborn Care (EMNC) and increase resources invested in country programs. ACCESS will partner with USAID missions, global partners, USAID global Cooperating Agencies (CAs), ministries of health, and local partners to address gaps in maternal and newborn health systems and build on existing programs and services to put in place these evidence-based interventions.

ACCESS will continue multi-year projects in Rwanda, India, Cambodia, Ethiopia, Ghana, Nepal and Kenya, as well as complete the three-year Africa Preservice Training Initiative. These country-level activities will scale up interventions to produce the greatest positive impact on

EMNC, influence policy and guidelines in preservice and in-service education, and enhance the knowledge and skills of those health workers who play a key role in delivering service to communities.

At present ACCESS has programs in 19 countries, with some activities in another six countries (see Table 1). At the country level, ACCESS is working to improve EMNC services with national governments, FBOs and other local partners to integrate maternal and newborn services into existing programs. In ACCESS Program Year Four (PY4), field-funded programs will begin in Ethiopia and Malawi.

This document represents the ACCESS PY4 Annual Implementation Plan for the period of 1 October 2007 – 30 September 2008. It begins with a review of the ACCESS conceptual framework and monitoring and evaluation plan followed by a discussion of the PY4 workplan for core, regional and field activities. Part A includes the core and regional workplans; Part B includes the field workplans, and Part C include financial reports. Annex 1 represents a summary table of the ACCESS core activities; and Annex 2 is the knowledge management plan.

Table 1: ACCESS Country-Level Activities Year Four

ACCESS PY4 Country-level Activities				
ACCESS Country	Programmatic Focus	Funding Source	FY07 Funding for PY4 (est.)	LOP
Afghanistan Field carry forward and Associate Award	Strengthen national Quality Improvement systems Develop and implement an e-learning system for midwifery preservice education Improve clinical training sites in newborn care Assess effect of gender interventions through Knowledge, Attitude and Practices survey	Associate Award	\$4,391,056	\$12,891,056 ¹
	Support to AMA Continuation of PPH Study	Field	\$112,624	\$3,000,000
Bangladesh	Community mobilization and behavior change for maternal and newborn health; Policy work and advocacy for strengthening services Improve knowledge and skills of TBAs in infection prevention, recognition of danger signs, emergency first aid, and KMC Improve knowledge and skills of facility-based providers to deliver EMNC	Field	\$2,916,006	\$5,661,152

¹ Associate award only

ACCESS Country	Programmatic Focus	Funding Source	FY07 Funding for PY4 (est.)	LOP
Cambodia Core and Associate Award	Policy support for MNCH; Strengthening midwifery skills and increasing access to skilled providers; Expansion of evidence-based maternal and newborn interventions, including PPC	Associate Award	\$1,100,000 (Over three years)	\$1,800,000
	PPH prevention	Core	\$120,317 (includes carry forward)	\$200,000
Ethiopia	Build capacity of skilled providers in EMNC through ESOG	Core	\$105,000	
	Build the capacity of key Ethiopian institutions charged with training Health Officers and Health Extension Workers in EMNC	Field	\$1,792,476	\$1,792,476
Ghana	Expand EmONC Training	Core	\$114,000	\$241,000
Guinea	In design	Field	\$100,000	\$100,000
India	Improving ANM skills to provide services and increasing demand in the community	Core	\$496,000	\$916,000 (includes \$50,000 Field)
Kenya	Strengthening Counseling and Testing services for HIV in clinical settings Enhancing Quality of PMTCT Including Care and Support for HIV Infected Women and their Infants Decentralizing ART Service Delivery through IMAI and Clinical Mentorship with Engagement of PLHA Support Groups Injection Safety	Field	\$3,132,740 (Anticipated)	\$5,952,332
	Finalize guidelines on provision of AMSTL at all levels of health facilities AMTSL-related job aids developed and disseminated	Core	\$64,000	
Malawi	Expansion of PAC, FP and EmONC in eight districts; Community based EMNC; FANC/IPT Kangaroo Mother Care (KMC)	Field	\$2,690,000	\$4,700,000
Nepal	Strengthening the national in-service training systems and 8 sites Study of factors affecting skilled birth attendance; National guidelines development for LBW infants; Community management of LBW infants	Field	\$277,000	\$2,650,000

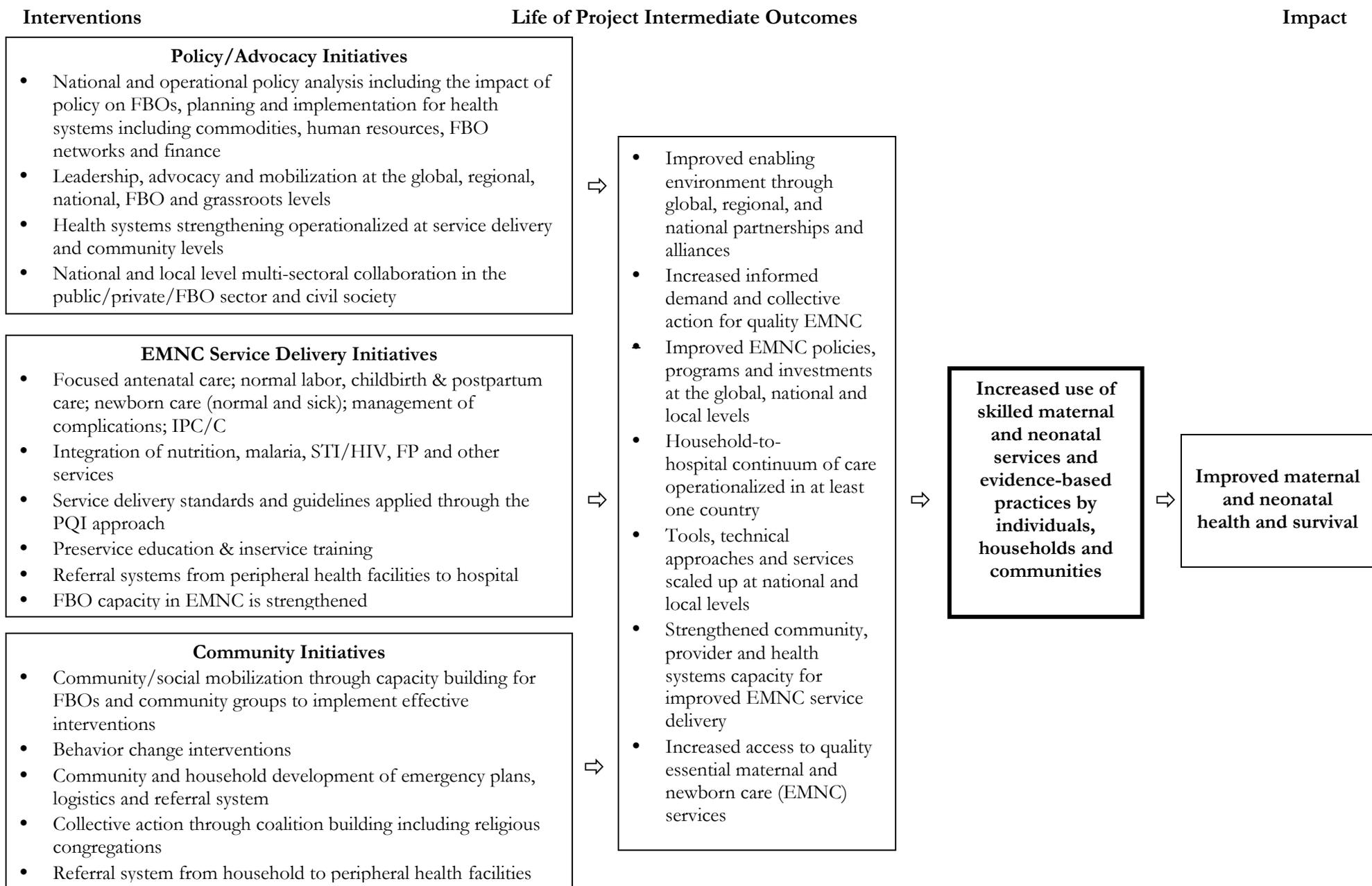
	Setting up KMC at 5 healthcare facilities	Core	\$50,000 (Estimated)	
Nigeria	Improvement of EmONC services; Community mobilization regarding access to skilled providers; Improving quality of family planning services	Field	\$2,323,000	\$5,323,000
	Implementing local financing mechanisms in Nigeria to increase health services equity and accessibility for vulnerable populations	Core	\$130,000	
Rwanda	Implementation of Safe Birth Africa Training providers in EMNC in four hospitals Developing national policy and guidelines for use of KMC Establishing KMC centers of excellence Form Interfaith task force to develop 8 – 10 messages on maternal and newborn health developed for use by religious leaders with their constituencies	Core	\$782,000	\$1,242,945
	Support MOH FANC facility assessment and/or Service Provision Assessment (SPA) to collect baseline data on antenatal care and prevention of malaria in pregnancy services Improve health worker knowledge of FANC and MIP as well as quality of these services in facilities. Revision and adaptation of training materials to reflect national policies and guidelines. Refresher training for FANC/MIP trainers at national level Follow-up and supportive supervision of FANC providers in 4 SBAI districts. Meetings with FANC providers to share experiences& address gaps	Field	\$350,000	\$350,000
South Africa	Dissemination of clinical guidelines around HIV/AIDS prevention and treatment	Field	\$1,245,000	\$1,845,000
Tanzania	Scale up of FANC and Malaria in Pregnancy	Field	\$3,973,000	\$9,510,000
ACCESS PY4 Regional Activities				
ACCESS Country	Programmatic Focus	Funding Source	Amount	Amount

AFR/SD	Improve pre-service midwifery training in Ghana, Malawi, Tanzania and Ethiopia	AFR/SD	\$250,000	NA
	Support Africa Road Map activities	AFR/SD	\$150,000	NA
ANE		ANE	\$34,722	\$430,000
ACCESS PY4 MAC Activities				
MAC Activities	Programmatic Focus	Funding Source	Amount	Amount
	Personnel support in field and HQ to consolidate lessons learned through MAC in selected countries in Africa	MAC Core	\$100,000	\$2,120,000
ACCESS PY4 Small Grants				
Small Grant Programmatic Focus	Countries	Funding Source	Amount	Amount
FANC/MIP (FBO) (awarded PY02)	Kenya, Tanzania, Uganda (3 total grants)	Core		\$112,000
PPH prevention (awarded PY02)	Burkina Faso, Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Mali (7 total grants)	Core		\$155,000

Conceptual Framework

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

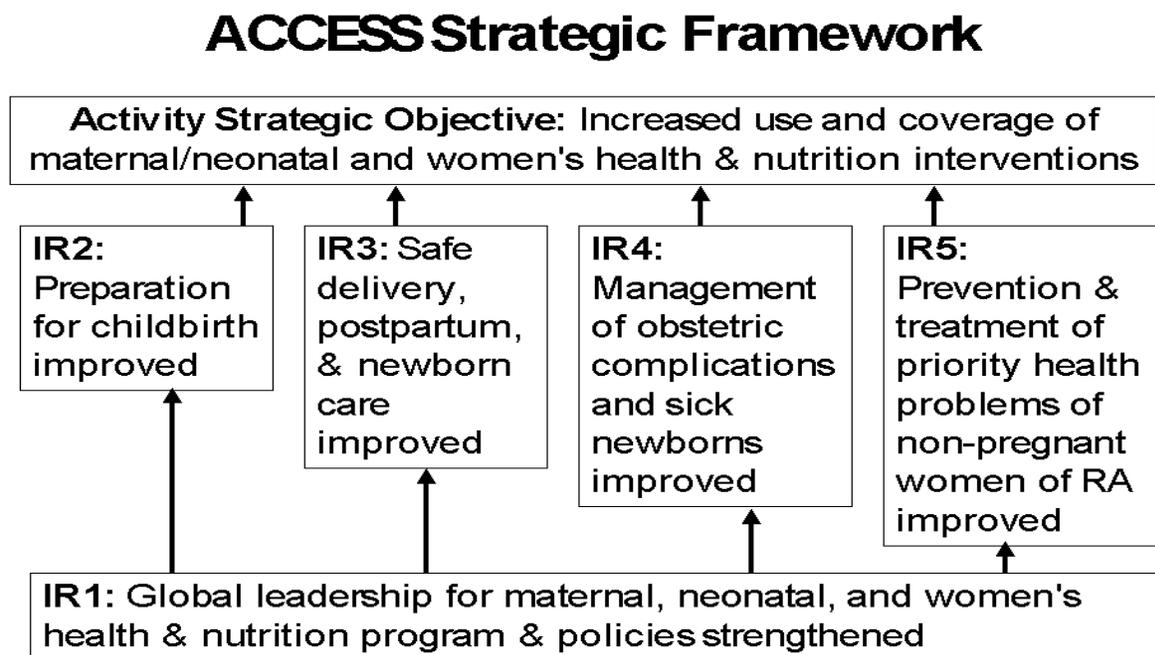
Figure 1: ACCESS Conceptual Framework



Monitoring and Evaluation

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

Figure 2: ACCESS Strategic Framework



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

Summary of PY3 Results

Highlights from the past year include strategic core investments that generated critical interest in addressing MNH in the field². ACCESS team took a lead role in the September ANE Best- Practices meeting on FP/MNCH in Bangkok, which was attended by 450 participants from more than 18 countries. The ACCESS team also presented the Afghanistan and Nigeria programs to more than 25 congressional staffers this year. Regional AFR/SD, supported by core funds, strengthened the Road Map for Safe Motherhood activities in several countries and upgraded preservice training in four countries— Ethiopia, Ghana, Malawi and Tanzania. Several country programs (Rwanda, Nigeria, Malawi, Nepal and Bangladesh) have moved forward to adopt the Kangaroo Mother Care approach. Pilot programs initiated in Years 2 and 3 for addressing PPH in the community setting are now moving into the scale up mode in Nepal and Afghanistan. The Africa Safe Birth Initiative will continue in the second phase and be expanded beyond the initial four districts in Rwanda (\$650,000 - \$1 million). The Malawi and Ethiopia programs are beginning in Year 4.

During this period, 1,068 people completed the USAID e-learning courses developed by ACCESS on Antenatal Care, Postpartum Care, Essential Newborn Care, and Preventing Postpartum Hemorrhage.

Skilled Birth Attendance Pathway

Core funds:

- Technical leadership for MNH at USAID's regional meeting on Scaling- Up FP/MNCH Best-Practices in Asia. ACCESS and ACCESS-FP were responsible for arranging several of the maternal, neonatal and family planning sessions, and supported 38 participants and panelists.
- ACCESS continued support for the technical advisor to the Partnership for Maternal, Newborn, and Child Health (PMNCH) to assist with the implementation of their global activities, strategic planning and fundraising.
- In **Rwanda**, ACCESS initiated the Safe Birth Africa Initiative (SBAI), aimed at accelerating increasing skilled birth attendance and coverage. ACCESS and in-country partners developed a strategic approach, conducted a baseline facility assessment, and held a national-level meeting to launch SBAI.
- In **Ethiopia**, the Ethiopian Society of Obstetricians and Gynecologists (ESOG) received support to build capacity of skilled providers in EMNC. One clinical site strengthened at Ambo hospital, which involved 40 hospital staff, aimed to improve basic emergency obstetric and newborn care (BEmONC) services and 20 providers were trained in BEmONC.
- In Jharkhand, India, pilot testing of MOH plans to improve the SBA skills of auxiliary nurse-midwives (ANMs) and increase their utilization is under way in Dumka District. Site assessment and strengthening was completed at two facilities. Additional resources were leveraged by the Government of Jharkhand (GOJ) to train the ANMs and upgrade the training sites. The first two groups of ANMs are being trained. ACCESS also initiated behavior change communication activities in 180 communities through Safe Motherhood Advocates and Volunteers
- In **India**, ACCESS conducted a baseline household survey of pregnant women and women who delivered in the past year that revealed: more than 80% planned to give birth at their home; most were attended by a TBA and less than 15% by a skilled provider; awareness of key steps to plan for childbirth and danger signs in mothers and newborns is very low; about 50% attended ANC at least once and over 90% received TT injections.

² Examples include Cambodia - PPH; ESOG – Ethiopia; and in Kenya the Mission has mandated each of its regional bilateral programs to undertake PPH activities under their umbrella.

- In **Nigeria**; An equity analysis of baseline household survey data from Zamfara state revealed both household location and poverty affect women's use of antenatal services. The main barriers to ANC for rural women were distance to the nearest facility and out-of-pocket fees. Communities in Nigeria will be able to use this information to develop the most appropriate financing schemes.
- Members of country-level White Ribbon Alliances (WRAs) from **Tanzania, Zambia, Malawi and South Africa** developed a plan for a concerted regional effort on the human resources crisis and its effect on MNH at a WRA regional workshop for National Alliance members.

Regional: AFR/SD and Core funds:

- During the partnership forum for operationalization and resource mobilization for the African Road Map organized by WHO, ACCESS increased its visibility as a key player in efforts to reduce maternal and newborn mortality in Africa and accepted requests for hands-on technical assistance in Madagascar and Niger. With ACCESS assistance, WHO/AFRO and other partners, 37 countries have developed their national Road Map documents and are working towards operationalizing them.
- A total of 70 midwifery tutors and clinical preceptors from **Ethiopia, Ghana, Malawi and Tanzania** have updated clinical skills in Basic Emergency Obstetric and Newborn Care (BEmONC). Of these, 14 received advanced training in clinical training skills and curriculum design. In each country, one high caseload health facility strengthened to be a training site and staff from these clinical sites were oriented to and coached in best practices in BEmONC.

Field support funds

- In Kano and Zamfara states of northern **Nigeria**, the results of the baseline confirmed that problems of access, quality of services, and socio-cultural factors hinder the utilization of MNH care services: less than 50% of women attended ANC services and only 20% delivered with a skilled attendant.
- In collaboration with the **Nigeria** MOH, WHO, UNICEF and PATH performance standards for EmONC—including PPH—in hospitals and primary health centers were developed and roll out of the standards is planned for all tertiary health facilities in the country.
- In **Nepal**, the MOH disseminated the maternal and newborn care learning resource package for SBA developed by ACCESS for in-service and pre-service training for ANMs, nurses and doctors that was.
- A study in rural **Nepal** on factors that contribute to the successful utilization of SBA services revealed that facility characteristics that may be associated with a high volume of delivery services include: “24/7” services/staffing; availability of basic emergency obstetric care; easy access; referral system and/or ambulance; dynamic facility leader; energetic community collaboration; and employment of local personnel. Study findings are being used to inform national planning for the SBA program.
- In **Afghanistan**, the Health Service Support Project's (HSSP) Performance-based Partnership Grants (PPG) to NGOs and other stakeholders is resulting in improved quality and integration of standards for the implementation of a quality Basic Package of Health Services (BPHS) delivery strategy. To date, through HSSP, the ACCESS Associate Award, 159 midwives have graduated Nangahar, Herat, Balkh and Kabul hospital midwifery training programs, and an additional 143 community midwifery students are expected to graduate soon. The skilled attendance at birth has increased from 4% to 43% in Herat province in the last few years.

Antenatal Care Pathway

Core funds:

- In **Rwanda**, ACCESS and the Rwanda Network of Religious Leaders to prevent HIV/AIDS mobilized religious leaders for advocacy on safe motherhood through a national-level workshop on SBA in Kigali attended by Islamic and Christian religious leaders. ACCESS also provided five Rwandan District Hospitals with equipment and supplies.

Core MAC/Malaria funds:

- ACCESS provided technical support to **Uganda's** FBOs to develop nationally adopted MIP training materials, and improved knowledge, attitudes and practices among service providers at five health facilities. This resulted in an increase in intermittent preventive treatment (IPT) 1 from 43% to 94%, and an increase in IPT2 uptake from 63% to 76%.
- ACCESS provided technical guidance to countries in Africa as they worked toward scale up of prevention of MIP interventions. Since October 2006, ACCESS has provided support in Kenya and **Rwanda** through the development of workplans that will support national goals and the President's Malaria Initiative (PMI).

Field support funds

- In **Tanzania**, ACCESS continued to scale up clinical training, service delivery and quality improvement capacity for FANC/MIP in government and FBO-affiliated health facilities and midwifery schools. During FY 07 about 3,040 health care providers, trainers and graduates were trained in FANC and as a result the number of facilities implementing FANC services trained by ACCESS increased from 288 to 889 facilities reaching a total of 1,177 facilities representing about 25% of the total facilities in the country. These amounts will be doubled next year because of cascade effect of training.
- Since October 2006, ACCESS has expanded PMTCT counseling and testing to 23 facilities in **Haiti**, reaching more than 18,400 pregnant women. Of these women, 3.6% were HIV+ and 58% of those who tested positive were enrolled in the PMTCT program.
- In **Kenya**, ACCESS expanded FANC to include a Tuberculosis (TB)/ANC training package in one province; supervisors from the Department of Reproductive Health and NASCOP (central-level and provincial-level) were trained to use an integrated PMTCT/ MCH supervision tool.

Postpartum Hemorrhage Pathway

Core funds:

- ACCESS staff participated in the World Health Organization's (WHO) Experts Panel on review of the evidence for prevention and treatment of PPH. WHO has released a technical report based on the review that is being used globally to develop and strengthen programs for addressing PPH.
- ACCESS awarded small grants to seven local organizations in six African countries in support of their expansion of country-level PPH activities (Madagascar, Kenya, Ethiopia, Burkina Faso, Mali and DR Congo) to expand training for AMTSL.
- ACCESS **Kenya** supported implementation of the action plan that resulted from the regional conference held in Uganda. This included the establishment of a technical advisory group to engage MOH officials, preservice and in-service education stakeholders, and professional associations to promote national policy and regulatory issues for PPH, as well as the development of clinical practice guidelines for AMTSL.

- ACCESS chaired the Prevention of Postpartum Hemorrhage Initiative (POPPHI) technical working groups on community-based PPH and training, and provided input into the statement on community-based PPH using misoprostol.
- In **Cambodia**, ACCESS supported a national-level technical meeting on PPH and oriented national stakeholders to the global data and research on AMTSL and evidence on use of misoprostol for PPH reduction. The meeting also resulted in the formation of a PPH Technical Advisory Group, and consensus for the development of a demonstration project on expanded use of AMTSL among skilled providers and community-based distribution of misoprostol to pregnant women in settings where there is no skilled attendant.

Field support funds

- A midterm evaluation of the community-based Prevention of PPH pilot project in Afghanistan demonstrated the use of misoprostol to prevent PPH during home births is safe, acceptable, feasible and programmatically effective. The MoPH will consider taking the intervention to scale on a national level. Preliminary analyses show that, of the 570 postpartum women interviewed, 98% of women accepted misoprostol during the eighth month antenatal visit, 65% took the drug in accordance with their instructions and 32% received an injectable uterotonic at a health facility. Therefore, only 3% of the women in the intervention areas did not receive an uterotonic drug to prevent PPH compared with 74% of women in the control areas.

Newborn Care Pathway

Core funds:

- ACCESS staff co-authored chapters in “Opportunities for Newborns in Africa,” a regional review of newborn health in Africa and supported the publication and dissemination of the report. It was launched at the African Health Ministers meeting and at several other events to garner support for addressing neonatal mortality in Africa
- In **Nepal**, a national workshop was held to sensitize stakeholders from the MOH medical schools and nursing, ob-gyn and pediatric professions on KMC, resulting in the creation of a national KMC advisory group and the introduction of KMC at five health facilities—two zonal hospitals and three primary health care centers
- In **Rwanda**, ACCESS introduced KMC, establishing a training center, developing a core group of national-level trainers and equipping three district hospitals with related materials and collaborated with the MOH to conduct a KMC training for pediatricians and nurses and supported the establishment of a KMC center at Muhima Hospital. Additional partners (and donors including UNICEF) are requesting expansion of the KMC sites to other districts in Rwanda.

LAC Regional Funds

- ACCESS collaborated with PAHO, USAID, BASICS, the CORE Group and MOHs in Latin America to prepare the Regional Strategy and Action Plan on Neonatal Health within the Continuum of Maternal, Newborn and Child Care in Latin America and Caribbean.

Field support funds

- In **Bangladesh**, ACCESS counselors are identifying pregnant women and conducting planned home counseling visits to encourage healthy maternal and newborn outcomes, Community Mobilizers are mobilizing community action, support and demand for the practice of healthy MNH behaviors. To date, a total of 4,584 women who delivered received postnatal visits during the reporting period. Among them: 31% had a birth plan; approximately 72% of newborns were

attended by a newborn care person; 84% of mothers practiced clean cord care; nearly 75% of mothers initiated breastfeeding within one hour of birth; 72% of newborns were dried and wrapped immediately; and almost 52% of mothers delayed bathing their newborns by 3 days.

- In **Nepal**, ACCESS field funds complemented core-funded KMC activities and, in one district, introduced a community-based element to identify and manage low birth weight (LBW) infants at the community level. This is being done in collaboration with the Nepal Family Health Program and the MOH.
- ACCESS **Nigeria** strengthened providers' capacity in EmOC, KMC and postpartum family planning, and the SBM/R approach to quality improvement. The KMC training of trainers and the first KMC center were featured in a documentary aired four times on local and national television stations.

Expected Life of Project Results

ACCESS expects to help increase the use of key maternal health and nutrition services through both field-based interventions and global leadership activities. The eight major expected life of project (LOP) results, which remain the same as they were in the PY3 workplan, are included in Annex 5.

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

Strategic Approach

ACCESS formed strategic partnerships at the global-, regional- and national-level in order to advocate for and expand existing resources, capacities and experiences, and to create global impact on maternal, neonatal and women's health policies. By working in collaboration with other stakeholders, ACCESS and its global partners are having an impact beyond the abilities of a single organization working alone. Since PY1, important progress has been made in expanding the evidence base for maternal and newborn health, including: organizing the launch and subsequent dissemination of the Lancet Special Supplement on Maternal Survival; continuing support to the Partnership for Maternal, Newborn and Child Health (PMNCH); assisting USAID in the development of e-learning courses on newborn care, prevention of PPH, and postpartum care; collaborating with WHO to revise the Managing Complications in Pregnancy and Childbirth (MCPC) manual, and disseminating key findings through technical forms.

ACCESS global leadership has promoted the increased commitment to FBOs for improving the overall health status of women and newborns through a small grants program to scale up EMNC through FBO health networks in three countries in Africa: Kenya, Uganda and Tanzania.

Taken together, IR 1 activities will focus ACCESS interventions at the country level to create and sustain impact while maintaining the Program's role as a global leader and collaborator in maternal and neonatal health.

IR 1 Year Four Expected Results

These results cut across the four HIDN results pathways: SBA, PPH, Newborn Care and ANC

- Improved EMNC policies at the international level
- Revised MCPC Manual
- Provided WRA National Alliance representatives with increased knowledge and tools to assist them in influencing national policy
- Strengthened collaboration between international and national FBOs in Africa to increase awareness of and support for EMNC services
- Enhanced capacity of FBO small grant recipients in Africa to improve skilled birth attendance
- Shared lessons learned on experiences of small grants to inform other programs

Intermediate Result 1

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

Activity Lead: Koki Agarwal/Pat Daly	Funding Sources: Core Elements – MCH	Sub-element(s): 1.6.1, 1.6.2	Activity Cost: \$415,298
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Objective

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

Rationale

ACCESS will continue to achieve its objective of building a network of partners and positively influencing their policies and programs in maternal and newborn health. Building on progress of the first three years, ACCESS will continue to partner with WHO, UNICEF, PMNCH and other global organizations such as ICM, FIGO and WRA. ACCESS will work with FBOs and through their programs in Africa to promote the expansion and scale up of EMNC, particularly the expansion of skilled providers. Finally, ACCESS will sponsor participation of country-level MNH stakeholders in the Women Deliver conference and collaborate with USAID and other partners to scale up maternal and newborn health in Asia and Africa.

Contribution to HIDN Results Pathway

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

Outputs of PY4

- Revised Managing Complications of Pregnancy and Childbirth Manual completed (in collaboration with WHO) to give providers a more user-friendly guide reflecting new evidence-based practices
- WRA National Alliance representation at Women Deliver conference
- Contribute to supporting MotherNewBorNet to share technical information with countries in Asia
- Assist with follow up support to the Asia and Near East FP/MNCH to scale up best practices in country programs
- Through participation in the Women Deliver conference, ACCESS will share and provide evidence-based MNH strategies and approaches to strengthen and scale up of programs

Subactivity 1.1a: Collaborate with WHO/Geneva to improve and update the Managing Complications of Pregnancy and Childbirth manual	
Subactivity Lead: Koki Agarwal	Subactivity Cost: \$97,228
ACCESS Activity Partners: JHPIEGO	
Other Collaborating Organizations: WHO	

Objective

To complete the revision of the Managing Complications of Pregnancy and Childbirth Manual (MCPC) in collaboration with WHO/Geneva and other designated technical experts.

Rationale

As a global leader, WHO produces guidelines based on evidence and expert consensus and which have gained international acceptance and credibility. ACCESS collaboration with WHO/Geneva in the formulation of these guidelines ensures the “field perspective” that will lead to their wide dissemination and use. In addition, supporting skilled birth attendance remains a key area for ACCESS and working with Ministries of Health and professional organizations who utilize these guidelines to create champions for evidence-based care is an effective strategy to initiate change at the country level. ACCESS received feedback.

ACCESS received feedback on the first edition of the MCPC from over thirty professionals from all regions of the world and this information will be utilized to update and revise the manual. ACCESS has also contributed to WHO’s technical expert panels on PPH and will collaborate on other panels planned for the coming year, including prevention and treatment of pre-eclampsia/eclampsia.

Contribution to HIDN Results Pathways

- Skilled birth attendance: Provide materials and follow up activities to improve skilled birth attendance.
- Newborn health: Provide global policy level support for newborn health and advocacy for resources for country-level work.

Outputs of PY4

- Revised MCPC Manual

Key Tasks and Milestones

- Task 1 Develop table of issues compiled from responders to MCPC survey
- Task 2 Develop topic revision table
- Task 3 Meet with technical experts at the Women Deliver conference to gain consensus on process for revisions
- Task 4 Determine terms of reference for technical reviewers and carry out assigned topics
- Task 5 Participate in technical consultations on specific topics called by WHO
- Task 6 Hold 4 – 5 day meeting to finalize consensus on revisions (Geneva, February/March 2008)
- Task 7 Finalize revisions and submit to WHO

Subactivity 1.1b: Collaborate with global partners, including WHO, UNICEF and the Partnership for Maternal, Newborn and Child Health (PMNCH), to strengthen maternal, newborn and child health (MNCH) programs	
Subactivity Lead: Pat Daly	Subactivity Cost: \$129,456
ACCESS Activity Partners: JHPIEGO, Save the Children, others, as determined	
(Note: this activity receives an additional \$34K from ANE)	
Other Collaborating Organizations: WHO, UNICEF and the PMNCH	
Subactivity Location: Global	

Objective

ACCESS will collaborate with the global partners, including WHO, UNICEF and the PMNCH, to support global- and country-level advocacy and to accelerate action to strengthen maternal and newborn health programs. Through February 2008, ACCESS, at the request of USAID, will support a consultant who will work in Geneva with the PMNCH to assist with strategic operations. ACCESS will collaborate with the PMNCH by providing technical expertise and be available to support three of the PMNCH task forces, including the country support, advocacy and effective interventions working groups. The Program's primary objective is to collaborate at the country level with the PMNCH and country partners to promote ways of overcoming policy and program barriers to integrating maternal and newborn health programming at scale in country programs.

Rationale

Collaborating with global- and country-level partnerships is key to achieving impact at scale for maternal and newborn health programs. The PMNCH and its country partners are important vehicles for raising the level of commitment and increasing resources for maternal and newborn health. ACCESS can enhance technical knowledge based on evidence-based programs and collaborate with other partners to integrate maternal and newborn health services into large-scale programs.

Contribution to HIDN Results Pathways

- This activity will affect all HIDN Results Pathways by supporting the scale up of evidence-based maternal and newborn health programs.

Outputs of PY4

- Through participation in the PMNCH working groups, ACCESS will share and provide evidence-based MNH tools, technologies and approaches to strengthen and scale up programs.
- ACCESS will provide technical assistance for country-level strategy and program development work including, as needed, assistance with developing MNCH strategy and operational plans, conducting situation analyses to inform decision-making, and putting in place evidence-based practices and monitoring progress.

Key Tasks and Milestones

- Task 1 Participate in three PMNCH working groups (country-level support, effective interventions, and advocacy)
- Task 2 Participate as task member for the planning committee for the follow on global PMNCH conference
- Task 3 Support a consultant through January 2008 based at the PMNCH who will assist with strategic operations
- Task 4 Provide country level technical assistance

Subactivity 1.1c: Promote Maternal and Newborn Health Key Interventions through White Ribbon Alliances at the Country Level

Subactivity Lead: Theresa Shaver/Betsy McCallon

Subactivity Cost: \$45,000

ACCESS Activity Partners: Save the Children; Constella Futures/Health Policy Initiative, JHPIEGO, White Ribbon Alliance

Other Collaborating Organizations: International Confederation of Nurse Midwives

Objective

Support south-to-south exchange on HIDN pathways and global advocacy through WRA National Alliance representative attendance at the Women Deliver conference

Rationale

In PY3, WRA National Alliances began to address various HIDN pathways in their work through widespread dissemination and promotion of best practices, advocating for the development of policies to support these best practices, and monitoring the implementation of uptake of best practices. WRA Global Secretariat has limited resources to provide in-person technical assistance or to facilitate south-to-south exchange. The Women Deliver conference in London provides a unique opportunity for WRA country and global leadership to participate.

The views of WRA National Alliance representatives will enhance the global agenda in advancing maternal and newborn health by providing concrete country examples of the problem and the solution. WRA representatives will also gain additional insight into technical best practices, as well as new frameworks for moving the agenda forward through other sectors such as education, finance and planning.

Building on this conference, WRA members present in London will have the opportunity to meet to share experiences and lessons learned. WRA global staff will work with individual country teams on monitoring and evaluation tools to capture the progress toward HIDN results pathways.

In addition, WRA is maximizing cost-share on members travel to the UK for the Women Deliver conference and hosting two half-day meetings for WRA members. The first meeting will bring together members who attending the Key Interventions in Maternal and Newborn Health workshop in Malawi in 2006. WRA will work with the teams from Tanzania, Zambia, Malawi, and South Africa to strengthen their existing plans around the promotion of one key intervention area, particularly the monitoring and

evaluation components. Based on recent recommendations from USAID's evaluation of the WRA, a half-day meeting will also be held with WRA members to identify and refine indicators of the Alliance's work, particularly around social mobilization. The feedback generated from this meeting will contribute to the development of a new global WRA strategic plan and a global capacity building workshop with a strong emphasis on monitoring and evaluation and consensus on key social mobilization indicators that contribute to improved maternal and newborn health outcomes.

Contribution to HIDN Results Pathways

- This activity will support all HIDN Results Pathways by providing WRA National Alliances with the ability to monitor and evaluate the effects their advocacy has on national policy surrounding maternal and newborn health, with a particular emphasis on skilled birth attendants.

Outputs of PY4

- WRA National Alliance representation at Women Deliver conference
- Country-specific monitoring and evaluation systems developed or refined to capture progress toward HIDN pathways

Key Tasks and Milestones

- Task 1 Sponsor WRA National Alliance representatives to attend the Women Deliver conference
- Task 2 Work with individual Alliance members/teams to develop and/or refine monitoring and evaluation strategies

Subactivity 1.1d: Support MotherNewBorNet and Asia regional network for scale up of evidence-based practices on Maternal and Newborn Health	
Subactivity Lead: Pat Daly	Subactivity Cost: \$61,408
Please note that this activity will also be funded by ANE	
ACCESS Activity Partners: JHPIEGO, Save the Children, others, as determined	
Other Collaborating Organizations:	
Subactivity Location: Asia-Near East Region	

Objective

To improve maternal and neonatal health outcomes, ACCESS will continue to collaborate on regional maternal and newborn health work through supporting the regional USAID supported MNH alliances, either MotherNewBorNet or follow up to the Asia meeting on FP/MNH, and with USAID programs in the Asia region to strengthen community-based postpartum maternal and newborn programs.

Rationale

During the past three years, ACCESS has been part of MotherNewBorNet, a collaborative partnership consisting of key NGOs, donors and other stakeholders that are dedicated to supporting the development and implementation of integrated community-based postpartum care in Asia. In PY1, ACCESS assisted with laying the groundwork for strengthening partnerships and future relations

through its involvement with MotherNewBorNet. In PY2, the second meeting of MotherNewBorNet was held in July 2006 in Delhi, India.

In PY3, USAID initiated work to support a regional meeting entitled “Scaling Up High-Impact FP/MNCH Best Practices: Achieving Millennium Development Goals in Asia and the Near East,” in Bangkok, Thailand. The meeting disseminated high-impact FP/MNCH best practices for scaling up in the Asia and Near East region in an effort to achieve the Millennium Development Goals. ACCESS has been part of the planning committee for this meeting and the RFA related to supporting scale up of evidence-based interventions. ACCESS is supporting the participation of panelists as well as key ACCESS staff.

In PY4, ACCESS will continue to be an active member of MotherNewBorNet and as appropriate, ACCESS will also provide technical and strategic planning support for following up the scale up of evidence-based practices anticipated from the USAID ANE Bureau support. ACCESS will also prepare MotherNewBorNet newsletters on KMC and neonatal infection.

Contribution to HIDN Results Pathways

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

Outputs of PY4

- Contribute to supporting MotherNewBorNet to share technical information with countries in Asia
- Assist with follow up support to the Asia and Near East FP/MNCH to scale up best practices in country programs
- Issues of the MotherNewBorNet newsletters on KMC and neonatal infection

Key Tasks and Milestones

Task 1 Follow up to Asia and Near East FP/MNCH best practices work

Subactivity 1.1e: Participate with global and country level stakeholders in the Women Deliver conference	
Subactivity Lead: Pat Daly	Subactivity Cost: \$82,206
ACCESS Activity Partners: JHPIEGO, Save the Children, others, as determined	
Other Collaborating Organizations:	
Subactivity Location: Global	

Objective

Women Deliver is a landmark global conference that focused on creating political will to save the lives and improve the health of women, mothers and newborn babies around the world. It will be held October 18-20, 2007, in London. ACCESS participated in this meeting with the participation of key ACCESS staff, support of panelists and support of some country level participants.

Rationale

Collaborating with global and country-level partnerships was key to achieving impact at scale for maternal and newborn health programs. The Women Deliver conference brought together the development and health community to engage on a clear and common goal: improved women's health, including safe pregnancy and childbirth. Towards this end, the conference program addresses a broad range of cross-cutting topics and issues, which include maternal and newborn health. ACCESS involvement in this event and the subsequent work at the country level will encourage governments to integrate women's health and rights into national plans and strategies.

Contribution to HIDN Results Pathway

- This activity will affect all HIDN Results Pathways by supporting the scale up of evidence-based maternal and newborn health programs

Outputs of PY4

- Through participation in the Women Deliver conference, ACCESS shared and provided evidence-based MNH strategies and approaches to strengthen and scale up of programs.

Key Tasks and Milestones

- Task 1 Participate in the Women Deliver Conference and support panelists on SBA, PPH and FBO work in MNH
- Task 2 Support country level participants from several countries with ACCESS programs

Intermediate Result 1			
Activity 1.2: Collaborate with Faith-Based Health Care Organizations at Global and National Level to Expand EMNC Interventions			
Activity Lead: Sarla Chand	Funding Sources: Core Elements – MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$134,310
ACCESS Activity Partners: IMA			
Other Collaborating Organizations:			
Subactivity Location: Kenya, Tanzania, Uganda, Global			

Objective

Foster partnerships among global and African FBOs and other stakeholders to strengthen community mobilization skills of religious leaders for improving maternal and newborn health. Develop an Interfaith Resource based on critical Safe Motherhood messages, including sermon points and guidance, and share other ACCESS tools and materials with FBOs.

Rationale

FBOs provide an extensive platform to provide integrated health services to women and newborns covering ANC, skilled birth attendance, PPH and newborn care. Islamic, Christian and other faith-based organizations reach far into the community and offer opportunities to improve health care at the facility, community and household level. Experience from working with FBOs in Africa has confirmed that it is critical to work with these FBOs and expand their knowledge and interest in supporting maternal and newborn health.

Building on the successes of first three years, ACCESS will continue to strengthen FBOs in maternal and newborn health care through:

- Completion of FBO small grants in Africa and dissemination of the results
- Meeting with Christian and Muslim FBOs and MOH representatives in Kenya, Tanzania and Uganda with specific focus on FANC and MIP through follow up activities to identify successful approaches for working with FBOs both at the facility and community levels
- Advocacy and dissemination of ACCESS resources to strengthen maternal and newborn health services among FBOs
- Development of an Interfaith Resource based on critical Safe Motherhood messages, including sermon points and guidance for religious leaders (Interfaith Safe Motherhood Guide - Draft)

Contribution to HIDN Results Pathways

Contributes to improved EMNC policies and practices for FBOs who are major players in providing health care in Africa

Outputs of PY4

- Draft of Inter-faith Safe Motherhood Guide for Religious Leaders for field testing
- Final brief on results of the FBO small grants
- Select FBOs strengthened in maternal and newborn care through training, networking and resource dissemination

- Increased capacity of FBOs to advocate for EMNC in Tanzania
- Increased technical knowledge of FBO providers in EMNC

Key Tasks and Milestones

Interfaith Safe Motherhood Guide

- Task 1 Develop Outline and SOW for the Interfaith SM Guide theological consultants
- Task 2 Select SM messages for the Guide and local stories from the 5 countries of FBO engagement
- Task 3 Identify theological experts (Christian/Islamic) who will provide guidance in the selection of appropriate religious tenets to support SM messages
- Task 4 Draft Interfaith SM Guide
- Task 5 Distribute to select group of Religious Leaders in 5 African Countries and invite feedback
- Task 6 Finalize the draft for internal review; resources mobilized for translation and printing in local language(s) in PY5
- Task 7 Field test Guide in Rwanda

Continued Support to Small Grant Process

- Task 1 Provide management support for FANC/MIP Small grants in Tanzania, Kenya and Uganda
- Task 2 Receive reports from FBOs on completion of projects and conduct internal review
- Task 3 Final brief on FBO small grant process
- Task 4 Disseminate ACCESS documents and other relevant information to FBO partners
- Task 5 Participate in various FBO meetings, present ACCESS goals and objectives, and mobilize them to strengthen safe motherhood programs in their networks
- Task 6 Work with CSSC in sharing the mapping data and using this in program planning for EMNC in Tanzania

Intermediate Result 1

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

Activity Lead: Juliet MacDowell & Barbara Rawlins

Funding Sources: Core Element – MCH

Sub-element(s): 1.6.1, 1.6.3

Activity Cost: \$49,323

ACCESS Activity Partners: JHPIEGO, Save the Children, ACNM, IMA, AED, Constella Futures

Other Collaborating Organizations: POPPHI

Objective

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

materials to policy makers, facility-based staff, community health workers, local NGOs and FBOs, and other partners).

Rationale

As ACCESS enters Year 4, program reflection and documentation of lessons learned and best practices is an important tool in enhancing the quality of current and future MNH programs. In addition, for the external evaluation ACCESS will prepare appropriate documentation of programs results to date. ACCESS also supports the dissemination of evidence-based maternal and newborn materials, tools and approaches at the global- and country-levels to advance knowledge, information and programming in maternal and newborn health.

Contribution to HIDN Results Pathways

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

Outputs of PY4

- ACCESS documents developed during the life of the Program disseminated (see Annex 8)
- Program reports developed and distributed (including semi/annual reports, annual implementation plan and mid-term program results report)
- Newborn technical brief
- Website maintained and updated as needed, including all country program descriptions
- At least one journal article prepared and submitted
- At least one two-page programmatic brief on lessons learned

Key Tasks and Milestones

- Task 1 Finalize newborn technical brief
- Task 2 Disseminate maternal and newborn materials and documents (listed in Annex 8)
- Task 3 New materials for PY04:
- Participate in the finalization of the POPPHI toolkit
 - Support the distribution of the toolkit
 - Other documents as necessary
- Task 4 Translate key ACCESS materials for SBA work in Rwanda
- Task 5 Maintain and update website
- Task 6 Prepare semi-annual and annual results reports
- Task 7 Prepare report to document ACCESS results to date for external evaluation team
- Task 8 Develop programmatic brief on lessons learned
- Task 9 Prepare abstracts and presentations for key conferences
- Task 10 Prepare at least one article for publication

Intermediate Result 1

Activity 1.4: Financial Administration and Management of the Small Grants to Expand and Scale Up EMNC, Postpartum Hemorrhage, FANC (FBO), and Fistula Interventions

Activity Lead: Naline Sangrujee	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1	Activity Cost: \$24,978
ACCESS Activity Partners: Constella Futures			
Other Collaborating Organizations:			

Objective

This activity manages the process of expanding EMNC interventions at community and facility levels through small grants to in-country NGOs and FBO to implement PPH and FANC activities. In addition, this activity will improve future management of small grants through global awards by consolidating the lessons learned, challenges and successes of implementing a small grants activity through a global program.

ACCESS recognizes that in-country local organizations and groups have skills and program opportunities that make possible the expansion and scale up EMNC interventions at the community and facility levels. Small grants allow the overall ACCESS agenda to reach a much wider audience, particularly the most vulnerable groups who may be located in peripheral areas. A small grants initiative facilitates this work by allowing ACCESS to support a range of smaller partners or collaborating institutions in-country. Furthermore, supporting small organizations, through technical and financial assistance, gives the program an opportunity to contribute to the long-term sustainability of interventions in any given area.

This activity supports the ongoing administrative management of the grants to ten local NGOs working in PPH and three FBOs to support FANC activities (ending 2007/2008).

Rationale

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

Contribution to HIDN Results Pathways

- PPH: By administratively supporting recipients of small grants to support PPH prevention interventions, this activity will improve the identification and treatment of PPH.
- ANC: By administratively supporting recipients of small grants to scale up FANC in FBO health networks in Tanzania, Kenya and Uganda, this activity will increase the geographic coverage and

improve the ANC services provided. It is hoped that by increasing the use and quality of ANC services, women will begin demanding the services of skilled birth attendants.

Outputs of PY4

- ACCESS supports capacity of up to 10 local organizations to manage and expand EMNC interventions
- Report on small grants lessons learned finalized and disseminated

Key Tasks and Milestones

Task 1 Handle the administration and monitoring of current small grants

Task 2 Closing and reporting of current small grants (FBO, PPH)

Task 3 Host lessons learned workshop with grant review committees to identify common challenges and successes

Task 4 Draft brief lessons learned report

Intermediate Result 1			
Activity 1.5: Small Grant Activities			
Activity Lead: Sarla Chand, Diana Beck	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1	Activity Cost: \$166,000 <i>Definite commitment based on contract/agreements from PY3</i>
ACCESS Activity Partners: IMA World Health, ACNM			
Other Collaborating Organizations:			

Objective

Implementation of small grant activities in PPH and MIP/FANC activities.

Rationale

In PY2, ACCESS awarded three grants to FBOs to implement FANC activities in three countries and seven grants to organizations in six countries to implement PPH prevention activities. The grants are ongoing, and scheduled to end during PY4. By awarding these grants, ACCESS is committed to distributing funds to these organizations so the recipients can complete their activities.

Contribution to HIDN Results Pathways

- PPH: By distributing funds to the small grant recipients, this activity will improve the identification and treatment of PPH.
- ANC: By distributing funds to the small grant recipients this activity will improve FANC services and expand its coverage.

Outputs of PY4

- Final report from each grantee

Key Tasks and Milestones

Task 1 Distribute funds to small grant recipients

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

Not applicable in ACCESS PY4.

STRATEGIC APPROACH OVERVIEW FOR INTERMEDIATE RESULTS TWO, THREE AND FOUR

The ACCESS Program was designed to address essential maternal and newborn health services by focusing on preparation for childbirth, safe delivery, postpartum and newborn care; and prevention and treatment of obstetric and newborn complications and care of sick newborns—which are reflected in IRs 2, 3 and 4. ACCESS focuses on basic newborn and maternal health, and obstetric care and postpartum care services that can be effectively provided in homes, communities and peripheral health facilities. Although the IRs represent distinct periods of care for mothers and newborns, ACCESS has found difficulty placing the activities into specific IRs. Much of ACCESS' work—such as preservice education, community-based activities or improved care at facilities—include elements that span all three IRs and are not easily compartmentalized. Therefore, as in the PY 3 annual implementation plan, in PY4 the workplan continues to group IRs 2, 3 and 4 in one section. The three separate IRs will remain, but it should be noted that activities in these IRs often cover all four HIDN result pathways—skilled birth attendance, PPH, newborn care and ANC.

An important focus of the PY4 workplan is supporting USAID's Safe Birth Africa Initiative (SBAI). ACCESS will direct core funding to Rwanda to continue activities in collaboration with Twubakane, the in-country partner, by applying a performance and quality improvement approach to ongoing activities in EmONC; expanding KMC services; and continuing engagement with FBO health networks to strengthen and scale up skilled birth attendance. In addition, ACCESS core funds will complement field-funded activities at the country level in order to assure placement of critical elements of the household-to-hospital continuum of care.

The following sections cover the ACCESS activities for IRs 2, 3 and 4. IR 2 supports and expansion of activities in India and continued activities in Cambodia. IR 3 presents ACCESS' proposed workplan for expanding activities for prevention of PPH and the Safe Birth Africa initiative in Rwanda. In addition to the SBAI work, ACCESS proposes to continue to expand the EMNC services building on the platform of an existing MCH program in Ghana. IR 4 presents regional work to promote adoption of the Africa Road Map and on preservice education; expansion of EmONC services to health centers in one district in Ethiopia; and continued KMC activities in Nepal and Africa as well as support for a technical meeting on KMC. In PY4, ACCESS is proposing a new activity to begin advocacy for improved recognition and treatment of eclampsia and pre-eclampsia.

IR 2: PREPARATION FOR CHILDBIRTH IMPROVED

Strategic Approach

An enabling environment for maternal and newborn health includes a health system that supports a continuum of care from the household to hospital and mobilizes families and the community to improve health care seeking practices at any point along the continuum. An important element is providing care in the community through skilled providers and peripheral health facilities. Complimentary systems that include supportive logistical, supervisory and referral systems should also be in place.

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

During PY3, core funds in Cambodia complemented the ACCESS Cambodia Associate Award through starting demonstration activities related to AMTSL and community-based distribution of misoprostol and a technical update on PPH. During PY4, ACCESS plans to support PPH-specific work with limited core funds.

Finally, in PY3, under the Malaria Action Coalition, ACCESS finalized the Malaria in Pregnancy Program Implementation Guide, revised the Malaria Resource Package (MRP) and participated in the Roll Back Malaria Working Group meetings. In PY4, ACCESS will provide support to MOH program managers to create action plans to implement the MIP Program Implementation Guide.

IR 2 Year Four Expected Results

India

- Increased use of SBA in Jharkhand, resulting in less maternal and newborn deaths
- Increase in capacity of midwives to provide EmONC services and essential newborn care in Jharkhand
- One clinical site strengthened
- Creation of one training site in Jharkhand
- Creation of national cadre of trainers with the intent to scale up intervention
- Increased community awareness about BP/CR, resulting in more women seeking skilled care
- Lessons learned, results and recommendations from this initiative shared with TAG and other relevant stakeholders

Malaria

- Malaria Resource Package (MRP) and MIP Program Implementation Guide introduced to MOH program managers for reproductive health and malaria control

- Technical guidance provided to develop and revise country action plans to sustain and/or scale up MIP activities
- Technical guidance provided in partnership with EARN and WARN to countries preparing GFATM proposals

Intermediate Result 2			
Activity 2.1: India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program			
Activity Lead: Koki Agarwal	Funding Sources: Core Element(s) – MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$495,693
ACCESS Activity Partners: JHPIEGO, Save The Children			
Other Collaborating Organizations: CEDPA/White Ribbon Alliance, Government of India, Government of Jharkhand			

Objective

The key objectives are:

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

Rationale

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

We do not anticipate new funding for this program in the next Fiscal year. Dumka-based activities will be completed by January 2009. However, based on some of the delays, ACCESS anticipates the completion of the endline results by March 2009. This will provide a full year of activities for the half of the trained ANMs and for the community mobilization efforts before the endline is conducted.

Contribution to HIDN Results Pathway

Skilled birth attendance/Newborn: Will increase availability of and access to skilled attendance at birth and high-quality early newborn care provided at the facility and in the community by ANMs and LHVs. This activity will also result in increased awareness and demand for skilled birth attendance including postnatal care.

Key highlights from ACCESS Program Year 3, India Year 1

- \$70,000 leveraged as increased maternal and newborn health funding from the Government of Jharkhand to strengthen the training site and pay for the training of the ANMs
- A three-month Learning Resource Package (LRP) for competency based training for ANMs developed, translated and used for training ANMs in Jharkhand
- In response to a request from the MOH, 15 state level trainers will be technically updated and oriented to the LRP and able to assist the government in scaling up this intervention
- ANM training sites strengthened to conduct competency-based training including two hospitals as clinical practice sites
- 18 ANMs trained and placed in the community to improve access to skilled care; 22 ANMs selected for the second training

Outputs of PY4

- Formation of advisory groups at district and state levels to share progress and raise implementation and future planning issues
- All 40 midwifery-focused ANMs repositioned in communities and healthcare systems
- Clinical training sites further strengthened.
- LRP finalized and disseminated at the state and national level.
- Community awareness of Birth Preparedness/Complication Readiness (BP/CR) increased.
- State level master trainers (approximately 15 trainers which reflects 6-7 Training centers) technically updated and oriented to the LRP and able to assist the government in scaling up this intervention.
- Collaboration, resources and support provided to Vistaar, USAID funded bilateral program, to develop a roll out plan for ANM training in Deoghar District using ACCESS developed Learning Resource Package, training materials, community resources, and Monitoring and Evaluation indicators and tools
- Project-level M&E indicators, tools and results shared at the state and/or national level to support discussions on strengthening government reporting systems related to maternal and newborn care
- Lessons learned, results and recommendations from this initiative shared with TAG and other relevant stakeholders

Key Tasks and Milestones

- Task 1 Designate the second batch of ANMs with an exclusive mandate to provide skilled care at homebirth in communities
- Task 2 Supervise and support ANMs to fulfill this community-based midwifery care role
- Task 3 Oversee clinical site strengthening which will continue through the end of
- Task 4 Use findings from the baseline to focus BP/CR implementation and define additional issues to be explored by the community mobilization (CM) NGO
- Task 5 Support NGO to develop partnerships to implement BP/CR package based on defined roles and responsibilities of different health-related providers/educators working at

	village level
Task 6	Support LHVs in their supervisory role
Task 7	Train and prepare state and/or national level master trainers to be able to roll out ANM training using ACCESS-developed resources
Task 8	Finalize formative research at the community level to understand the demand for maternal and newborn care
Task 9	Conduct behavior change communication activities
Task 10	Monitor, evaluate and disseminate results

Intermediate Result 2

Activity 2.2: Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa

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

Objective

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

Rationale

This technical support is critical as USAID continues to scale up the President’s Malaria Initiative for malaria funding. Country gains achieved under the Malaria Action Coalition will be institutionalized (sustained) through technical guidance from the ACCESS malaria team. This support will provide the opportunity to continue to guide countries in their efforts to prevent and control MIP and identify future needs.

The program will provide technical assistance (TA) to ministries of health (MOH) in Kenya and Rwanda to support the promotion of MOH action and operational plans for the expansion of malaria in pregnancy (MIP) prevention and control; namely, intermittent preventive treatment for pregnant women with sulfadoxine pyrimethamine (IPTp/SP) through focused antenatal care (FANC), promotion of insecticide treated nets (ITNs) and correct case management. The technical assistance will target policy makers and health care providers as well as host country government officials at the local and national levels in Kenya and Rwanda. TA will also assist countries to prepare proposals for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). ACCESS will continue to support regional networks including the Roll Back Malaria networks in East and West Africa – EARN and WARN.

Contribution to HIDN Results Pathways

- ANC: increasing ANC clients' access to evidence-based interventions for prevention of malaria in pregnancy

Outputs of PY4

- Malaria Resource Package (MRP) and MIP Program Implementation Guide introduced to MOH program managers for reproductive health and malaria control
- Technical guidance provided to develop and revise country action plans to sustain and/or scale up MIP activities
- Technical guidance provided in partnership with EARN and WARN to countries preparing Global Fund for AIDS, Tuberculosis and Malaria proposals

Key Tasks and Milestones

- Task 1 Support the dissemination of the MRP and the MIP Program Implementation Guide, in collaboration with RBM partners and regional networks, as resources to improve program design and management and the quality of services
- Task 2 Provide technical assistance to MOH program managers in reproductive health and malaria control to develop MIP action plans and identify future directions for MIP programming
- Task 3 Provide technical assistance to countries preparing GFATM proposals

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

Strategic Approach

Proposed PY4 activities continue activities started in PY3:

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

PPH continues to be the major cause of maternal mortality throughout the developing world. A recent WHO report found that hemorrhage is responsible for even more maternal deaths than previously thought. Programs must make every effort to ensure that skilled birth attendants have the knowledge, skills and tools to perform AMTSL at every birth and, in settings where skilled birth attendants are not available, community-based distribution of misoprostol should be considered. In PY4, ACCESS will continue to work in PPH through continued collaboration with POPPHI in key Working Groups and Task Forces, technical assistance to PPH small grant recipients, and continued support in Kenya in scaling up AMTSL. Through these activities, ACCESS will continue providing necessary global leadership, but also focus interventions that will increase PPH prevention at the country level.

ACCESS will continue work started in PY3 under the Safe Birth in Africa Initiative in Rwanda that accelerates the reduction of maternal and neonatal mortality. PY4 activities will improve EmONC services in four districts, ensure performance and quality improvement is used by providers in targeted districts, incorporate messages about maternal and newborn health into community health worker activities, and establish two KMC centers of excellence. In addition, ACCESS will work with FBO health networks in Rwanda to develop MNH messages that religious leaders can use with their constituencies.

In PY3, ACCESS used core funds to improve EMNC services in Ghana. In PY4, ACCESS will use core funds to expand these activities. Using providers trained in PY3, the activity will implement a quality improvement process in one district in Ghana to improve performance standards that will lead to improved EMNC service delivery.

Starting in PY2, ACCESS has focused on reducing economic barriers to care for vulnerable populations in Nigeria. Using tools developed and lessons learned from PY3, ACCESS will provide technical assistance to groups working closely with the communities in the ACCESS target areas to reduce the financial barriers to complement the ACCESS Nigeria field program, thus addressing a critical component of the HHCC.

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

IR 3 Year Four Expected Results

Collaboration with POPPHI

- Formulation, field-testing and dissemination of state-of-the-art materials to train providers in PPH prevention and treatment; provide leadership in the Working Group and Task Forces that will lead to wider knowledge and implementation of PPH prevention strategies at the community and facility level.

Kenya

- National policies and guidelines in place in Kenya, enabling all levels of skilled providers to practice the prevention and treatment of PPH
- National-level plan in place to build provider knowledge and skills in prevention and treatment of PPH throughout Kenya, leveraging support from other programs partners

Cambodia

- In collaboration with RACHA, an integrated demonstration program for prevention of PPH initiated in one Operational District
- Increased capacity of providers at referral facilities to provide AMTSL
- Referral facilities at the primary health care and hospital levels strengthened in BEmONC or CEmONC

Rwanda

- National launch of strategy for reduction of maternal and newborn mortality as well as of revised MNH guidelines
- National policy and guidelines formulated and/or adopted promoting the use of KMC and KMC centers of excellence established in two hospitals
- EmONC strengthened in hospitals and health centers in ACCESS and Twubakane districts utilizing a performance and quality improvement approach
- Messages for maternal and newborn health incorporated into community health workers' activities in two ACCESS districts
- Interfaith task force formed and religious leaders delivering messages on maternal and newborn health

Ghana

- Improvement demonstrated in percentage of performance standards achieved at each facility
- Increase utilization of maternal and newborn services
- Referral system in the second part of Birem North established
- Tracking sheet established for use of Advanced Child Birth Simulator Models for practice to improve competency in emergency procedures and actual use documented.
- Documented, improved use of Partograph and AMTSL, ENC, and NB resuscitation

Intermediate Result 3

Activity 3.1: Contribute to the knowledge and expansion of prevention of PPH in ACCESS countries

Activity Lead: Patricia Gomez	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1	Activity Cost: \$251,556
ACCESS Activity Partners: JHPIEGO, ACNM			
Other Collaborating Organizations: POPPHI, RACHA			

Objective

The prevention and treatment of PPH remains a mainstay of nearly all ACCESS program activities. Global organizations as well as ministries of health at the country level are now sensitized to the importance of PPH as a major cause of maternal mortality at the time of childbirth, and they understand that evidence-based strategies exist that are appropriate for low-resource settings at both the community and facility level. Thus, in PY4, ACCESS will continue to play a leading role to maintain the impetus gained to date and will:

- Support on-going efforts to seven organizations in six African countries that participated in the ACCESS-sponsored Entebbe conference on postpartum hemorrhage in April 2006 and complete these activities
- Maintain representation in the POPPHI Working Group as well as the Uterotonic Drugs and Devices Task Force, the Training Task Force, and the Community-based Activities Task Force
- Provide leadership in global efforts to reduce maternal mortality caused by PPH by participating in activities to promote the use of evidence-based strategies regionally and at the country level (including consultations and conferences sponsored by WHO, PMNCH, USAID, and other international organizations as well as ministries of health and local donors)
- Continue advocacy in Kenya for adoption of a national policy on use of AMTSL using oxytocin by all skilled providers at all levels of care and scale up use of AMTSL to at least two districts
- Support a community-based demonstration project for the prevention of PPH that will complement the ACCESS/Cambodia Associate Award activities.

Rationale

ACCESS is a major implementer of programs in 19 countries that include one or more components of prevention and treatment of PPH at community and/or facility levels. This experience must be shared with other donors and implementing organizations so that rapid, world-wide scale up of knowledge and practice is achieved that will result in significant reduction of maternal mortality.

Contribution to HIDN Results Pathway

SBA: Through capacity-building of doctors, midwives and nurses to increase correct use of active management of third stage of labor for all women

PPH: Through national- and regional-level activities that lead to increased use of policies and guidelines, preservice education curriculum strengthening, etc. to promote consistent use of PPH prevention strategies

Outputs of PY4

- Summary brief presenting results achieved from the organizations who received PPH small grants
- Collaboration with POPPHI and its partners leading to formulation, field-testing and dissemination of state-of-the-art materials to train providers in PPH prevention and treatment; provide leadership in the POPPHI Working Group as well as the Uterotonic Drugs and Devices, Training, and Community Task Forces that will lead to wider knowledge and implementation of PPH prevention strategies at the community and facility level
- Technical input provided to organizations such as WHO, PMNCH, UNFPA and UNICEF at the global, regional and country levels on programming and implementation of activities
- Use of AMTSL using oxytocin adopted as national policy in Kenya; scale up of AMTSL into at least two districts
- Promote and imitate AMSTL and community based PPH.
- Implement demonstration program of PPH prevention in Cambodia.

Subactivity 3.1a: Leadership for PPH	
Subactivity Lead: Patricia Gomez	Subactivity Lead: \$67,301
ACCESS Activity Partners: JHPIEGO, ACNM	
Other Collaborating Organizations: POPPHI	
Subactivity Location:	

Objective

In PY4, ACCESS will continue to play a leading role to maintain the impetus gained to date and will:

- Support on-going efforts to organizations in six African countries who participated in the ACCESS-sponsored Entebbe conference on PPH in April 2006 and who subsequently were awarded small grants to implement activities related to PPH
- Maintain representation in the POPPHI Working Group as well as the Uterotonic Drugs and Devices Task Force, the Training Task Force, and the Community-based Activities Task Force
- Provide leadership in global efforts to reduce maternal mortality caused by PPH by participating in activities to promote use of evidence-based strategies regionally and at the country level (including consultations and conferences sponsored by WHO, PMNCH, USAID and other international organizations as well as ministries of health and local donors)

Contribution to HIDN Results Pathways

These activities will contribute to the SBA and PPH Pathways.

Outputs of PY4

- Reports from the organizations who received small grants outlining their results, challenges and next steps in maintaining use of evidence-based interventions to prevent and treat PPH

- Collaboration with POPPHI and its partners leading to formulation, field-testing and dissemination of state-of-the-art materials to train providers in PPH prevention and treatment; provide leadership in the Working Group and Task Forces that will lead to wider knowledge and implementation of PPH prevention strategies at the community and facility level
- Technical input provided to organizations at the global, regional and country levels on programming and implementation of activities that lead to improved services at the time of childbirth in communities and facilities

Key Tasks and Milestones

- Task 1 Provide technical assistance to small grant recipients as needed to ensure timely achievement of deliverables and submission of programmatic and financial reports
- Task 2 Attend appropriate PPH meetings to provide leadership in global efforts to reduce maternal deaths

Subactivity 3.1b: Improve knowledge and skills of skilled providers to prevent and treat PPH in Kenya	
Subactivity Lead: Patricia Gomez	Subactivity Cost: \$60,000
ACCESS Activity Partners: JHPIEGO, ACNM	
Other Collaborating Organizations: POPPHI	
Subactivity Location: Kenya	

Objective

Build on PY3 activities by utilizing the recently formulated clinical practice guidelines, strengthened clinical training site and newly formed core group of PPH trainers to scale up correct use of AMTSL and treatment of PPH throughout Kenya.

Rationale

In PY3 national-level advocacy was carried out on the importance of addressing maternal mortality from PPH, and the national safe motherhood working group took up the development of policies and clinical practice guidelines clearly delineating that AMTSL should be carried out using oxytocin, and that nurses, midwives and doctors attending births should offer AMTSL to all women at all levels of the health system. These guidelines are expected to be finalized by the beginning of PY4. A clinical site (the maternity service at Kenyatta National Hospital) was also strengthened as a service delivery and training site. In addition 15 providers from four provinces participated in a technical update and clinical skills standardization course as well as a clinical training skills course resulting in a core group of national-level trainers prepared to build the capacity of providers throughout the country in prevention and treatment of PPH. The country is now poised to scale up use of these evidence-based best practices with the goal that every woman giving birth with a skilled provider will be offered the most up-to-date interventions to prevent and treat this major cause of maternal mortality.

An ideal opportunity to build on the work of PY3 exists through the USAID/Kenya bilateral APHIA II Programs which have as part of their work plans training of providers in use of AMTSL. The APHIA II programs in Eastern, Coast, Western, and Rift Provinces (in which JHPIEGO is a partner) have all

targeted building the capacity of skilled providers in PPH prevention and treatment. They will thus be able to disseminate the new clinical practice guidelines, and the national trainers will conduct the necessary technical updates and clinical skills courses resulting in increased, correct use of AMTSL and treatment of PPH.

Although the APHIA II Programs will support the national trainers to build provider capacity in their provinces it will be beneficial for each trainer to be mentored as s/he conducts the first training activity. Thus ACCESS will support this mentoring by one of the clinician facilitators who conducted the training of trainers in PY3. This will ensure that each trainer is deemed qualified to teach colleagues in prevention and treatment of PPH upon request.

Given that more providers in the country will be trained in use of AMTSL and treatment of PPH it is important that clinical guidelines are disseminated in a user-friendly form. The technical working group that formulated the guidelines in PY3 has recommended that a few simple job aids be developed that providers can post in their facilities. Thus in PY4 the development, field testing, and dissemination of these job aids will be supported by ACCESS in conjunction with the APHIA II programs as well as other partners working in maternal and newborn health.

ACCESS also recognizes the importance of capturing data on utilization of AMTSL by providers as they are trained in its use. Thus ACCESS will collaborate with the APHIA II programs as well as other partners to develop and utilize monitoring tools that will facilitate assessment of the use of AMTSL by providers in hospitals and health centers throughout the country.

Contribution to HIDN Results Pathways

This activity contributes to the HIDN Results Pathways of skilled birth attendance and postpartum hemorrhage by taking to scale training of skilled providers in proven interventions to prevent and treat postpartum hemorrhage.

Outputs of PY4

- National policies and clinical practice guidelines approved enabling all levels of skilled providers to practice prevention and treatment of PPH
- Support leverage from in-country partners such as the APHIA II Programs in four provinces to build provider knowledge and skills in prevention and treatment of PPH throughout Kenya
- All national PPH trainers mentored as they carry out their first training activity and are deemed qualified as PPH trainers
- Job aids based on clinical practice guidelines developed and disseminated throughout the country via partners carrying out training in PPH prevention and treatment.
- Monitoring tools developed and disseminated through partners carrying out training of providers in PPH prevention in order to measure use of AMTSL in hospitals and health centers.

Key Tasks and Milestones

- Task 1 Ensure approval of national clinical practice guidelines through support of PPH Technical Working Group
- Task 2 Mentor national level trainers in their first training activities
- Task 3 In conjunction with technical working group develop, field test, finalize, and through in-country partners disseminate job aids relating to PPH prevention and treatment based on clinical practice guidelines
- Task 4 Develop and disseminate monitoring tools and follow up their use in selected sites in order to measure use of AMTSL in hospitals and health centers.

Subactivity 3.1c: Prevention of PPH in Cambodia	
Subactivity Lead: Judith Moore	Subactivity Cost: \$124,255
ACCESS Activity Partners: JHPIEGO, AED	
Other Collaborating Organizations: RACHA	
Subactivity Location: Cambodia	

Objective

The ACCESS program in Cambodia aims to implement evidence-based maternal and newborn health interventions in a scalable manner through existing services. Core funds are being used to support a comprehensive community-based demonstration project for the prevention of PPH. As part of an integrated approach to prevent PPH, the project will aim to strengthen referral sites at the primary health care and hospital levels to provide Basic Emergency Obstetric and Newborn Care services or Comprehensive Emergency Obstetric and Newborn Care services and implement birth planning and community-based distribution of misoprostol where women deliver at home. ACCESS will collaborate with RACHA, the Reproductive and Child Health Alliance, to implement this activity.

(The full ACCESS Cambodia program is presented in the Associate Award Work Plan.)

Rationale

As part of the Program's efforts to assist the MOH in addressing the reduction of maternal mortality from PPH, ACCESS is supporting an integrated demonstration project for the prevention of PPH through expanded use of AMTSL and birth planning with community-based distribution of misoprostol in settings where women deliver without a skilled provider. This approach will include: 1) for births with skilled attendance, ensuring providers at referral hospitals and health centers are updated in AMTSL and use of appropriate interventions for treatment of PPH; and 2) for births not attended by skilled birth attendants, ensuring that a feasible method is developed and implemented to show how misoprostol can be distributed by trained community health workers.

As part of start up in PY3, ACCESS in Cambodia has undertaken consensus building and advocacy activities with key partners to present global evidence and country experiences with PPH reduction. A national-level technical meeting was conducted to gain endorsement from the MOH and other stakeholders, which has contributed to laying a solid foundation for project implementation in program year four.

Results from the first meeting of the PPH Technical Advisory Group have indicated a commitment to the prevention of PPH. During this meeting, general consensus was reached to implement the project in one Operational District of Pursat Province. The criteria for site selection included the presence of a local NGO with a strong community program and an established referral network for women experiencing complications. RACHA has been selected as the local USAID partner for project implementation.

PY4 will continue to refine project design and preparation activities and implementation will commence through the local partner.

Contribution to HIDN Results Pathway

- SBA: Skilled birth attendants possess updated knowledge and skills in AMTSL for prevention of PPH and in recognition and management of PPH
- PPH: Providers will prevent PPH through use of AMTSL as the standard of care

Outputs of PY4

- Proposal and protocol reviewed at national level
- Subagreement with RACHA established for implementation
- Materials adapted to Cambodian context and field tested
- Monitoring and evaluation system designed and established
- Logistic supplies and mechanisms for oxytocin and misoprostol procurement confirmed
- Project implementation initiated in one operational district
- Training of providers in AMTSL at referral site completed

Key Tasks and Milestones

- Task 1 Review proposal and protocol with PPH TAG and Cambodia IRB for approval
- Task 2 Design monitoring and evaluation plan, instruments and data collection methodology
- Task 3 Adapt training materials to the Cambodian context
- Task 4 In collaboration with RACHA, begin project implementation in one Operational District (OD)
- Task 5 Provide refresher training and update knowledge and skills of providers at the primary health care and hospital levels within the OD in BEmONC or CEmONC, including AMTSL and management of PPH

Intermediate Result 3

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

Activity Lead: Juliet MacDowell	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$881,551
ACCESS Activity Partners: JHPIEGO, Save the Children, ACNM, IMA, AED, Constella Futures			
Other Collaborating Organizations: USAID mission in Rwanda, IntraHealth			

Objective

To continue activities begun in PY3 that lead to increased availability of high-quality skilled attendance at birth as close as possible to women and their families (focus on Rwanda and Ghana)

Rationale

In PY3, ACCESS was requested by USAID to place resources into a focused activity called the Safe Birth Africa Initiative in Rwanda and to collaborate with the existing bilateral program to improve skilled attendance at birth. ACCESS now has a long-term resident advisor in place and has begun coordination with the MOH and other in-country partners. PY4 will build on results achieved to date to ensure continued commitment to maternal and newborn health at the national level as well as to scale up services at district and health center levels. In two districts, ACCESS will also work with existing community resources and faith-based organizations to ensure that the most appropriate messages are disseminated about household-based care as well as use of maternal and newborn health care services. ACCESS will also work with appropriate partners to strengthen national-level efforts to ensure malaria in pregnancy services and increase uptake of IPTp1 and IPTp2, as well as use of ITNs and evidence-based case management of malaria in pregnancy. In addition, ACCESS will continue progress toward establishing centers of excellence for KMC to decrease newborn mortality caused by low birth weight.

ACCESS also began work in Ghana in PY3 to improve the quality of BEmONC in Birem North District and will take these activities to the remainder of the district in PY4.

Contribution to HIDN Results Pathways

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

Outputs of PY4

Rwanda:

- Increased national commitment to evidence-based policies and guidelines resulting in progress toward achievement of the Rwanda Road Map
- Support to the MOH Desks for Maternal and Newborn Health, Community Mobilization and Quality Assurance, as well as to the National Malaria Control Program, aid in bringing high-quality services to the district hospital and health center level
- Faith-based organizations enlarge their scope of activities to include maternal and newborn health, especially at the community and congregational level

Subactivity 3.2a: Support Safe Birth Africa (SBA) Initiative in Rwanda	
Subactivity Lead: Juliet MacDowell	Subactivity Cost: \$781,551
ACCESS Activity Partners: JHPIEGO, Save the Children, IMA, Constella Futures	
Other Collaborating Organizations: Twubakane (IntraHealth), MOH Rwanda, other partners	
Subactivity Location: Rwanda	

Objective

To continue the activity which was initiated in PY3 to implement targeted life-saving interventions around the time of birth (such as use of the partograph, active management of third stage of labor, essential newborn care) that will result in a measurable improvement in maternal and newborn health at scale in Rwanda over the next two years.

Rationale

In 2006 USAID asked ACCESS to carry out the Safe Birth Africa Initiative in Rwanda in collaboration with the major maternal and newborn health bilateral Twubakane, led by IntraHealth. The purpose of the SBAI is to achieve rapid improvement in maternal and newborn health by targeting the time when the majority of deaths occur - labor, birth, and immediate postpartum/postnatal period. The Twubakane program in Rwanda is using proven interventions that prevent and/or treat major causes of mortality such as obstructed labor, hemorrhage, and newborn asphyxia, as part of their emergency obstetric and newborn care activities in twelve districts. ACCESS is assisting Twubakane to scale up coverage in four of their twelve districts.

In addition, information collected through baseline assessments conducted in July - August, 2007, in facilities in the four ACCESS intervention districts and in communities in two of these districts, will inform interventions at these levels in the coming year to ensure wider availability and use of high-quality skilled attendance at birth and increased knowledge of maternal and newborn health by families.

There is particular enthusiasm by the Child Health Desk at the MOH as well as by partners for care of low birth weight babies using the Kangaroo Mother Care approach that ACCESS will continue to implement in at least two district hospitals. And the major faith-based consortium in Rwanda also been open to adopting maternal and newborn health care messages into the work they carry out in communities.

ACCESS will continue to provide technical assistance to the MOH to assist them in finalizing their Roadmap document, articulating national norms and guidelines for maternal and newborn, development of national community mobilization policy, and will provide continued support to the MOH on other interventions including the use of misoprostol in preventing PPH.

Although implementation of activities will take place at the district level it is recognized that ACCESS must work with its partners to influence lasting national-level policy formulation especially in relation to maternal and newborn health care guidelines for doctors and nurses, kangaroo mother care, performance and quality improvement, and community mobilization.

Additionally, ACCESS is also implementing FANC and MIP work using PMI funds in Rwanda. Details of these activities can be found in Part B of this workplan.

Finally, ACCESS will play a leadership role in responding to MOH demand in terms of strengthening EmONC services at district hospital levels and scaling up basic EmONC services at health center levels. ACCESS will provide TA to the MCH Desk for a national level assessment of EmONC national trainer's teams; health centers equipments; and mapping of health centers with trained staff in basic EmONC. This effort will involve members of the MCH/TWG (Intrahealth Twubakane, Capacity, UNICEF, UNFPA) and will be extended to HIV/AIDS partners. ACCESS is working with HIV/AIDS partners in integrating basic ONC training within their supported health centers as well as PMTCT into FANC training for service providers. ACCESS is also providing TA to the MOH/National Integrated Malaria Program (PNILP) in terms of provider's capacity strengthening in integrated FANC services including PMTCT, and anemia prevention. With this collaboration, ACCESS will be able to provide an expanded coverage.

Contribution to HIDN Results Pathways

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

Outputs of PY4

- Results of facility and community assesments shared with relevant stakeholders for the amerlioration of programs, messages and policies
- National-and District level meetings convened to launch the national strategy for reduction of maternal and newborn mortality as well as the national standards and guidelines for maternal and newborn health.
- National policy and guidelines formulated and/or adopted promoting the use of KMC.
- Providers in all hospitals and health centers in the four ACCESS districts trained in comprehensive and/or basic EmONC.
- Performance and quality improvement used by providers in Twubakane/ACCESS and partner districts.
- Messages for maternal and newborn health incorporated into community health workers' activities in two ACCESS districts and incorporated into health workers' national training manuals elaborated by the Community Health Desk.
- KMC centers of excellence established in two hospitals.
- Religious leaders in two districts using resources developed for maternal and newborn health for their constituencies.
- Interfaith task force formed and promotion of messages on maternal and newborn health for use by religious leaders with their constituencies.

Key Tasks and Milestones

- Task 1 Conduct national-level meeting convened to launch the Rwanda Road Map, revised MNH guidelines, and commit to improvement of maternal and newborn health
- Task 2 Train providers in EmONC at the health center level in four ACCESS districts and to other districts (TBD) as ACCESS expands its partnership with other local NGOs
- Task 3 Analyze & share results of community and facility assessments with relevant stakeholders
- Task 4 Create enabling environment for instituting PQI approach in Rwanda
- Task 5 Support Child Health Desk in developing National KMC guidelines developed
- Task 6 Support two facilities in establishing KMC Centers of Excellence
- Task 7 In collaboration with HIV/AIDS focused NGOs, train HIV/AIDS providers in basic EmONC
- Task 8 Incorporate messages for maternal and newborn health into community health workers' activities in two ACCESS districts and incorporate these messages into health workers' national training manuals as elaborated by the Community Health Desk.
- Task 9 Facilitate the usage of resources for maternal and newborn health by religious leaders in two districts
- Task 10 Form Interfaith task force and promote the use of messages on maternal and newborn health for use by religious leaders with their constituencies.

Subactivity 3.2b: Expand EMNC in Birem North, Eastern Region, Ghana	
Subactivity Lead: Udaya Thomas, Joyce Ablordeppey	Subactivity Cost: \$114,000
ACCESS Activity Partners: JHPIEGO	
Other Collaborating Organizations: Birem Quality Assurance Team and District Health Management Team	
Subactivity Location: Ghana	

Objective

To increase utilization and quality of Basic Emergency Obstetric and Newborn Care (BEmONC) services in selected facilities in the southern portion of Birem North utilizing the midwives trained in the northern part of Birem North, for a total of 2 hospitals, 6 health centers and 2 community clinics.

Rationale

Midwives who have received Life Saving Skills (LSS) training in Ghana have gained adequate knowledge but lack the clinical skills which are necessary to save the lives of women and babies. To address this gap, this activity will focus on improving clinical skills competency, implementation of best practices such as use of the partograph and active management of third stage of labor, and ensuring improved maternal and newborn outcomes by using performance standards in one district hospital and four health centers and 2 community clinics in the southern portion of Birem North. Community awareness activities will be carried out in conjunction with the improvement in service delivery so to influence the uptake in the utilization of these services. Integrated community and facility-based BEmONC interventions focusing

on basic emergency obstetric and newborn care,³ along with the Household-to-Hospital Continuum of Care (HHCC) is the main approach to this activity. The HHCC approach recognizes the importance of a successful EMNC program to systematically address maternal and newborn issues of the community and facility together using evidence-based interventions and best practices.

Addressing facility-based challenges and neglecting community/social issues and vice versa will not lead to the desired effects of reduction in MMR and NMR. The HHCC addresses all three delays associated with maternal and newborn deaths by improving household and care-seeking practices, empowering the community to create and maintain an enabling environment for increased utilization of EMNC services, whether public or private, and improving the quality of care provided at the hospital.

Last year, ACCESS focused on improving the quality of facilities in Birem North. ACCESS facilitated the development of performance standards by the stakeholders and a baseline assessment was conducted. Based on gaps identified in the baseline, a core group of midwives were trained in both use of the quality improvement process using performance standards, and later in BEmONC clinical skills. Because the utilization of maternal and newborn services is low in these facilities there is currently an effort to increase demand utilization by exploring the reasons for delay to the facilities and setting up the proper referral systems and relaying effective community health messages.

Also planned for next year is the replication of these activities in the southern part of Birem North District. Simultaneously, Birem North will continue to have monthly debrief meetings, continue to use the performance standards tools to address the gaps, and practice their essential and emergency obstetric and newborn skills with clients and on the advanced childbirth models that have been provided (one per facility). Midwives trained earlier who are assessed as competent will be selected to assist in training those from the southern part of Birem North District. These midwives are clinical preceptors for the local midwifery school and teach students current evidence-based practices.

The community will be engaged in all phases of the program, from design through implementation to monitoring and evaluation

Key Tasks

- Stakeholders meetings for expansion areas for BEmONC and HHCC improvement
- Begin site strengthening at Oda Government Hospital in Birem North southern region using the performance improvement approach
- Conduct Follow up of participants in task above
- Conduct formative assessment at the community level in both BNN and BNS to understand the demand for maternal and newborn care and access and care issues and inform results to DHMT
- Assist the DHMT and hospital facilities in setting up referral systems
- Monitor and evaluate results through performance standards and service statistics
- Recognize high performing facilities and communities to encourage uptake of change in interventions and improve HHCC

³ Basic Emergency Obstetric Care includes: administration of antibiotics, oxytocics, anticonvulsants; manual removal of the placenta; removal of retained products following miscarriage or abortion; and assisted vaginal delivery with forceps or vacuum extractor. Basic newborn care includes: diagnosis and

The outputs for PY4, in collaboration with QHP and the DHMT, are expected to be:

- Improvement demonstrated in percentage of performance standards achieved at each facility
- Increase utilization of maternal and newborn services
- Supervisors, Managers and Midwives in the northern portion of Birem North trained in the final module of Performance Standards and applying them in facilities to assess progress towards improved care
- 7 midwives from 4 health centers and 2 community clinics working in the southern portion of Birem North district will be trained in BEmONC
- Follow up assessments in each facility to assess performance and identify remaining gaps
- Referral system in the second part of Birem North established
- Tracking sheet established for use of Advanced Child Birth Simulator Models for practice to improve competency in emergency procedures and actual use documented.
- Documented, improved use of Partograph and AMTSL, ENC, and NB resuscitation

Intermediate Result 3

Activity 3.3: Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria

Activity Lead: Nalinee Sangrujee	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1	Activity Cost: \$130,808
ACCESS Activity Partners: JHPIEGO, Constella Futures			
Other Collaborating Organizations:			

Objective

To increase poor women’s access to and use of maternal and neonatal health services by assisting communities to identify and reduce relevant economic and financial barriers.

Rationale

In PY3 ACCESS analyzed the baseline survey of households conducted (in 2006) in selected local government areas (LGAs) in Zamfara state to identify whether and to what extent financial and economic barriers to accessing specific EmONC services existed, that is, antenatal care (ANC) and delivery in a medical facility. This analysis revealed that household location, i.e., rural vs. urban, and poverty (measured by a relative wealth index) impact women’s use of these services. Urban dwellers, regardless of poverty levels, use ANC and deliver at medical facilities at substantially higher rates than those living in rural areas, and the poorest rural women have the lowest rates of use of both types of services.

The analysis probed into the reasons behind these use rates and as a result, focused in particular on rural women⁴. The quantitative analysis concluded that rural women in Zamfara are disadvantaged relative to urban women in having physical and financial access to selected EmONC services and in being aware of the need for preparing for birth. Thus, even if the availability and quality of services in rural areas are improved, it is unlikely that women will use those services if their financial barriers are not also addressed. Based on the strength of these results, ACCESS sponsored a follow-on, qualitative study in two rural communities, to probe further into the behavior of women living in rural households.

The qualitative study revealed that women’s non-usage of ANC and obstetrical services results from rural households’ lack of income generally, and women’s in particular, resulting from the latter living under the restricted conditions of purdah. There was no evidence to support the widely held assumption that the cultural disposition of husbands and families in this conservative Muslim society was the primary barrier to women accessing needed services.

The costs of accessing maternal health care in rural areas include those for transport, ANC registration, diagnostic tests, drugs and supplies, and “others”, such as the costs associated with a complicated birth. The interviews held with groups of women, men, health providers, government officials and NGOs yielded unexpected enthusiasm for devising ways to finance the costs to women of accessing ANC and birth delivery services. A follow-on stakeholders’ meeting was held as a forum for presenting and

⁴ The effect of poverty on use rates of the urban poor had been addressed by the policy of the largest public hospital in Zamfara to offer free maternal and child services, including transportation. As a result, urban women, the poor and non-poor, had high use rates of both ANC and delivery in a medical facility.

discussing these ideas and securing a wider level of buy-in to implement one or more on a trial basis. The stakeholders' response was positive to the community-generated ideas for financing the costs of EmONC services. Plans are now being made to conduct a feasibility analysis of one or more financing options in two communities of the ACCESS Project area in Zamfara. This feasibility analysis, the production of a tool to guide the ACCESS CMT in working with communities to define financing needs and responses, the subsequent financing trial, its evaluation and forthcoming recommendations to ACCESS constitute the core of the proposed activities for PY4.

Contribution to HIDN Results Pathway

- Skilled birth attendance and newborn health: This activity focuses on increasing women's use of medical facilities for giving birth by identifying and reducing financial and economic barriers to that use.
- ANC: This activity should increase women's use of ANC by reducing economic and financial barriers to its use. Coupled with improvements in women's appreciation of the benefits of ANC and understanding of appropriate use, brought about as the result of community mobilization and behavior change communication, women's health and the health of their newborns should improve over time.

Output of PY4

- Policy document on the lessons learned in the implementation of community based financing schemes to improve access to maternal and neonatal services.

Key Tasks and Milestones

- Task 1 a. Draft a tool for use by the CMT within the Community Action Cycle, to work with the communities to develop an action plan for implementing a health financing scheme on a trial basis.
- b. Oversee/administer the testing of the tool by the CMT in ACCESS project area(s), its evaluation and revision as indicated.
- Task 2 a. Produce a scope of work for a financial and operational feasibility study of an implementation trial of one or more financing schemes proposed by communities in Tundu Wada and Mada, Gusau LGA.
- b. Carry out the feasibility study(ies) and based on the results, plan for a trial implementation.
- Task 3 Informed by the feasibility study, plan for and implement a health financing scheme on a trial basis in the selected community(ies).
- Task 4 Evaluate the implementation trial using the community mobilization structures and processes of the ACCESS Project, among other tools.
- Task 5 Compile a "lessons learned" report (to share with the Mission, and other stakeholders for scale up as appropriate) of the results obtained by, inter alia, undertaking processes and using tools to mobilize the community(ies), plan for and carry out the feasibility study(ies), implement and evaluate the trial(s).

IR 4 MANAGEMENT OF OBSTETRIC COMPLICATIONS AND SICK NEWBORNS IMPROVED

Strategic Approach

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

PY4 ACCESS Program activities will expand or continue PY3 activities. ACCESS will increase access to skilled birth attendance in four countries (Ethiopia, Ghana, Malawi, and Tanzania) through the strengthening of preservice midwifery education of frontline providers and improve the delivery of EmONC at health centers referring to the facility targeted through collaboration with the ESOG.

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

Care of the sick newborn will be improved through expansion of KMC services to provide high-quality care to LBW babies in Rwanda, possibly Nepal and one other country in Africa by establishing KMC Centers of Excellence. The working draft of the KMC Training Manual field tested in PY3 will be finalized based on findings from work in these countries. ACCESS will also collaborate with SNL and other partners to review findings from community-based KMC programs to inform program work and develop a training tools.

Finally, ACCESS will introduce a new activity focused on eclampsia and pre-eclampsia. Pre-eclampsia is the most common form of hypertensive disorder during pregnancy, and remains a significant public health problem. In developing countries, between 7% and 15% of pregnant women develop pre-eclampsia (in some as high as 18%). As ACCESS-led PPH interventions have proven feasible and acceptable and are being either scaled up or introduced in countries, maternal deaths due to PPH will decrease. As PPH related deaths decrease, the ratio of maternal deaths due to eclampsia and pre-eclampsia will increase unless interventions targeting eclampsia are introduced. Therefore, the opportunity exists to address eclampsia and pre-eclampsia to reduce maternal deaths using similar methods as the interventions that targeted PPH.

Improving the management of obstetric complications and sick newborn requires programming that respond to each of the four HIDN Results Pathway. Therefore, while activities under this IR focus heavily on obstetric and newborn complications, they also improve the capacity of skilled attendants to

provide essential maternal and newborn care thus preventing many complications. ACCESS will continue work on obstetric care and LBW and the sick newborn during the life of the program.

IR 4 Year Four Expected Results

Africa Regional Preservice Education Initiative

- Midwifery tutor teams trained in each country supported to continue to train colleagues in BEmONC, revise midwifery curricula, and continue advocacy efforts that advance midwifery practice

Ethiopia

- ESOG supported to roll out BEmONC training to providers in ten health centers that are equipped to provide improved services to mothers and newborns
- Referral system between health centers and district hospital improved
- Ten near miss audits conducted regularly in Ambo hospital and its attached health centers; findings will inform the impact of the intervention

KMC

- National policies and guidelines established on KMC in Nepal, and Rwanda, and one KMC center of excellence established in Nepal
- KMC services established in 4 health facilities in Rwanda and Nepal, two in each country
Recommendations on CKMC and training approaches from the expert panel on CKMC

Prevention of pre-eclampsia/eclampsia:

- Activities begun in 1 – 2 countries leading to formulation of interventions to decrease incidence of pre-eclampsia/eclampsia

Intermediate Result 4			
Activity 4.1: Increase access to skilled attendance at birth through strengthening of preservice midwifery education of frontline providers in four countries (Ethiopia, Ghana, and Tanzania)			
Activity Lead: Patricia Gomez	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.2, 1.6.3	Activity Cost: \$235,522
(Note: this activity receives an additional \$250K from Afr/SD)			
ACCESS Activity Partners: JHPIEGO, ACNM			
Other Collaborating Organizations: WHO/Afro; Africa’s Health in 2010; UNICEF, UNFPA			

Objective

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

Rationale

For three years this activity has been carried out in collaboration with WHO/Afro as a mechanism to further the attainment of the Africa Road Map to accelerate the reduction of maternal and newborn mortality and achieve the Millennium Development Goals. The aim of this intervention is to increase the availability and quality of skilled birth attendants, particularly the frontline providers who must provide preventive and life-saving services to large numbers of families in remote areas. In PY4 the team of midwifery tutors that have received updated knowledge and skills in the areas of BEmONC, training capacity and curriculum design, will be supported to take these best practices to the attention of policy makers with an eye to sustainability and scale up, as well as to other tutors and clinical preceptors in their country so that as many midwifery students as possible are exposed to them. This activity will conclude in Program Year 5 (PY5), which will include completion of curriculum revisions and advocacy at the country-level for regulatory frameworks and curricula so midwives graduate with updated knowledge and skills in essential and basic EMNC.

Contribution to HIDN Results Pathway

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

Outputs of PY4

- At least 60 midwifery educators assessed following PY3 training in BEmONC and 3 clinical training sites followed up
- National level stakeholders from four countries are updated on accomplishments to date in the preservice initiative and pledge support for PY4 activities and beyond
- Revisions to preservice midwifery curriculum on BEmONC best practices are advanced in three countries
- At least 2 additional clinical training sites strengthened
- At least an additional 32 midwifery educators from 3 countries trained by tutor facilitators on BEmONC

- At least 15 additional tutor facilitators are developed through a second Regional Clinical Training Skills (CTS)/Curriculum Design course

Key Tasks and Milestones

- Task 1 Tutor facilitators supported to carry out follow up of strengthened clinical training site and providers
- Task 2 Tutor facilitators supported to carry out follow up of tutors trained in PY3
- Task 3 Support tutor facilitators in each country to carry out second advocacy meeting to maintain support for midwifery preservice education as a critical mechanism to reduce maternal and newborn mortality and advance the Africa Road Map goals
- Task 4 Determine for each country the process used for curriculum strengthening to ascertain how ACCESS may best facilitate/support the process to ensure inclusion of critical elements
- Task 5 Support tutor facilitators team in strengthening of second clinical site
- Task 6 Support tutor facilitators in carrying out technical update/clinical skills standardization (TU/CSS) for 16 providers from other midwifery institutions
- Task 7 Follow-up of strengthened site and newly-trained tutors
- Task 8 Hold regional CSS course

Key Tasks Ghana

- Task 1 Work with tutor facilitators to conduct follow up of participants: 1 week with a bulk of trainees coming to the strengthened site (La General Hospital) and supporting Tutor training team to visit other trainees at their sites.
- Task 2 Hold second stakeholder's meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)
- Task 3 Support for curriculum revisions
- Task 4 Site strengthening for school in Brim North district including equipping a skills lab
- Task 5 Support tutor facilitators to conduct a technical update/clinical skills standardization (TU/CSS) at Brim North site along with an Effective Teaching Skills course.
- Task 6 Follow up of strengthened site and newly trained tutors

Key Tasks Ethiopia

- Task 1 Work with tutor facilitators to conduct follow up of participants: 1 week with a bulk of trainees coming to the strengthened site (Yekatit 12 Hospital) and supporting Tutor training team to visit other trainees at their sites.
- Task 2 Hold second stakeholder's meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)
- Task 3 Support for curriculum revisions
- Task 4 Support tutor facilitators to strengthen second clinical site
- Task 5 Support tutor facilitators to carry out another technical update/clinical skills standardization (TU/CSS) for 16 providers each from other midwifery institutions
- Task 6 Follow up of strengthened site and newly trained tutors

Key Tasks Tanzania

- Task 1 ACCESS support and participation in curriculum revision workshop
- Task 2 Work with tutor facilitators to conduct follow up of participants: 1 week with a bulk of trainees coming to the strengthened site (Morogoro Regional Hospital) for follow up for 3 days, and then supporting Tutor training team to visit the rest of the trainees at their sites
- Task 3 Hold second stakeholder's meeting to review progress with WHO & MOH and reconfirm commitment for next steps (i.e. changes in national protocols and guidelines so that midwives may carry out the knowledge and skills in BEmONC they have learned; incorporate new information into pre-service curricula, strengthen additional clinical sites, and scale up training of tutors in BEmONC.)
- Task 4 In response to the request of the MOH, support tutor facilitators to carry out 2 more technical update/clinical skills standardization (TU/CSS) for 16 providers each from an additional 16 midwifery institutions (remaining 25 schools – both diploma and certificate level - will be covered in year 5)
- Task 5 Provide further equipment for skills labs at schools
- Task 6 Follow up of newly trained tutors

Intermediate Result 4

Activity 4.2: Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC

Activity Lead: Patricia Gomez	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1, 1.6.3	Activity Cost: \$104,731
ACCESS Activity Partners: JHPIEGO, ACNM			
Other Collaborating Organizations: ESOG, Ethiopian Nurse Midwives Association (ENMA)			

Objective

Assist ESOG to carry out an intervention in one district of the Oromia Region of Ethiopia that will result in use of targeted best practices (e.g. active management of third stage of labor, essential newborn care and newborn resuscitation) as well as documentation of near miss audits by skilled providers at Ambo Hospital ten of Ambo's referral health centers.

Rationale

In PY3 ACCESS core funds supported ESOG to carry out a site assessment and strengthening at Ambo Hospital, a district-level facility. Following the site strengthening, ACCESS provided technical assistance to ESOG and Ethiopian Nurse-Midwives Association (ENMA) to carry out two three-week technical update and clinical skills standardization courses in essential and basic emergency obstetric and newborn care for a total of 20 doctors, nurses, and midwives from Ambo ESOG, with support from ACCESS, will improve the quality of obstetric and newborn care throughout the district by assessing and strengthening the knowledge and skills of providers in the ten health centers that refer clients to Ambo Hospital. PY4 implementation will focus on maintaining the improved quality of care at Ambo Hospital and improving EMNC services and referral patterns in the ten health centers attached to it. ESOG will also institute the use of near miss audits with attendant documentation at all facilities in order to identify and address gaps in services to mothers and babies. This activity will be completed in PY4, so at the end

of this two-year activity, ACCESS will have improved EMNC services at one district-level hospital and all its referring health centers which serve a population of two million people.

Contribution to HIDN Results Pathways

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

Outputs of PY4

- Ten health centers equipped to provide improved services to mothers and newborns
- Twenty nurses updated in essential and basic emergency obstetric and newborn care
- Referrals of mothers and newborns with complications from health centers to Ambo Hospital occur in a more timely way; system of counter-referral established so that providers at health centers are apprised of outcomes of clients referred
- Near miss audits and documentation of the process carried out monthly at Ambo Hospital and ten health centers attached to it
- Annual review meeting held with providers, supervisors, and zonal and regional health bureau

Key Tasks and Milestones

- Task 1 Assessments and site strengthening at ten health centers carried out by ESOG staff with the assistance of ENMA
- Task 2 Three week technical update and clinical skills standardization courses given in two rounds for 10 providers each
- Task 3 Workshop on near miss audit and documentation process
- Task 4 Follow-up of trained providers at Ambo Hospital and in ten health centers in EMNC practices and use of near miss audit
- Task 5 End of year review meeting

Intermediate Result 4			
Activity 4.3: Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies			
Activity Lead: Joseph de Graft-Johnson	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.3	Activity Cost: \$150,000
ACCESS Activity Partners: JHPIEGO, Save the Children			
Other Collaborating Organizations:			

Objective

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

Rationale

LBW and preterm babies contribute to about 27% of all neonatal deaths in developing countries, making it one of the three major causes of neonatal deaths. To increase appropriate care for these vulnerable babies, ACCESS global facility-based KMC/manual developed in PY02 was adapted and used in Rwanda and Nepal to introduce facility-based KMC services during PY03. ACCESS will continue to support these countries to expand their KMC services in PY04. Lessons learned in the adaptation process from these two countries will be used to finalize the draft global facility-based KMC manual.

An expressed need mentioned by a number of countries is the integration of KMC/STS into their community maternal and newborn health programs. This is a need that ACCESS also recognizes. Unfortunately, guidelines for effective integration of KMC into community MNH interventions are lacking. Three recent studies conducted in India, Bangladesh and Nepal provides the opportunity to put together the necessary guidelines. ACCESS in collaboration with Saving Newborn Lives (SNL) , USAID, and the study investigators will hold an “expert panel” meeting to discuss what has been learned from the three studies and use the information to recommend a set of guidelines for integrating KMC into community interventions. ACCESS and SNL will also support the adaptation of a generic global training manual to facilitate KMC integration process. The manual will be field tested in ACCESS/Bangladesh Program in Sylhet with SNL supporting the evaluation component of the field test.

The Tasks associated with the expansion of facility-based KMC in Nepal and expansion in one African country, likely Ethiopia; and the development and field testing of guidelines and training manual for integrating KMC into community MNH interventions are presented below. As part of its introduction and expansion of facility-based KMC, ACCESS will revise and finalize its global generic KMC training manual, print and distribute copies to organizations and individuals interested in improving the care for low birth weight babies. Using SBAI funds, ACCESS/Rwanda would expand KMC services to two additional districts: Kicukiro and Nyaruguru.

Contribution to HIDN Results Pathway

- Newborn: Contributes to increased availability of appropriate care for LBW babies in at least four countries

Outputs of PY4

- KMC centers of excellence established in Nepal and expansion in one African country (perhaps Ethiopia).
- KMC services established in health facilities in Nepal and Ethiopia. Recommendations on CKMC and training approaches from the expert panel on CKMC.
- National policy and/or guidelines on KMC developed in Nepal and Ethiopia.

Key Tasks and Milestones

Global

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

Nepal

- Task 1 Provide ongoing technical support for KMC centers established in PY03
 Task 2 Provide external technical assistance to strengthen the linkage between the ongoing community and facility-based KMC program components

- Task 3 Conduct needs assessment and prepare site for KMC services in selected other hospitals.
 Task 4 Conduct KMC training for staff from these hospitals
 Task 5 Evaluate and document KMC service establishment process and achievements

Integration with KMC into community MNH program

- Task 1 Conduct expert panel meeting on CKMC with US and field-based staff
 Task 2 Recruit consultant to develop draft CKMC global guidelines and/or training manual
 Task 3 Field test guidelines/training manual in Bangladesh
 Task 4 Review field test results and finalize guidelines/training manual

Ethiopia

- Task 1 TBD

Intermediate Result 4			
Activity 4.4: Prevention of Eclampsia/Pre-eclampsia			
Activity Lead: Harshad Sanghvi	Funding Sources: Core Element(s) – 1.6: MCH	Sub-element(s): 1.6.1	Activity Cost: \$100,000
ACCESS Activity Partners: JHPIEGO			
Other Collaborating Organizations:			

Objective

Conduct operations research in the use of specific community-based interventions to prevent and rapidly detect pre-eclampsia in order to move existing research findings into practice with an eye to eventual scale up.

Rationale

Background

In three-fourths of developing countries, maternal morbidity and mortality associated with pre-eclampsia have shown little decline over the past several years. Now that efforts to reduce maternal mortality are demonstrating success through targeted approaches, there is an opportunity to address pre-eclampsia as well. Also, interventions are available at all levels of the healthcare system and even outside the formal system.

Current Approaches

Deaths related to hypertensive disorders in pregnancy remain high because they are very difficult to prevent. Risk factors do not accurately predict pre-eclampsia, and there is no effective biochemical or biophysical test available. Pre-eclampsia can be detected through measurements of blood pressure and urine for protein, however these must be taken at a health facility because simple tools are not widely available. Therefore, women are generally not treated until they develop severe pre-eclampsia or eclampsia which must be treated by a skilled provider at a health facility. The most common form of treatment is magnesium sulfate

Evidence-base for primary prevention

Numerous studies have been conducted on the use of aspirin and/or calcium taken during pregnancy to prevent pre-eclampsia. A review of the Cochrane Library (32 trials, 29,331 women) shows that use of aspirin versus placebo resulted in a 15% reduction in pre-eclampsia, 15% reduction of pre-term birth, and 14% reduction in newborn deaths. A review of studies using antenatal calcium supplementation (12 trials, 15,206 women), showed a 30% reduction in high blood pressure and 52% reduction in pre-eclampsia but no overall effect on pre-term or still births.

The WHO Reproductive Library suggests that calcium supplementation may be a good intervention at the primary care level if future studies confirm its effectiveness and adverse effects are found to be unimportant.

Proposed Activities

In Nepal, ACCESS will develop focus efforts on working with in country stakeholders, including the bilateral, to implement a targeted community-based intervention to prevent pre-eclampsia. Nepal has been selected as the target country because preliminary talks with the MOH, USAID and JSI have been propitious in terms of interest and ability to scale up.

Contribution to HIDN Results Pathway

This activity will contribute to new learning about the use of potentially life-saving regimens to prevent a major cause of maternal and perinatal mortality in a low-resource setting.

Outputs of PY4

- Latest evidence on primary, secondary, and tertiary prevention of pre-eclampsia compiled
- In 1 ACCESS country consensus developed among key opinion leaders on potential interventions; intervention and control areas chosen
- TAG formed
- Intervention designed and donors identified

Key Tasks and Milestones

- Task 1 Compile latest evidence on primary, secondary, and tertiary prevention of pre-eclampsia and develop assessment tool
- Task 2 Assess status of addressing pre-eclampsia in Nepal and prepare country rapid assessment brief
- Task 3 Develop consensus among key opinion leaders on potential interventions in selected country through national-level advocacy meeting
- Task 5 Design Intervention for Nepal and advocate for field/bilateral support for implementation
- Task 6 Provide to MOH & bilateral

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

IR 5 Year Four Expected Results

- Draft PAC curriculum translated into French
- Two 2-week PAC training courses conducted in two sites in Haiti (to be confirmed with the mission); 16 service providers and 8 master trainers trained in PAC

Intermediate Result 5			
Activity 5.1: Field-test and finalize the revised post-abortion care curriculum			
Activity Lead: Lucito Jeannis	Funding Sources: Core Element(s) – 1.7: FP/RH	Sub-element(s):	Activity Cost: \$130,000
ACCESS Activity Partners: JHPIEGO			
Other Collaborating Organizations: The ACQUIRE Project			

Objective

Field test, revise, finalize, and disseminate the present draft of the post-abortion care (PAC) curriculum. This will be accomplished through translation of the draft into French and field-testing it in training of providers in Haiti

Rationale

The USAID PAC Working Group has developed a Global PAC Resource Package that was launched on June 26, 2007. In reviewing the materials comprising the Resource Package it became apparent that an updated, standardized curriculum for PAC would be needed. Based on the review of the PAC research and resources that was done during development of the Resource Package a new standardized curriculum for PAC was written. The curriculum has undergone peer review and is in final draft form. Because of on-going interest in carrying out PAC activities in Haiti USAID/Washington has asked ACCESS to translate the draft curriculum into French and carry out a field test in Haiti in collaboration with in-country partners. In addition, The ACQUIRE project will translate the curriculum in Spanish and field test the curriculum in Bolivia at the same time. ACCESS will closely coordinate the timing and the feedback with ACQUIRE. Based on the results of the Haiti and Bolivia field tests ACCESS will revise the English and French versions of the curriculum, edit and format them.

Contribution to HIDN Results Pathway

This activity contributes to the Skilled Birth Attendant and PPH Results Pathways. As skilled providers are trained in post-abortion care through use of this curriculum they will improve their capacity to provide these specialized services, and will also be treating an important cause of bleeding during pregnancy.

Outputs of PY4

- Draft PAC curriculum translated into French
- Two 2-week PAC training courses conducted in two sites in Haiti (to be confirmed with the mission); 16 service providers and 8 master trainers trained in PAC
- Coordinate with the ACQUIRE Project to obtain results for the field test from Bolivia*
- Results of field test lead to revision of French, Spanish and English PAC curriculum and finalization, editing, and formatting of curricula
- Revised materials disseminated

Key Tasks and Milestones

Task 1 Translate curriculum into French

Task 2 Conduct field test of French curriculum in Haiti

Task 3 Revise French, Spanish, and English versions of curriculum based on results of field test

Task 4 Finalize, edit, and format curricula

Task 5 Disseminate materials

ASSOCIATE AWARD: ACCESS/FAMILY PLANNING

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

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

During this third program year, ACCESS-FP will continue to focus on its global leadership role as ensuring support for field activities. A major area of activity will be supporting an initiative to re-examine postpartum/postnatal care and the meaningful incorporation of family planning.

This work plan for the third year of ACCESS FP program describes continued support for field activities linked to research while shifting emphasis towards the synthesis of lessons learned through programmatic application and broader sharing. Selected activities in the coming year include:

- In collaboration with FRONTIERS in Kenya, complete the evaluation of the postpartum/postnatal care model, including PPFP, and make recommendations for scaling up.
- In collaboration with Johns Hopkins School of Public Health (JHSPH) in Bangladesh, develop and test a model of PPFP and HTSP as part of a community-based newborn care package.
- In Haiti, through support from both core and the Youth Global Leadership Priority, ACCESS-FP is undertaking an initiative designed to test a participatory approach to support young women's use of maternal, newborn and family planning services including PMTCT. The next program year will focus on the implementation of activities and the evaluation of the intervention.
- Undertake supporting analyses of DHS data to provide information for PPFP initiatives, both policy-level and programmatic, and provide input on key PPFP/HTSP indicators.
- Design (adapt instrument), implement, conduct analysis and write up the results of a PPFP/PNC survey for Asia, Europe and Latin America (modeled on MotherNewborNet survey) to describe the current state of PNC and PPFP.
- Extend PPFP services in Nigeria with ACCESS to two additional local government areas in the Northwest
- Contribute to JHPIEGO's role as chair of the Maximizing Access and Quality: Implementing Best Practices/WHO
- ACCESS-FP will initiate activities in Albania through field support. These activities will include expanding FP services through post abortion care and postpartum family planning, expanding method choice through long acting method introduction and demand creation. capacity building for FP service delivery, particularly IUD, and demand generation.

ASSOCIATE AWARD: ACCESS/AFGHANISTAN (HSSP)

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

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

In program year one, ACCESS-Afghanistan built upon the foundation of previous and continuing USAID health programs working in Afghanistan and targeted critical areas where the greatest needs exist and new elements can be introduced or strengthened. With the completion of year one activities, ACCESS-Afghanistan achieved notable results and has positioned itself as a leader among stakeholders in Afghanistan in the areas of quality assurance, capacity building and training systems development.

During the second program year, ACCESS-Afghanistan will continue activities to implement a quality assurance system for the BPHS to ensure sustainable quality health services, build NGO capacity for health service provision, and support the training of service providers - including midwives.

Selected activities for the upcoming year include:

- In collaboration with the Ministry of Public Health (MoPH), strengthen quality assurance systems, finalize the quality assurance standards for the BPHS, train implementers in the evaluation of the QA process, and support 74 health facilities across 10 provinces to conduct internal and external assessments
- Support the Central Quality Assurance Committee to conduct a national workshop on achievements and challenges of a unified national quality assurance process
- Conduct training for NGOs in the Rational Use of Drugs according to Quality Assurance standards; support NGOs to develop an action plan for improving inventory control system for drug management; and monitor implementation to achieve standards
- Implement a formal training strategy for the provision of technical updates to NGOs, based on gaps identified through the Quality Assurance process
- Provide technical assistance to the Integrated Management of Childhood Illness (IMCI) Department to integrate transfer of learning approaches for knowledge and skills into current IMCI training
- Continue support through the HSSP Midwifery Grants Program to 8 midwifery and community midwifery preservice education programs and award a new grant for the Institute of Health Science (IHS) midwifery program in Kandahar province; strengthen supervisory checklist and system for newly graduated midwives and support NGOs with implementation; and develop clinical updates for midwifery faculty staff

- Develop and implement an e-learning system for midwifery preservice education programs and develop and/or adapt modules for use in continuing education and technical updates
- Disseminate results from the prevention of postpartum hemorrhage demonstration project at national and international levels and develop a plan for national scale up, in collaboration with the MoPH
- Continue support and capacity building to the growing Afghan Midwives Association (AMA) to implement the 4th Annual National Midwifery Congress, conduct leadership workshops to cultivate potential regional AMA leaders and celebrate International Day of the Midwife
- Support implementation of the National Reproductive Health Training Strategy; continue formal in-service training courses for faculty, trainers, and health providers in Basic Essential Obstetric Care, Effective Teaching Skills, Family Planning, and Infection Prevention
- Strengthen clinical training sites in newborn care in 5 provinces, train clinical trainers in Basic Newborn Care and Advanced Newborn Care, conduct Basic Newborn Care courses and Advanced Newborn Care courses for health care providers, and develop action plan to strengthen newborn care at the community level
- Launch and disseminate the National Information, Education and Communication Strategy for the MOPH and key stakeholders and plan implementation of the strategy
- Conduct training for Partnership Defined Quality for 28 health facilities, NGO staff and community health supervisors to facilitate dialogue between communities and facility based service providers; train provincial religious leaders in Community Leadership
- Design Knowledge, Attitudes and Practices research study to assess effect of HSSP gender interventions and subcontract to local organization
- Strengthen existing gender Learning Resource Package and train health facility staff in gender awareness and implementation of gender standards; support NGOs to analyze gaps and develop gender action plans for achievement of gender standards within health facilities

ASSOCIATE AWARD: ACCESS/CAMBODIA

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

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

The program commenced start-up activities in February 2007 with the arrival of the Long Term Technical Advisor in Cambodia. During program year one, ACCESS laid a strong foundation for project implementation, including identification of implementing partners, formation of key strategic partnerships at the national level, and identification field sites. ACCESS recognizes that collaboration with partners is critical in taking evidence-based maternal and newborn health interventions to scale. In the upcoming year, the network of partnerships will be strengthened and coordination with the Ministry of Health (MOH) and implementing partners will be further refined.

In late July 2007, USAID/Cambodia requested ACCESS to expand the scope of program activities to include Post Abortion Care and Family Planning. These activities will be launched in the upcoming year, creating synergy and maximizing resources within the current program framework.

Selected activities for the upcoming year include:

- Provide technical guidance to the MOH National Maternal and Child Health Center (NMCHC) to finalize the Minimum Package of Activities (MPA), with a focus on inclusion of targeted interventions in maternal and neonatal health and postpartum care
- Collaborate with UNICEF and the MOH to operationalize and disseminate an integrated postpartum/postnatal care package
- Supply technical expertise to the MOH National Reproductive Health Program to develop the postpartum/postnatal package section in the Safe Motherhood Guidelines
- Conduct technical update for MOH point persons in maternal and neonatal health on evidence-based MNC programs
- Design technical content and collaborate with CARE to implement a pilot community-based EMNC package in one Operational District of Koh Kong Province
- Strengthen the identified referral facility in one Operational District for implementation the community-based demonstration project for the prevention of PPH
- Conduct initial assessment related to current PAC activities in country to target greatest identified unmet needs
- Adapt PAC training package for midwifery preservice education and in-service training

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

REGIONAL BUREAUS

Africa/Sustainable Development Bureau

Lead: Natalie Hendler

Duration:

Partners: JHPIEGO, ACNM, Save the Children and AED

Estimated Budget: \$400,000

Program Approach

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

Achievements in Program Year 3

Preservice Midwifery Education

- From 4 countries—Ghana, Ethiopia, Tanzania and Malawi—17 midwifery educators completed a 2-day computer-based course entitled “ModCal (Modified Computer Assisted Learning) for Clinical Training Skills.” The Mod-Cal course was in preparation for the Regional Clinical Training Skills/Curriculum Design course.
- 16 of the midwifery educators for the 4 target countries participated in a 6-day regional Clinical Training Skills (CTS)/Curriculum Design course in Ethiopia in January 2007. Building on lessons learned through the Mod-cal course, participants honed their training skills and practiced curriculum design skills such as development of lesson plans. The participants from this workshop are now being referred to as tutor facilitators.
- 4 clinical sites (one in each focus country) were strengthened with training models and manuals and essential equipment for best practices in basic maternal and newborn care.
- Staff from 4 clinical sites were oriented to best practices in basic maternal and newborn care and coached during practice by the tutor facilitators. This resulted in strengthened clinical services given to women and newborns in high-volume facilities in each country.
- At least 16 tutors and clinical preceptors from each of the 4 focus countries (total of 64) participated in a 2-week technical update and clinical skills standardization course co-facilitated by the tutor facilitators.

Africa Road Map

- Planned, in collaboration with WHO/AFRO, UNFPA and Africa 2010, a regional workshop on the operationalization of the Road Map for six countries (Uganda, Kenya, Malawi, Zambia, Sierra Leone and Liberia) to take place in Uganda with date TBD.
- Participated in the Road Map partnership forum held in Accra in June 2007, which contributed to increased ACCESS visibility as an active key player in supporting country level Road Map initiatives in Africa. Furthermore, ACCESS participation mobilized attending country representatives to request technical assistance from ACCESS and WHO/AFRO.
- Provided technical assistance for the operationalization of Road Map activities in Madagascar and Niger. ACCESS's two-week technical assistance to both countries helped catalyze and maintain the momentum of the national Road Map committees. The national committees were able to select priority districts and priority interventions.

Summary of Activities Program Year 4

Building on achievements from previous years, the ACCESS Program will continue to strengthen preservice midwifery education in Anglophone Africa and to support the implementation of the Africa Road Map with a focus on activities at the country level.

Year 4 Outputs

Strengthening Preservice Midwifery Education

- At least 45 midwifery educators are assessed following PY3 training in BEmONC and 3 clinical training sites followed up
- National level stakeholders from three countries are updated on accomplishments to date in the preservice initiative and pledge support for PY4 activities and beyond
- At least 2 additional clinical training sites strengthened
- At least 27 midwifery schools are strengthened with anatomical models and other essential teaching equipment
- At least an additional 60 midwifery educators from three countries trained by tutor facilitators on BEmONC
- At least 18 additional tutor facilitators are developed through a second Regional Clinical Training Skills (CTS)/Curriculum Design course

Africa Road Map

- At least 4 countries develop Road Map draft operationalization plans during a regional workshop in Uganda
- Participate in Eastern and Southern Africa partnership forum to foster collaboration among key Road Map players
- Regional workshop conducted with WHO/AFRO, UNFPA, and Africa 2010 to develop the capacity of senior level Africans to support the operationalization of Road Map in countries
- Provide on-going follow up and support to Madagascar and Niger
- Provide technical assistance to 2 - 5 additional countries to operationalize the Road Map

Program Management:

ACCESS and WHO/AFRO have formed a strong partnership over the last three years at both the regional and country level. To date, there has been efficient sharing of activity costs both in financial terms and human resources. ACCESS expects this partnership to continue in Program Year 4 and is dependant on WHO/AFRO financial participation in order to realize all of the activities listed in this workplan. Both organizations will also explore collaborations with other organizations and entities such as UNFPA and Africa 2010.

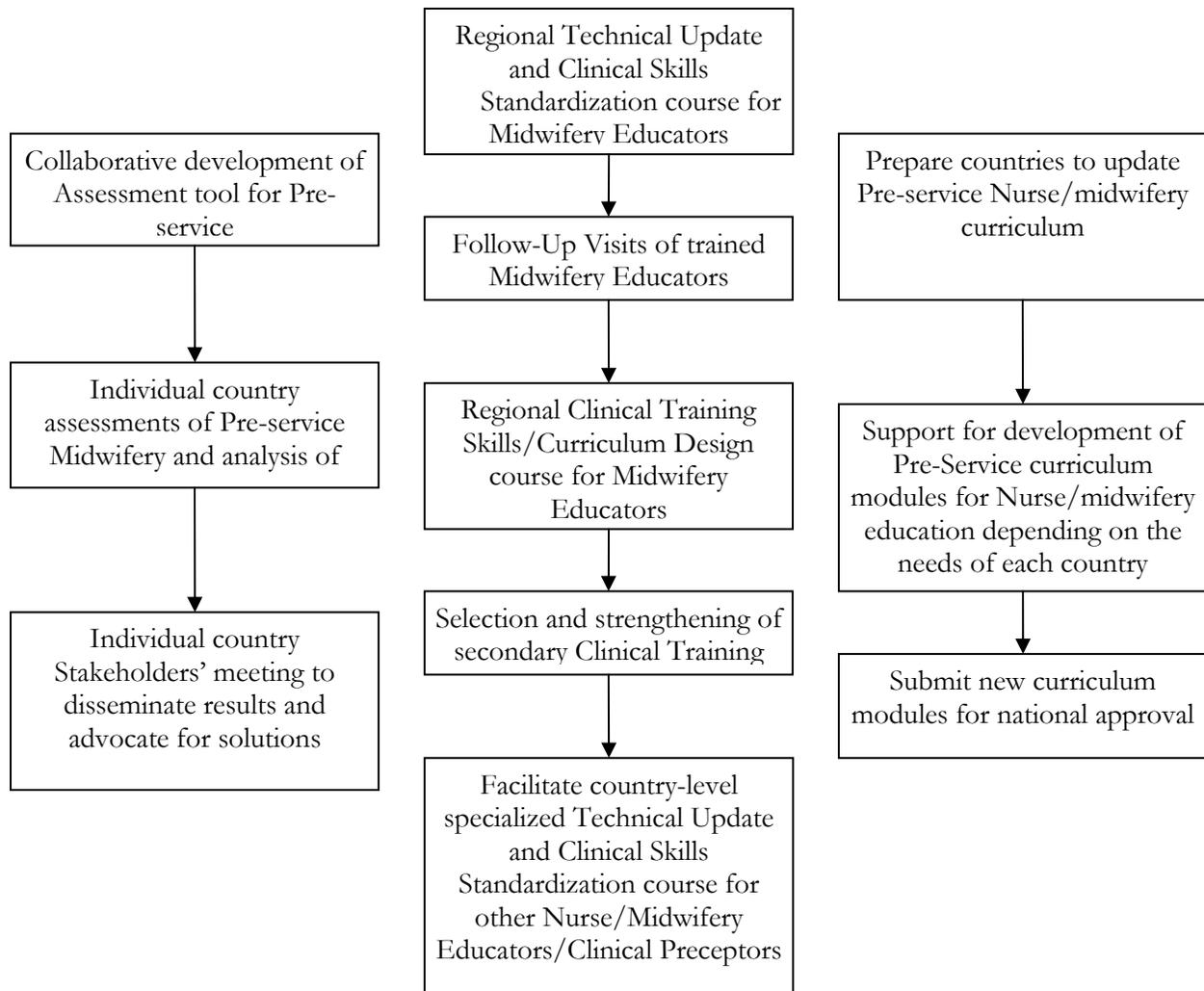
Activity 1: Strengthening Preservice Midwifery Education

Activity Lead: Patricia Gomez, Annie Clark (Ethiopia), Diana Beck (Tanzania), Susan Otchere (Ghana)

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

The objective of this activity is to enable preservice education programs in each of the intervention countries (Ghana, Ethiopia, Tanzania and Malawi) to strengthen their capacity to update curricula and clinical training methods so their graduates have the necessary knowledge and skills to prevent and treat the most common causes of maternal and newborn morbidity and mortality. The aim of this intervention is to increase the availability and quality of skilled birth attendants, particularly the frontline providers who must provide preventive and life-saving services to large numbers of families in remote areas. In PY4, the team of midwifery tutor facilitators that has previously received updated knowledge and skills in the areas of BEmONC, training capacity and curriculum design, will be supported to bring these best practices to the attention of policy makers to encourage sustainability and scale up, as well as to other tutors and clinical preceptors in their country to increase exposure to as many midwifery students as possible.

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



In Program Year 4, ACCESS will support the tutor facilitators that were developed from each country to replicate BEmONC training and follow up in each of their countries. They will begin by following up the first group of tutors who were trained in PY3. The tutor facilitators will be mentored in the follow up process through technical assistance from ACCESS and will be oriented to assessment checklists that can be adapted for future use. In accordance with the country's needs, the tutor facilitators will be supported by ACCESS and WHO/AFRO to further train additional tutors in order to increase the number of preservice midwifery tutors with knowledge and skills in best practices for BEmONC. Selected countries will develop additional clinical training sites according to their needs. To respond to the request of countries to strengthen and expand their numbers of tutor facilitators, ACCESS will conduct a second regional Clinical Training Skills/Curriculum Design course in collaboration with WHO/AFRO and Africa 2010. Finally, to continue strengthening overall midwifery education at the country level, ACCESS and WHO/AFRO will organize a follow up set of stakeholders meetings where each country will review their commitments and actions to this initiative and will determine their curriculum revision needs for which ACCESS can provide assistance.

Due to funding limitations, further activities to revise and update curricula in the target countries will be delayed until PY5. The exception is Tanzania, where it is expected that the MOH will be organizing its own curriculum revision workshop to which ACCESS will be invited. However, it is likely that there will be additional follow up assistance needed in Tanzania. It is expected that continued funding will ACCESS to provide this follow up support in Tanzania and other countries.

It also should be noted that the Malawi USAID mission has recently committed field funding to strengthen preservice midwifery education and all related activities will be taken over in-country and no longer funded by AFRSD or ACCESS Core.

Activity Lead: Patricia Gomez

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

Specific Tasks	Participating Countries	Partner(s)	Completion Date
Task 1: Support tutor facilitators to follow up trained midwifery tutors, assessing knowledge and skills implementation into practice as well as strengthened clinical training site to ensure continued improved practices.	Ghana, Ethiopia and Tanzania	JHPIEGO, ACNM, WHO/AFRO	November 2007 – December 2007
Task 2: Facilitate second set of advocacy meetings to update national level stakeholders on accomplishments to date and enlist their support for PY4 activities and beyond	Ghana, Ethiopia, Malawi and Tanzania	JHPIEGO, ACNM, WHO/AFRO	November 2007 – December 2007
Task 3: Support to strengthen midwifery curriculum and clinical training sites (i.e., curriculum revision workshop, training materials for skills labs at midwifery schools, etc.)	Tanzania	JHPIEGO, WHO/AFRO	Ongoing
Task 4: Strengthen second clinical training site with training models and essential equipment and clinical coaching	Ghana and Ethiopia	JHPIEGO, ACNM, WHO/AFRO	January 2008 – April 2008
Task 5: Support tutor facilitators to conduct technical update and clinical skills standardization courses in BEmONC for additional tutors/clinical preceptors	Ghana, Ethiopia and Tanzania	JHPIEGO, ACNM, WHO/AFRO	January 2008 – April 2008
Task 6: Develop additional tutor facilitators through a second regional Clinical Training Skills/Curriculum Design course	Ghana, Ethiopia and Tanzania	JHPIEGO, ACNM, WHO/AFRO	May 2008

ACTIVITY 2: STRENGTHENING REGIONAL AND COUNTRY LEVEL CAPACITY FOR THE AFRICA ROAD MAP

Born out of global initiatives spearheaded by WHO such as the Safe Motherhood Initiative, Making Pregnancy Safer, as well as the Millennium Development Goals, the *Road Map for accelerating the Attainment of the MDGs related to Maternal and Newborn health in Africa* was developed as a tool to assist countries to build strategic plans that would allow them to reach their reduction of maternal and child mortality objectives. ACCESS, as a global leader in maternal and newborn health, has been collaborating with WHO/AFRO and providing technical assistance to countries throughout Africa to develop and operationalize Road Maps.

In Program Year 4, ACCESS will continue to support regional capacity building along with country-specific technical assistance for developing and operationalizing country Road Maps. Over the last three years, ACCESS has worked with WHO/AFRO to organize and conduct workshops for training Road Map facilitators. During these workshops, participants gain the knowledge and skills needed to help their countries develop their country Road Map national document as well as share information and lessons learned. A workshop to build the capacity of six countries to operationalize their Road Map is currently planned for early 2008. Although this is a PY3 activity, it has been delayed until PY4 due to the availability of WHO/AFRO partners. In addition, ACCESS proposes to hold another Road Map workshop but with a different purpose. This regional workshop will bring together senior leaders from selected countries to sharpen their skills in specific areas, such as costing, which are of great need to accelerate the operationalization of the Road Map. After the workshop, the pool of trained senior leaders will be available to support other countries as well.

In the past, ACCESS has provided country-level technical assistance to several countries from afar. Following a partnership meeting organized by WHO in Accra in June 2007, several countries approached ACCESS for technical assistance. The two countries that have been identified to receive such assistance in PY3 are Niger and Madagascar. In PY4, ACCESS will continue to support the operationalization in these 2 countries and will work with WHO/AFRO and USAID to identify USAID priority countries and their needs for assistance with the Road Map.

Activity Lead: Berengere de Negri and Eleonore Seumo

Activity Location(s): Africa region

Specific Tasks	Partner(s)	Completion Date
Task 1: Conduct a Road map regional workshop for Anglophone (Uganda, Malawi, Kenya, Sierra Leone, Zambia and Liberia) countries in Uganda	AED WHO/AFRO	January 2008
Task 2: Hold a regional workshop to develop the capacity of senior level Africans to support the operationalization of RM in countries	AED WHO/AFRO	March 2008
Task 3: Participate in the Eastern and Southern Partnership forum	AED WHO/AFRO	May 2008
Task 4: Provide on-going follow up technical assistance to Road Map activities in Madagascar and Niger	AED WHO/AFRO	Ongoing

Task 5: Provide technical assistance for the operationalization of the Road Map activities to approximately 2 - 5 countries (possibilities: Senegal, Burkina Faso, Benin, Mali, Ethiopia, Tanzania, Ghana, Angola or Mozambique)	AED WHO/AFRO	Ongoing
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Performance Monitoring Plan

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
Priority 1: Support advocacy to mobilize resources and improve the policy environment for maternal and newborn care				
<i>AFR/SD Result: Increased resources for maternal and newborn health programs at the country level</i>				
<i>AFR/SD Result: Improved strategies and plans for maternal and newborn care at the country level</i>				
Number/% of target countries with draft Road Map operationalization plans	Targeted countries are those who attended the regional workshop to build country capacity to operationalize the Road Map.	Program records/reports	Semi-annual	ACCESS Program staff (AED)
Number/% of target countries receiving ACCESS technical assistance to operationalize the Road Map	Technical assistance will be provided using ACCESS funds.	Program records/reports	Semi-annual	ACCESS Program staff (AED)
Number of ACCESS-supported countries moving forward in the "Road Map operationalization steps"	The Road Map operationalization steps were developed by WHO during the Mbodiene, Senegal workshop.	WHO/AFRO Road Map operationalization steps	Semi-annual	ACCESS Program staff (AED)
Priority 2: Disseminate effective approaches to improve the quality of integrated MNH care				
<i>AFR/SD Result: Improved quality of integrated essential maternal and newborn care</i>				
Number/% of target countries integrating WHO IMPAC standards and guidelines into preservice training curricula for nursing or	Key standards to be included are Active Management of the Third Stage of Labor, use of the partograph and newborn care.	Program records/reports Updated curricula	Semi-annual	ACCESS staff

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
midwifery schools				
Number of tutors and clinical instructors trained in integrated EmONC	Trained individuals are those who were trained in EmONC through ACCESS-supported training events or by ACCESS developed trainers.	TIMS	Semi-annual	ACCESS Program staff
Number of target countries with core group of midwifery tutors able to train and develop midwifery curricula	These tutors and clinical instructors at preservice midwifery education institutions are trained in integrated EmONC at ACCESS-supported training events.	TIMS	Semi-annual	ACCESS Program staff
<p>Priority 4: African regional and national capacity to implement programs</p> <p><i>AFR/SD Result: African institutions actively engaged in supporting the operationalization of the WHO/AFRO Road Map</i></p> <p><i>AFR/SD Result: Linkages strengthened among African Institutions and networks to coordinate with each other and strengthen their leadership in MNH</i></p> <p><i>AFR/SD Result: National-level capacity to implement safe motherhood programs improved</i></p>				
Number of African facilitators trained in how to operationalize the Africa Road Map	Trained individuals are those who were trained in the Africa Road Map through ACCESS-supported training events.	Program records/reports	Semi-annual	Trainers, ACCESS Program staff
Number/percent of trained African facilitators/experts in target countries supporting the operationalization of the Road Map.	Supporting the operationalization of the country road map may include holding stakeholder meetings, advocating for safe motherhood initiatives at the national level, etc. Facilitators and experts in a subset of countries will receive technical assistance and follow up.	Program records/reports	One time measure	ACCESS Program staff
Number/% of target countries with action plans for applying IMPAC guidelines in preservice midwifery education and practice that have implemented at	Action plans will be created by EMNC training participants (midwifery tutors and clinical preceptors) at the end training	Program records/reports	One time measure	ACCESS Program staff

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
least one action item				
Number of midwifery schools with trained tutors and clinical instructors for EMNC	Trained tutors and clinical instructors include those trained in EMNC through ACCESS-supported training events or by ACCESS developed trainers.	TIMS	Semi-annual	Trainers, ACCESS Program staff

MANAGEMENT PLAN

The PY1 Workplan described the ACCESS partnership; the relative strengths and roles of individual partners; the organigram; key staff; the management structures (Core Management Team and Unified Management Team). This section updates the management issues, new staff, and approach for managing new countries and associate awards.

In PY4, JHPIEGO will continue taking the lead on working with global partners and agencies such as the PMNCH, WHO, WRA and will be responsible for the management and implementation of the ACCESS Program's work on the malaria in pregnancy. JHPIEGO will also lead ACCESS' work on PPH and preservice education with WHO/AFRO. Save the Children will continue to lead activities related to improving maternal and newborn health outcomes at the community level and on newborn health, including providing linkages with the SNL Program. ACNM will support core and field funded activities relating to home-based care and strengthening midwives associations. Constella Futures will lead efforts to develop policy approaches to increase access for the poor and the vulnerable and in creating an enabling environment through building an advocacy process at the national and community levels. IMA will focus on improving FBO health networks' ability to deliver EMNC services by supporting FBOs with established relationships with ACCESS and building linkages with additional FBO health networks. AED will provide leadership in maternal nutrition activities and facilitating the Africa Road Map with WHO/AFRO.

Core Management Team

The ACCESS team responded to several new country programs and an Associate Awards despite seeing some changes in key staff in PY02 and 03. ACCESS has assembled a team of staff that possesses the skills and experience necessary to meet the challenges of program expansion, management and implementation. Key staff members demonstrate proven leadership and expertise in the field of maternal and newborn health and women's reproductive health.

In Year 4, Joseph De Graft Johnson will be based with Save the Children in Addis Ababa, Ethiopia. It is proposed that the Community Interventions Specialist position be split with two individuals covering the full time LOE. Joseph will primarily cover field based work in Africa.

ACCESS Organizational Structure and Process

The following are Key Staff for management and implementation of the ACCESS Program:

Koki Agarwal, Director: The Director will provide leadership, guidance, and direction to ensure the technical, strategic, and financial integrity of ACCESS. She will be responsible for the overall relationship between JHPIEGO and USAID and partner institutions to ensure smooth implementation of the award. The ACCESS Director will cultivate strategic relationships and alliances with agencies and organizations supporting maternal, newborn, and women's health. The Director will be available to all USAID missions that have invested in the Program.

Patricia Daly, Deputy Director: The Deputy Director is responsible for the programmatic and technical operations of ACCESS. She will provide strategic leadership in the design, analysis, and synthesis of ACCESS interventions at the country and global levels. She will work with the technical team to develop country programs and will lead the annual workplanning process in close coordination

with the M&E Specialist and the Associate Director and Field Program Manager. She will promote and maintain relationships with partners, ministries of health, and USAID.

Patricia Gomez, Clinical Specialist: The Clinical Specialist is responsible for providing technical leadership on all clinical service delivery and quality assurance strategies and will ensure strategies are based on up-to-date evidence and state-of-the-art practices. She will lead efforts to provide guidance to the clinical team and mobilize partner efforts to lead initiatives on post partum hemorrhage and preservice education.

Joseph de Graft-Johnson (50%) and Angie Brasington (50%), Community Interventions Specialists: The Community Interventions Specialists will provide technical leadership in the development and implementation of community-based maternal and neonatal health services. They will provide oversight for communication strategies, community and social mobilization approaches, and the development or adaptation of appropriate community-based tools.

Sarla Chand, Faith Based Coordinator: The Faith Based Coordinator will lead efforts to outline a development strategy for the integration of the faith-based community as a platform for action on ACCESS and ensure the effective implementation of the strategy. She will act as a liaison for the ACCESS Program team in the manner in which it interacts with overseas faith-based partners, including IMA membership.

Barbara Rawlins, Monitoring and Evaluation Specialist: The M&E Specialist will design and manage the ACCESS M&E system and will use this system to establish M&E frameworks for each significant country program and to monitor program performance across the program's global, field, and associate award programs. She will track program performance through results reporting and will use this information to facilitate program strengthening.

Nancy Caiola, Associate Director, Field Programs: The Associate Director, Field Programs works with the ACCESS team to ensure the effective management, strategic direction, and technical integrity. The Associate Director, Field Programs is responsible for providing leadership to the ACCESS Program team primarily through the development and management of field-based programs. She works with the Core Management Team to ensure that field programs are in keeping with the technical and strategic approach of the ACCESS Program; and, works across the ACCESS Program and with the six partner organizations to ensure the effective implementation of the Program.

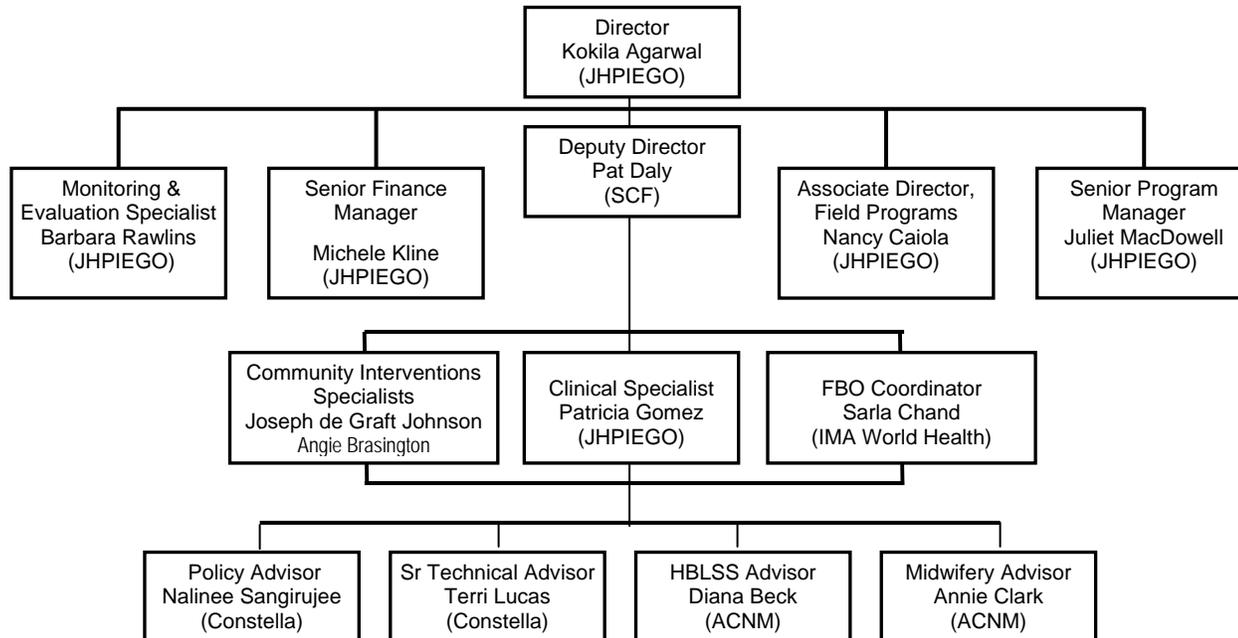
Juliet MacDowell, Senior Program Manager: The Senior Program Manager works with the ACCESS Program management team to ensure the effective management, strategic direction, and technical integrity. The Senior Program Manager works with the Director and Deputy Director to provide leadership to the ACCESS Program team primarily through the development and management of core programs.

All key staff, while predominately supported by core funds, may have their LOE covered by field support for specific countries based on the agreed upon scopes of work specifically benefiting the country.

The ACCESS organizational structure is presented in Figure 3. The structure supports efficient management and technical capacity in the form of highly qualified Core Management Team (CMT) located at JHPIEGO's offices in Baltimore. The CMT provides the executive management of all program and administrative activities. It consists of the Director and Deputy Director, the Monitoring and Evaluation Specialist, the Senior Finance Manager, the Clinical Specialist, the Community

Interventions Specialist, the FBO Coordinator, the Associate Director, Field Programs, and the Senior Program Manager. The technical specialists draw upon significant depth and expertise from their home organizations to support global and country programming.

Figure 3: ACCESS Organizational Structure



With the exception of the Deputy Director and the Advisors for Policy, Advocacy, HBLSS, and Midwifery. These Advisors travel to Baltimore as needed, to participate in strategic planning, program design, decision-making (when necessary), and are available to the program via telephone, email, and other modes of communication as well. As ACCESS field presence has grown since PY1 and will continue to grow in PY4, core personnel, particularly the technical specialists, will continue providing some LOE to support field programs and associate awards.

Core Management Team (CMT) —Roles and Responsibilities

The CMT meets regularly to ensure smooth and efficient program operations. Once every quarter, the expanded CMT meets to discuss progress, develop workplans and lay out detailed implementation plans. These regular meetings allow for clear specification of performance expectations for individual staff and strengthened communications among the partners. Roles and responsibilities of various staff are clearly specified in Table 2

Table 2: Proposed PY4 ACCESS staffing and LOE

US BASED ACCESS MAIN PROGRAM STAFF					
Staff member	Title	Organization	Core	Field	MAC
Koki Agarwal	Director	JHPIEGO	83%	17%	
Pat Daly	Deputy Director	SCF	75%	25%	
Joseph de Graft-Johnson	Community Interventions Specialist	SCF	60%	40%	
Patricia Gomez	Clinical Specialist	JHPIEGO	45%	55%	
Barbara Rawlins	M&E Specialist	JHPIEGO	55%	35%	
Nancy Caiola	Associate Director, Field Programs	JHPIEGO	0%	100%	
Michele Kline	Senior Finance Manager	JHPIEGO	66%	34%	
Juliet MacDowell	Senior Program Manager	JHPIEGO	100%	0%	
Sarla Chand	FBO Coordinator	IMA	80%	20%	
Finance Administrators	Financial Administrators	JHPIEGO	190%	150%	
Nalinee Sangrujee	Health Finance/ Policy Advisor	Constella Futures	20%	0%	
Terri Lucas	Sr. Technical Advisor	Constella Futures	10%		
Diana Beck	HBLSS Advisor	ACNM	40%	0%	
Annie Clark	Midwifery Advisor	ACNM	45%	25%	
Nancy Ali	Program Officer	JHPIEGO	0%	75%	
Natalie Hendler	Program Officer	JHPIEGO	0%	100%	

ACCESS Malaria in pregnancy STAFF					
Elaine Roman	MAC Manager	JHPIEGO			25%
Aimee Dickerson	Program Coordinator	JHPIEGO			35%

In the first workplan year, the CMT developed a unified vision, strategy, and technical approach for ACCESS, building on the ACCESS proposal submitted to USAID, which has continued through PY4.

Core initiatives and field support programs have been designed to support this common vision, strategy, and approach. The ACCESS staff agreed on the following principles and core values for management:

- Responsiveness
- Transparency
- Commitment to partnership
- Integrity
- Innovation/creativity
- Accountability
- Mutual respect
- Professionalism

Consistent with the objective of close cooperation and collaboration among the CMT, ACCESS strives for consensus among CMT members on decisions regarding the work plan, initiatives outside of the workplan and decisions regarding revision of program strategies or the results package.

When an activity requires the selection of short-term technical assistance staff, the activity lead will share the scope of work with all partners to ensure the project needs are met with the most experienced and skilled experts available. This is achieved by reviewing scopes of work and channeling these to all partners. Partners then submit candidates for the positions.

Table 3 highlights the different country programs and the staff responsible for managing them.

Table 3: US-Based Program Management PY4

Country	Program Implementation	Management Backstopping	Leadership
Afghanistan	Program Officer – Jaime Mungia	Nancy Caiola	Koki Agarwal
Bangladesh	Program Coordinator – David Burrows, Maria Mayzel	Nancy Caiola	Pat Daly
Cambodia	Program Officer – Jaime Mungia	Nancy Caiola	Pat Daly
Ethiopia	Program Officer – Marion McNabb Program Coordinator – Nadia Ravelomanana	Nancy Caiola	Koki Agarwal
Ghana	Program Officer – Udaya Thomas Program Coordinator - Sharon Kibwana	Juliet MacDowell	Koki Agarwal
Guinea	Program Officer - Amy Rial	Nancy Caiola	Pat Daly
Haiti ⁵	Program Officer – TBD Program Coordinator – Linda Benamor	Nancy Caiola	Koki Agarwal
India	Program Officer – Stephanie Suhowatsky	Juliet MacDowell	Koki Agarwal
Kenya	Program Officer – Stuart Merkel	Nancy Caiola	Koki Agarwal
Madagascar	Program Officer – Rebecca Dineen	Nancy Caiola	
Malawi	Program Coordinator – David Burrows	Nancy Caiola	Pat Daly
Mali	Program Officer – Natalie Hendler	Juliet MacDowell	Koki Agarwal
Nepal	Program Coordinator – Presha Rajbhandari, Maria Mayzel	Nancy Caiola	Pat Daly
Nigeria	Program Officer – Nancy Ali Program Coordinator – Steve Bruno	Nancy Caiola	Koki Agarwal
Rwanda	Program Officer – Aimee Dickerson	Juliet MacDowell	Koki Agarwal
South Africa	Program Officer – Amy Rial Program Coordinator – Rachel Kopajtic	Nancy Caiola	Koki Agarwal
Tanzania	Program Officer – Natalie Hendler Program Coordinator – Steve Bruno	Nancy Caiola	Koki Agarwal
USAID/WA	Program Officer – Natalie Hendler	Nancy Caiola	Pat Daly
ANE	Program Officer – TBD	Juliet MacDowell	Pat Daly
AFR/SD	Program Officer – Natalie Hendler	Juliet MacDowell	Pat Daly
MAC ⁶	Program Officer – Elaine Roman Program Coordinator – Aimee Dickerson	Nancy Caiola	Koki Agarwal

Quarterly Program Reviews

ACCESS initiated a process of reviewing country program activities on a quarterly basis. The country teams develop detailed implementation plans and report on progress on various activities and solicit feedback from the CMT to resolve issues and constraints. This process allows for resolution of program constraints and affords staff an excellent opportunity to become familiar with other country programs. Based on the rich exchange during the two quarterly reviews so far, ACCESS will explore the possibility of including the field staff in future reviews.

⁵ Includes ACCESS, PEPFAR and MSH funding

⁶ Includes MAC core and field support

In addition to conducting country program reviews, ACCESS also reviews Core Activities on a regular basis. This enables staff to readjust program priorities based on issues and constraints and will lead to timely completion of activities.

The ACCESS Unified Management Team (UMT)

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

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

Organization	Name
JHPIEGO	Alain Damiba
Save the Children	David Oot
Constella Futures	TBD
ACNM	Lorrie Kaplan, Deborah Gordis
AED	Petra Reyes
IMA World Health	Paul Derstine

External Coordination

As USAID's flagship effort to achieve large-scale impact by expanding access to and use of proven maternal and newborn interventions, ACCESS coordinates its activities and actively collaborates with organizations and other programs sharing a commitment to improving maternal and newborn health. To contain costs and avoid duplicative meetings, ACCESS headquarters staff will routinely participate in various relevant professional networks as a means of providing ACCESS with sustained technical input, and as channels for disseminating information and engaging wider participation in ACCESS Program activities. Regular inter-organizational consultations between ACCESS and the relevant divisions of USAID and other organizations such as WHO (including its regional offices), UNICEF, UNFPA, RBM, and the World Bank are well established through existing relationships.. ACCESS management and technical specialists will participate in a range of international alliances and partnerships, including the WRA, and the PMNCH. ACCESS, where appropriate, will support their agendas and efforts and will use these alliances and partnerships to advance learning and information sharing for expanded safe motherhood and newborn health programming. In partnership with USAID, the CMT (and UMT) will identify opportunities to coordinate efforts with other USAID programs and partners, including BASICS, QAP, A2Z and other CAs.

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

Management of Field Support and Associate Awards

The ACCESS CMT works closely with missions in the initial planning of field supported activities or an Associate Award. The specific needs of the country and the proposed scope of work will determine the

composition of the planning team and the scope of activities. In the case of more comprehensive, multi-year field support or associate awards, an ACCESS Country Team Leader will be identified—preferably a suitably qualified host-country professional—who will then participate in the identification and engagement of other team members. One key long-term management objective of the ACCESS program is build capacity of local counterparts and transfers the responsibility of workplan development and implementation to the field, which is essential to maintaining sustainable programs.

When the Country Team requires additional, specialized technical guidance, or additional financial or technical resources, the Country Team Leader works directly with the Senior Field Program Manager and the relevant headquarters-based technical specialist to ensure that these needs are met appropriately and that the mission is kept fully informed. The Project Director and Deputy Director are available to the mission to discuss ACCESS activities at any time.

ACCESS Associate Awards

ACCESS has been awarded three Associate Awards since October 2005, ACCESS-Family Planning (FP), ACCESS-Afghanistan, and ACCESS Cambodia. ACCESS Lead and ACCESS-FP staff and their respective CTOs work in close coordination to ensure that ACCESS FP is visible as a distinct program and yet is able to integrate activities within the scope of the ACCESS Lead Award. The staff for ACCESS-FP is housed in Baltimore for maximizing efficiencies. The Chief of Party for ACCESS-AFGHANISTAN is Hannah Gibson, and the Chief of Party for ACCESS-Cambodia is Judith Moore, both from JHPIEGO, who work closely with the Associate Director for Field Programs.

As interest in ACCESS from field mission grows and the scope of the proposed programs extend beyond the life of the ACCESS Lead award, ACCESS will encourage missions to transition funding to Associate Awards so programs can extend beyond the life of the leader award.

Challenges

Year three was another period of growth for the ACCESS program. New country programs were designed for Rwanda, Ghana and Malawi. Currently, ACCESS has several large, multi-year programs and a growing number of Associate Awards. This is testimonial to the fact that ACCESS is meeting a worldwide need of the Missions. The growth of the ACCESS program and its ability to meet the needs of several developing countries is very exciting although it imposes some management challenges.

- Adjusting to new requirements on filling out Operational Plans for USAID. USAID added a new monitoring requirement for all programs above and beyond reporting on all the indicators that were agreed to within the monitoring and evaluation plans included in the workplans. It took substantial effort from various staff and several discussions with USAID to clarify the process and the requirements to all the country programs.
- Adjusting to substantial budget cuts. This year the ACCESS program received additional budget cuts which make it difficult to deal with program growth. In addition, several of the activities require a multi-year commitment, leaving little room for ACCESS to respond flexibly to requests from the field.
- Negotiating partner participation when Mission and Global USAID priorities only want a subcomponent of the skill set that the ACCESS partnership brings.

However, ACCESS staff are extremely committed and are willing to overcome these challenges and move ahead.

ANNEX 1 FINANCIAL OVERVIEW

As of 30 September 2007, the ACCESS Program has received approximately \$62.185M in total obligations. The obligations are comprised of: \$37.103M in Field and Regional support, \$6.595M in MAARDs and \$18.487M in Core funding for use in Program Years (PY) One through Four; FY05 through FY08 programming. Received obligations for PY4 included \$11.041M in Field and Regional support, \$4.675M in MAARDs and \$3.847M in Core funds, for a total of \$19.563 in new obligated funding.

The Program is anticipating additional Field Support/MAARD modifications totaling \$3.707M from the following Missions: \$0.3M for Madagascar (Early PMI); \$1.45M for Tanzania (various sources); \$0.09M for Malawi; \$0.350M for Ghana (PMI); and \$1.517M for Kenya. The total cumulative funding anticipated as of 30 September 2008 will be \$65.892M. The Program considers the funding balance to our award ceiling of \$75M a major challenge for the upcoming year as only approximately \$9M remains to the ceiling after the additional anticipated obligations outlined above are received.

The ACCESS Program will utilize its carryforward from PY3 coupled with anticipated total new funding obligations of \$23.270M; \$19.423M Field/Regional/MAARD support (allocation of field/regional funding and MAARDs will await actual funding obligations) and \$3.847 Core. An overview of ACCESS Cumulative Funding can be found in Table 1. ACCESS Program Cumulative Funding Projections.

The ACCESS Program will also continue to spend-down the majority of the reserved Core-funded Mali multi-year ITN Advisor in PY 4/FY08 programming when the Program and Mission complete the negotiation of the new SOW. Details of cumulative funding obligations, expenditures, pipeline (carryforward) may be found in Table 2. HIDN 30 September 2007 Baseline Report. Detailed funding support levels by country/region and SO may be found in Table 3. ACCESS Funding Table. PY4 anticipated funding is based on conversations with the Missions and the DC-Based ACCESS Program CTO.

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

- Addressing Unmet Need for Family Planning in Maternal, Neonatal and Child Health Programs; ACCESS FP, a 5-year award with a \$20M ceiling; and period of performance: September 25, 2005 through September 25, 2010. The total obligated funding as of 30 September 2007, is approximately \$5.150M, of which approximately \$2.925M were received for the FY08 fiscal year. The FY07 obligation brings the first field support to the award; \$0.95M from Albania and \$0.2M from Guinea. The balance of the FY07 obligation, \$1.775M, represents Global incremental funding.
- Service Delivery and Quality of Basic Services in Afghanistan: Health Service Support Project (HSSP); ACCESS-AFGHANISTAN; an approximate 4 year award with a \$19.4M ceiling; and period of performance: 1 July 2006 through 30 September 2010. The Program currently has obligations of \$8.5M for its first year of programming and anticipates an additional \$7M for the upcoming fiscal year.

- Maternal and Newborn Health Program in Cambodia, ACCESS Cambodia, a 3- year \$1.8M ceiling with award date of 15 December 2006 through 30 December 2009. The Cambodia Associate Award received an obligation of \$0.6M in its first year and will receive an additional obligation of \$1.1M for FY08. This program, with an additional year left in its term is already approaching its funding ceiling; \$0.1M remains. Efforts will shortly be underway to raise the ceiling and potentially extend the period of performance.

CORE SUPPORT INITIATIVES

The Core PY Four workplan will be funded by \$3.847M in new funds plus Program Year 3 carryforward. The new funding is planned to be distributed as follows:

Element 1.6.1 Birth Preparedness and Maternity Services	\$2.353M
Element 1.6.2 Treatment of Obstetric Complications & Disabilities	\$1.035M
Element 1.6.3 Newborn Care and Treatment	\$0.829M

The above includes new Core funding for Maternal and Child Health in the amount of \$3.617M plus \$100k obligated for the Program's efforts related to the Malaria initiative and \$130k for PAC Curriculum efforts in Haiti.

Core resources are being used to support the Program's Global Leadership agenda, special initiatives under ACCESS IRs 1-5, including Safe Birth Africa Initiatives (SBAI), quality assurance and program management of both Core and Field support activities. In addition, the SO4 funds will be used to eliminate barriers to Global Funds bottlenecks programming and require specific requests from the Missions and country for assistance. Expenses related to field program assessment, design and implementation will be allocated to the appropriate field support projects (charged to field funds as appropriate). We are anticipating an approved workplan by 10 October to enable the Program to implement its full Core agenda during this Program Year. Details regarding this distribution can be found in Table 4. PY4 Annual Implementation Plan highlighting Core Activities and Illustrative budgets. This table illustratively presents the allocations by Results Pathways and including the Program Management and Quality/M&E impacts to the activity costs.

Field Support Initiatives

The Year Four Workplan portfolio will include activities funded through field support and MAARDs from fifteen countries and three regional bureaus. These are: Afghanistan (completing in September/October 2007), Bangladesh, Ethiopia, Ghana (pending award), Guinea, Haiti (completing in December 2007), India, Kenya, Nepal (completing in December 2007), Nigeria, Madagascar (pending award), Malawi, Mali, Rwanda, South Africa, Tanzania, Africa (AFR) Bureau, USAID East Africa, USAID West Africa (formerly WARP, funded through approx. December 2007). Afghanistan, Haiti, Nepal, ANE, LAC, USAID East Africa, USAID West Africa will program based on field and regional carryforward funds from prior years. Funding details by country may be found in Table 3 Funding Table. Afghanistan will complete implementations on its carryforward in PY4 and has chosen to continue under the ACCESS Program portfolio as an Associate Award.

Field supported malaria-related activities under the Malaria Action Coalition countries/regions have virtually completed all efforts. Funds were received in PY3 from Uganda to continue the formerly Core-funded MAC initiatives for an additional year. Some carryforward remains and will be expended in the upcoming quarter. In PY4 Core funds in the amount of \$100k were received to continue some implementations.

The Year Four Workplan will be amended as the field-funded workplans are approved through the Missions and USAID. Workplans for Ethiopia, Kenya and Nepal have been fully approved. Other field-funded projects are under review and negotiation. The Malaria implementations on carryforward Uganda field supported funding and new Core funding are in development. Additionally, the International Travel Schedules will be appended as the field workplan negotiations finalize.

Financial Schedules

The ACCESS Program PY4 proposed Annual Implementation Plan (October 2007- September 2008) is presented as Table 4. It highlights estimated budgets by Activity and Results Pathway. ACCESS Year Four Workplan text notes estimated ceilings with the discussion of the activities. Detailed financial schedules and reports for Core-supported efforts will follow as a separate section when the final negotiations and budgets are complete. Schedules for the Field-funded initiatives and budgets are presented as the detailed discussions regarding program design and assessments are finalized based on the status of program development with USAID missions and Ministries of Health and other local stakeholders.

ANNEX 2 KNOWLEDGE MANAGEMENT PLAN

PY4 Events

Title	Type of Event	Purpose	Target Audience	Type of Participation	Number of Participants (estimated)	Handouts	Length	Estimated Cost
Women Deliver	Conference – London	Create political will to save the lives and improve the health of women, mothers and newborn babies	Global development and health community	Attendee	25	None	3 days	\$78,000
MotherNewBorNet	Annual Meeting	Technical update to strengthen community-based postpartum maternal and newborn programs	ANE development and health community	TBD	TBD	None	3 days	XX
SBAI Roadmap National Meeting <i>Rwanda</i>	Meeting	Launch the national strategy for reduction of maternal and newborn mortality, national standards for MNH, and guidelines for MNH	Policy makers and other MNH stakeholders	Attendee	100	Yes	3 days	\$30,000
EmONC & PQI Training for Providers <i>Rwanda</i>	Training – 1 in each of 4 Hospitals	Provide technical update, clinical skills standardization and clinical skills training course to improve teaching of evidence-based practices to improve preservice midwifery education in participating countries	Health Care Providers	Attendee	20	Yes	10	\$10,000/training
American Public Health Association Annual Meeting	Conference	Program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health	American Health Community	Presentation/Attendee	8	Yes	4 days	\$4,000/meeting
Global Health Council	Conference	Bring together partners who are committed to improving the lives of the world’s poor to celebrate, share and learn from each other.	Global Health Community	Presentation/Attendee	10	Yes	4 days	\$5,000/meeting

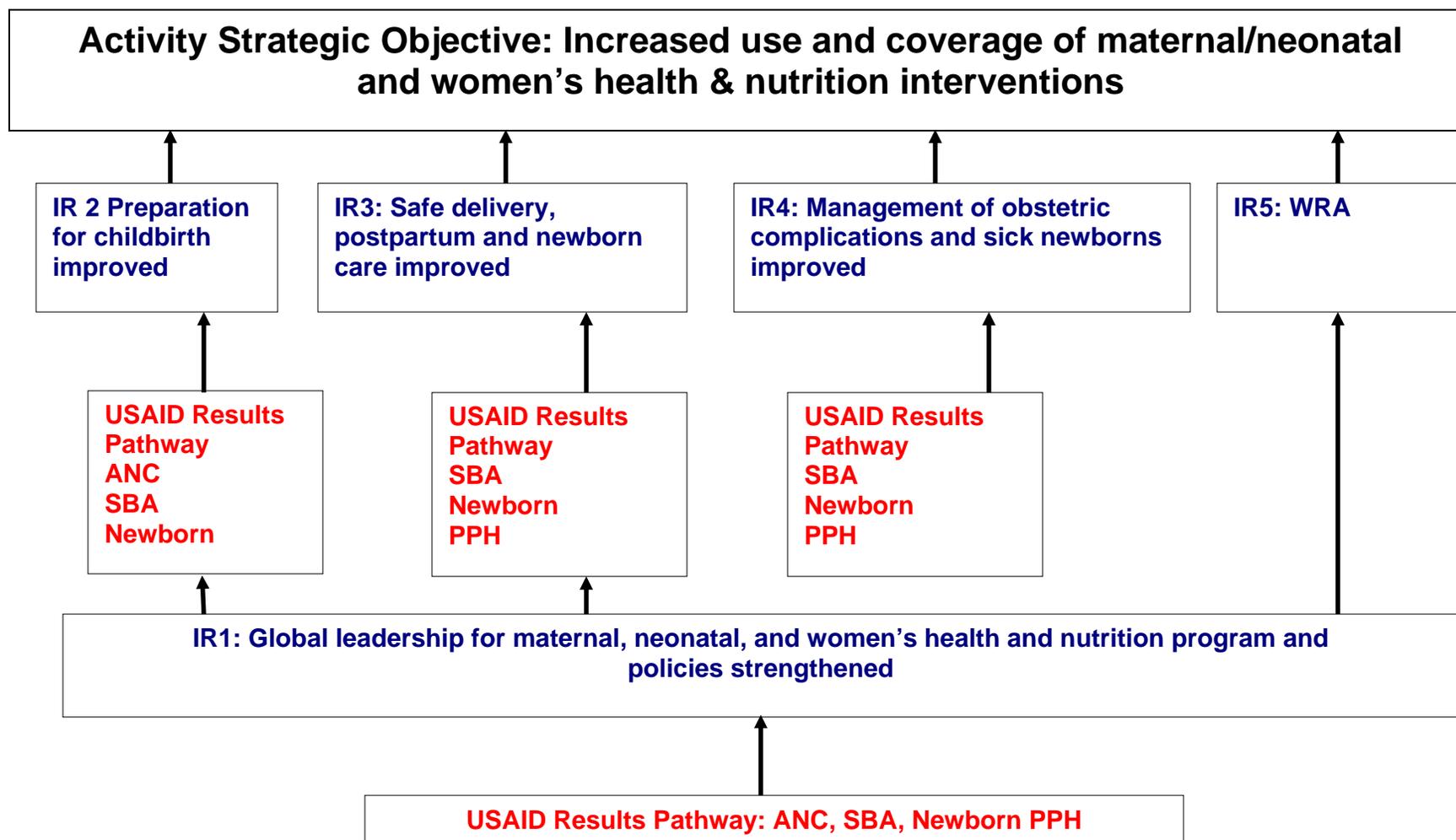
Title	Type of Event	Purpose	Target Audience	Type of Participation	Number of Participants (estimated)	Handouts	Length	Estimated Cost
Conduct TOT Using Newly Developed Materials <i>Rwanda</i>	Trainings – 4 total	Create a cadre of trainers to train others on the use of behavior change materials	District level community health workers	Attendee	20	Yes	2	\$4,000/ training
Technical Update and Clinical Skills Standardization <i>Ethiopia, Ghana, and Tanzania</i>	Training – 1 each per country	Provide technical update, clinical skills standardization and clinical skills training course to improve teaching of evidence-based practices to improve preservice midwifery education in participating countries	Trainer candidates and, service providers	Attendee/Organizer	16/country	4/meeting	2 weeks	XX/ meeting
Preservice Education advocacy meeting <i>Ethiopia, Ghana, and Tanzania</i>	Meeting – 1 each per country	Present results and accomplishments to date of the Preservice initiative and advocate for continued support from respective MOH stakeholders in participating countries	Policy makers and other MNH stakeholders	Attendee/Organizer	XX/country	XX/meeting	1 day/ meeting	XX/ meeting
Technical Update and Clinical Skills Standardization <i>Ethiopia</i>	Training (two trainings)	Provide technical update, clinical skills standardization and clinical skills training course to improve skilled birth attendance at Ambo Hospital and referring Health Centers	Service providers from Health Centers	Attendee/Organizer	10/meeting	4/meeting	3 weeks	\$10,000/ meeting
KMC Provider Training for providers <i>Rwanda</i>	Training	Train providers in Indra Rajya Laxma Maternity Hospital, Chitwan District and Koshi Zonal hospitals to deliver KMC services for management of LBW newborns	Providers	Attendee/Organizer	50	yes	5 days	\$5,000 each
KMC Provider Training for providers <i>Nepal</i>	Training	Train providers in Kicukiro and Nyaruguru district hospitals to deliver KMC services for management of LBW newborns	Providers	Organizer	XX	XX	XX	XX

PY4 Core Documents

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
FBO Safe Motherhood Guide	Guidelines	Draft sermon points that support safe motherhood messages and gather culturally appropriate narratives to be field tested	Religious leaders in ACCESS countries in Africa	Identify sermon texts in religious documents	Admin staff Consultant Translator	45 days	\$20,000	TBD	Yes	Yes	\$2,000
Programmatic Results and Lessons Learned Brief	Brief	Summarize results achieved by key ACCESS programs, share lessons learned from programming, and implementing global award.	USAID , country-level stakeholders, and other CAs	Draft brief Internal ACCESS staff review Finalize brief	Technical Staff Editor	25 days	\$3,000	TBD	Yes	Yes	minimal
Small Grants Lessons Learned Report	Brief Report	Share lessons learned from managing small grants program through ACCESS global award	Other CAs and Global Awards	Lessons learned meeting Compilation and report analysis	Technical staff admin	10 days	\$2,500	TBD	Yes	Yes	minimal
Report for External Evaluation Team	Report	Provide program reflection and documentation of results and lessons learned for the external evaluation team in early 2008	USAID, external evaluation team, and other CAs	Compilation of materials Analysis binding	Technical staff admin	45 days	\$4,500	TBD	yes	no	minimal

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Newborn Technical Brief	Technical Brief	Provide technical information on newborn care	Global MNH stakeholders	Layout Printing Translation	Admin Staff Translation	2 days	\$2,000	4 pages	yes	Website	\$2,000
Kangaroo Mother Care Training Manual	Manual	To teach health workers of all levels how to care for low birth weight babies using the kangaroo mother care approach	In-service training of health workers who already have basic skills in maternal and newborn care	Incorporate feedback from field tests Printing and dissemination	Admin Staff Technical staff Editor	2 days 10 days 5 days	\$13,500	205	Y	Website	\$5,000

ANNEX 3 ACCESS RESULTS FRAMEWORK LINKAGES WITH HIDN RESULTS PATHWAYS



ANNEX 4 ACCESS PROGRAM COVERAGE MATRIX

ACCESS clinical (e.g., capacity building and service delivery) and community-based (e.g., demand generation) interventions have reached women and families in Afghanistan, Bangladesh, Burkina Faso, Cameroon, Ethiopia, Ghana, Haiti, India, Kenya, Nigeria, Madagascar, Malawi, Mauritania, Nepal, Niger, Nigeria, South Africa, Tanzania and Togo. **Table 1** below presents information on the types of interventions being implemented in each country and the associated potential population coverage (those living in the intervention target communities and/or facility catchment areas).

It is important to note that this matrix does not always capture national-level policy work. In addition, ACCESS country programs are at different stages of implementation – some began in 2004 while others began in 2007 – thus, coverage may be vastly different. Finally, ACCESS is a global, core-funded program that uses its core funds primarily for technical leadership and global learning. Core-funded country-level interventions tend to be relatively small in geographic scope and serve to demonstrate transfer of research to practice of evidence-based approaches in MNH. These results are then used to inform national and global policy and programming. Field support funded programs, on the other hand, tend to have larger geographic scope and funding for scale up.

Table 1: ACCESS Program Coverage

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

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
BURKINA FASO							
FANC/MIP service delivery scale-up		49	5 out of 53	9%	1 out of 11	3,849,335	798,737 (estimate)
CAMEROON							
EMNC (SBA) training and service delivery		26	3 (Ngaoundere, Tignere and Tibati) out of 58 departments*	5%	1 out of 10	285,667	68,274 (estimate)
Social mobilization for quality maternal and newborn care	Communities in 18 facility catchment areas/health zones	N/A	1 (Ngaoundere) out of 58 departments	2%	1 out of 10	244,009	58,318 (estimate)
ETHIOPIA							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 (Addis Ababa) out of 80 zones	1%	1 out of 10 divisions	N/A	N/A
GHANA							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		2	1 (Accra City) out of 138 districts	1%	1 out of 10 regions	2,029,143	515,402 (estimate)
SBM-R Process and MNH Technical Updates and Clinical Skills Standardization for maternity providers		3	1 (Birem North) out of 138 districts	1%	1 out of 10 regions	151,401	73,884
HAITI							
PMTCT service delivery (ANC clinic and maternity)	N/A	23	7 out of 10	70%	N/A	2,797,200	668,531
Long-term family	N/A	21	8 out of 10	80%	N/A	N/A	N/A

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15-49)
planning service delivery							

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
INDIA							
Skilled birth attendance (community-based and facility-based midwives plus community mobilization)	213 villages	3	1 district	4.1 % (1 district out of 24 districts in the state of Jarkhand)	N/A	118,878	20,208
KENYA							
Postpartum Family Planning (ACCESS-FP)	N/A	4 facilities	1 district- Embu	1.3%	1 out of 7	318,724	78,087
Orientation to malaria case management guidelines	N/A	470	7 / 76 Kilifi, Kwale, Malindi, Mombasa, Lamu, Tana River, Taita Taveta	9.2%	1 out of 8 Coast	3,031,878	774,067
TB / ANC Training Package Pilot and Provincial and District training	N/A	3 Pilot in one district Mbeere	9 / 76 Embu, Kitui, Machokas, Mbeere, Meru Central, Meru North, Meru South, Tharaka	11.8%	1 out of 8 Eastern	4,709,58	1,201,609
ART ⁷	N/A	71	28 / 76 All seven districts in Central Province, all 13 districts in Eastern Province and all 8 districts in Nairobi Province	36.8%	3 / 8 Central, Eastern, Nairobi	12,224,133 GOK Province projections 2007: Central 4,076,631 Eastern 5,206,592 Nairobi 2,940,910	3,358,814 GOK Province projections 2007: Central 1,176,872 Eastern 1,286,460 Nairobi 895,482

⁷ The focus of the ART and CT projects in Kenya are on training of national and provincial trainers. However, through support supervision or through echo training, trainings are rolled down to reach the health facility level.

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
HIV/AIDS Counseling and Testing	N/A	11 9 Provincial level Hospitals and 2 National Referral/ Teaching Hospitals	10 / 76 Districts where the provincial and national hospitals are located: Embu, Garissa, Kakamega, Kiambu, Kisumu, Machakos, Mombasa, Nairobi, Nakuru, Uasin Gishu	11.8%	8 out of 8	10,110,947	2,683,670
MADAGASCAR							
FANC/MIP service delivery scale-up		76	4 out of 22	18%	2 out of 6	710,808	164,197 (estimate)
MALAWI							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 out of 27 (Kasungu)	0.4%	3	480,659	106,706 (estimate)
MAURITANIA							
EmONC (SBA) service delivery		13	7 out of 44*	16%	6 out of 13	1,063,755	245,727 (estimate)
NEPAL							
SBA LRP pretest		3: 2 hospital s and 1 nursing campus	Pretesting: 2 out of 75 districts (Chitwam, Morang)	2.6% of districts	2 region out of 5	1,143,316	270,034
SBA training site upgrade		8 facilities	8 out of 75 districts	11%	4 regions out of 5	5,304,408	969,442
Mgmt. of LBW infants at community level	19 Village Development committees (60,158 households)	22: 10 SHP, 8 HP, 3 PHCC, 1 zonal hospital	1 out of 75	2%	1 region out of 5	380,461	74,518
SBA Study	90 groups	1 HP, 1 clinic,	6 out of 75	8%	4 regions out of 5	2,952,618	893,182

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
		4 PHCC	districts (Morang, Panchthar, Kavre, Nawalparasi, Kapilvastu, Baitadi)				
Facility Based KMC	61 Village Development Committees, 3 municipalities	5: 2 zonal hospitals and 3 primary healthcare centers	2 districts out of 75	3%	1 out of 5	1,016,204	197,103
NIGER							
EmONC (SBA) service delivery		11	2 (Maradi and Zinder) out of 7 departments	29%	2 out of 7	617,046*	141,921
NIGERIA							
Emergency obstetric and newborn care as an entry point to postpartum family planning and community mobilization	144	18: 6 General Hospitals and 12 primary healthcare centers	5 LGAs (districts) out of 774 (Gusau, Kaura Namoda and Zurmi in Zamfara state and Gezawa and Dawakin Tofa in Kano state)	3%	1 out of 6	4,354,551	1,010,256 (estimate)
SOUTH AFRICA							
Implementation of Antiretroviral Service Standard-based Management	N/A	5	2	4%	2 out of 9	1,068,771	287,878

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

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

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

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

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

ANNEX 5 ACCESS GLOBAL M&E FRAMEWORK WITH RESULTS

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
ACCESS Program Result: <i>Increased use and coverage of maternal/neonatal and women's health and nutrition interventions</i>					
<p>A. Number of ACCESS countries demonstrating improvement in ACCESS target areas in the past year in indicators appropriate to areas of program activity as determined by country-specific M&E plan and budget agreed by USAID Mission</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> Indicators to track, appropriate to areas of program activity, will be determined from the final country M&E plans and budget agreed by USAID Mission, but potentially include: %/# of births attended by skilled attendants; %/# of mothers who report immediate and exclusive breastfeeding for last live birth; %/# of mothers who receive antenatal iron folate, IPT, ITN use rates, etc. 	Program records and country reports, population-based surveys by ACCESS, HMIS	<p>M&E review of country-level M&E indicators</p> <p>Annual</p>	Program lead staff and M&E staff of ACCESS	<p>Baseline: 0</p> <p><i>Target Year 4: selected ACCESS countries, including: Tanzania, Nigeria, Bangladesh, India, Cambodia, Rwanda</i></p>
<p>B. Number of ACCESS countries demonstrating improvement since the last survey in appropriate impact/outcome indicators collected by other mechanisms (e.g., DHS, MICS, RAMOS, SPA, and others)</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> Indicators to track will be determined in conjunction with the country's USAID Mission considering planned data collection activities relevant to maternal, neonatal, and women's health and nutrition status and potentially include: :%/# of births attended by skilled attendants; %/# of mothers who report immediate and exclusive breastfeeding for last live birth; %/# of mothers who receive antenatal iron folate, IPT, ITN use rates, etc. 	National or other project data (e.g., DHS, MICS, etc.)	<p>M&E collaboration with other organizations and USAID</p> <p>Annual</p>	M&E in collaboration with country USAID and other MNH stakeholders	<p>Baseline: 0</p> <p><i>Target Year 4: selected ACCESS countries with relevant data that correspond with ACCESS intervention areas, incl.: Tanzania (SPA),</i></p>
<p>C. (Country-level) Estimated population of women of reproductive age living in communities or catchment areas of facilities targeted by ACCESS interventions</p>	<ul style="list-style-type: none"> The number of reproductive age women is the female population estimated to be between the ages of 15–49. Communities or catchment areas <i>Targeted</i> by ACCESS will be determined at the country level. The number will be calculated as country totals <i>where appropriate and available</i> and a global total for all of the countries meeting the definition. 	National census data, DHS data or other national sources as available	<p>Program and M&E analysis and review of available national data per <i>Targeted</i> areas</p> <p>Semi-annual</p>	Program lead staff and M&E staff of ACCESS	<p>Baseline: 0</p> <p><i>Target Year 4: all ACCESS countries with relevant data</i></p>
ACCESS Program Intermediate Result 1: <i>Global leadership for maternal, neonatal, and women's health and nutrition program and policies strengthened</i>					

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>1a. Number of technical approaches and/or products being promoted for international use through ACCESS leadership roles</p>	<ul style="list-style-type: none"> • Technical approaches and products include those advocated by USAID. Some may be strengthened by ACCESS prior to promotion while other approaches that are already proven will simply be promoted by ACCESS. • Promotion for use occurs through many venues: meetings, collaboration, alliances and partnership implementation. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Semi-annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Target Year 4: 30</i></p>
<p>1b. Number of countries that implement and promote national policies, including service delivery guidelines, to increase access to high-quality maternal and neonatal health services</p>	<ul style="list-style-type: none"> • Policies, including clinical care and service delivery guidelines, are national instructions meeting international evidence-based quality criteria related to ACCESS goals. • Countries increasing access to high-quality EMNC services are those whose national leadership, MOH and/or others ensure dissemination of such standards in strategies that reach the point of service delivery and service providers. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Targets Year 4: Four Countries Tanzania, India, Rwanda, Malawi</i></p>
<p>1c. Number of international and/or national policies, including service delivery guidelines, revised and/or strengthened to promote access to and coverage of integrated EMNC services</p>	<ul style="list-style-type: none"> • Policies and guidelines are international or national instructions to health system decision-makers (e.g., clinical service delivery points, managers, and service providers) meeting international evidence-based quality criteria related to ACCESS goals. • Policies and guidelines promoting access to integrated EMNC services are those whose focus includes expanding availability or coverage of service delivery covering the ACCESS-recommended package of EMNC and other services. • Revised or strengthened policies and guidelines are those where ACCESS review and improvement activities targeting EMNC service integration are reported to have been successfully completed. 	<p>Program reports and activity tracking</p>	<p>Program and M&E review of activity results per indicator criteria</p> <p>Annual</p>	<p>ACCESS technical staff and M&E</p>	<p>Baseline: 0</p> <p><i>Targets:</i></p> <p><i>Year 4:</i></p> <p><i>1 country TBD</i></p>
<p>ACCESS Program Intermediate Result 2: Preparation for childbirth improved</p>					

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2a. Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved birth planning</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in birth preparedness/ complication readiness. Achievement of improved birth planning is defined as having fulfilled birth preparedness goals of the community's self-developed action plan. 	Program reports and activity tracking	Program and M&E review of program reports Annual	Program staff in-country with ACCESS M&E review	Baseline: 0 <i>Targets Year 4: 4 countries, India, Nigeria, Bangladesh, Rwanda</i>
<p>2b. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received 2 tetanus toxoid (TT) injections</p> <p>(applicability is field-dependent)</p> <p>[Note: Tanzania definition: Number of ANC clients with 2 doses of TT/Number of 1st visit ANC clients]</p>	<ul style="list-style-type: none"> Percent of women delivering in facilities is according to facility records showing 2 TT injections having been given to the mother: Number of women's records that show a delivery in the past 6 months and 2 TT injections prior to that delivery (numerator)/ number of women's records that show a delivery in the past 6 months (denominator). Number delivering in communities will be calculated from home records if available (e.g., if the country uses cards the client keeps) or program records. 	HMIS and/or home records	Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan. Annual	Program country staff with ACCESS M&E review	Baseline: not known at country levels <i>Targets Year 4: 3 countries, Tanzania (75%), Nigeria, Bangladesh</i>
<p>2c. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received iron/folate supplementation</p> <p>(applicability is field-dependent)</p> <p>[Note: Tanzania definition: Number of ANC clients who received iron (alone)/Total number ANC visits]</p>	<ul style="list-style-type: none"> Percent of women delivering in facilities will be calculated from facility records that show iron/folate supplementation having been given to the mother: Number of women's records that show a delivery in the past 6 months and iron/folate supplementation prior to that delivery / number of women's records that show a delivery in the past 6 months (numerator/denominator). Number of women delivering in communities will be calculated from home records if available (e.g., if the health system uses cards that the client keeps) or program records. 	HMIS and/or home records	Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan. Annual	Program country staff with ACCESS M&E review	Baseline: not known at country levels <i>Target Year4: 2 countries, Tanzania (75%), Bangladesh</i>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2d. Percent/number of women who gave birth in the past 6 months who received counseling/information/ materials for ITN use during pregnancy and with newborn</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women delivering in communities in the past 6 months will be identified through program records or if appropriate facility-based records. Delivery/receipt of counseling, information and/or materials (including vouchers) for ITN use will be determined from program records or if appropriate facility-based records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target Year 4: 1 country, Tanzania (90%)</i></p>
<p>2e. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 1st doses of intermittent preventive treatment (IPT1) under direct observation</p>	<ul style="list-style-type: none"> Calculation: Number of pregnant women who receive IPT1 under observation/ Number of 1st ANC visits Receipt of IPT with SP will be determined from facility records. These indicators will be measured in malaria-endemic countries only. 	HMIS	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 4: 2 countries, Tanzania (75%), Malawi</i></p>
<p>2f. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 2nd dose of intermittent preventive treatment (IPT2) under direct observation</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Calculation: Number of pregnant women who receive IPT2 under observation/ Number of 1st ANC visits Receipt of IPT with SP will be determined from facility records. This indicator will be measured in malaria-endemic countries only. 	HMIS	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 4: 2 countries, Tanzania (60%), Malawi</i></p>
<p>2g. Number of antenatal care providers trained through ACCESS-supported curricula or events in focused antenatal care and/or prevention of maternal to child transmission</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that targets focused ANC and/or PMTCT is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills to provide evidence-based ANC and PMTCT (CT for HIV). 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target Year 4: 3 countries, Tanzania (4,536), India (20), Malawi</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>2h. Total number of pregnant women provided with PMTCT services at target facilities, including counseling and testing⁸</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Pregnant women include those attending ANC services and/or those delivering in the maternity at the PMTCT target facilities, as applicable to the country program. 	HMIS, Centers for Disease Control and Prevention (CDC) Global AIDS program database	Availability records TBD in context of developing the country-level M&E plan. Semi-annual	Program country staff with ACCESS M&E review	Baseline: 0 <i>Target Year 4: 0</i>
ACCESS Program Intermediate Result 3: Safe delivery, postpartum care, and newborn health improved					
<p>3a. Number of ACCESS-targeted facilities with PQI initiatives contributing to compliance with international standards</p>	<ul style="list-style-type: none"> ACCESS-targeted facilities are those identified service delivery points where program activities and alliances aim to enhance quality of care through PQI approaches. 	Program PQI records PQI database	Records and document review Semi-annual	Program technical staff with ACCESS M&E review	Baseline: 0 <i>Target Year 4: 5 countries, Tanzania (FANC), Nigeria (EMONC), Rwanda (EMONC), India (ANC, labor and delivery, newborn care), Ghana (EmONC)</i>
<p>3b. Percent/number of births in ACCESS-targeted facilities in the past 6 months that occurred with a skilled attendant using a partograph</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women delivering in the past 6 months will be identified through facility records. Correct use of a partograph will be determined from facility records. Skilled attendants are those employed in skilled service provider categories according to the standards of the country. The percentage will be calculated by dividing the number of births recorded in the past 6 months that occur with a skilled attendant using a partograph (numerator) by the number of births recorded in the past 6 months (denominator). 	Facility records, completed partographs	Records review Annual	Program country staff with ACCESS M&E review	Baseline: TBD country level <i>Target Year 4 :1 country, Nigeria</i> <i>% TBD per final country workplans</i>

⁸ PEPFAR indicator

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>3c. Percent/number of births in the past 6 months in ACCESS-targeted facilities/communities with active management of third stage of labor</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • Births in the 6 months prior to data collection will be identified through facility records and/or program records at the community level. AMTSL is determined by information available in the records. • For facility births, the percentage is calculated by dividing the number of births recorded in the past 6 months where AMTSL is recorded (numerator) by the number of births recorded in the past 6 months (denominator). For community or home births, the number is an annual count of the births in the 6 months prior to data collection meeting the definition criteria. 	HMIS and/or program records where data are available	<p>Records review, where data are available</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 4: 6 countries, Nigeria, India, Rwanda, Cambodia, Ethiopia, Malawi</i></p>
<p>3d. Percent/number of newborns in the past 6 months in ACCESS-Targeted facilities or communities dried and warmed immediately after birth</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • Newborns in the past 6 months are those whose births are recorded in the 6 months prior to data collection. Being dried and warmed immediately after birth is determined by information available in the records. 	Facility and/or program records if data are available	<p>Records review, if data are available</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: country level TBD</p> <p><i>Target Year 4: 4 countries, Bangladesh, Nigeria, India, Ethiopia</i></p>
<p>3e. Percent/number of newborns in ACCESS-targeted facilities or communities that are breastfed within one hour of birth</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • Breastfeeding within 1 hour of birth is determined by information available in the records or through exit interviews with new mothers at facilities or interviews with recent mothers in the community. 	<p>Facility and/or program records if data are available</p> <p>Client exit interviews</p> <p>Community survey</p>	<p>Records review, if data are available</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: country level TBD</p> <p><i>Target Year 4: 3 countries, Bangladesh, Nigeria, Ethiopia</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
3f. Percent/number of providers with adequate knowledge of essential newborn care	<ul style="list-style-type: none"> Adequate knowledge will be determined. 	Provider knowledge survey	Survey Annual	Program country staff with ACCESS M&E review	Baseline: country level TBD <i>Target Year 4: 5 countries, India, Ethiopia, Malawi, Bangladesh and Afghanistan.</i> <i>Target=100% of trained providers</i>
3g. Percent/number of women in ACCESS-targeted facilities or communities who accept a contraceptive method by 6 weeks postpartum ⁹ (applicability is field-dependent)	<ul style="list-style-type: none"> Women who accept a contraceptive method are those recorded in facility or community outreach records as receiving the contraceptives or a prescription for a method (if appropriate in context). The number is a semi-annual count of women recorded at ACCESS-Targeted facilities or through community outreach as meeting the definition criteria. 	Facility and/or program records	Records review Semi-annual	Program country staff with ACCESS M&E review	Baseline: country level TBD <i>Target Year 4: 2 countries, Nigeria and Kenya</i>
3h. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received a postpartum visit within 3 days after childbirth	<ul style="list-style-type: none"> Percent of women delivering in facilities will be calculated from facility records that show the mother receiving postpartum care. Number of women's records that show a delivery in the past 6 months and postpartum care within 3 days/number of women's records that show a delivery in the past 6 months (numerator/denominator). Number of women delivering in communities will be calculated from home records if available (e.g., if the health system uses cards that the client keeps) or program records. 	HMIS and/or home records or community survey	Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan Annual	Program country staff with ACCESS M&E review	Baseline: not known at country levels <i>Target Year 4: 4 countries, Bangladesh, Nigeria, Ethiopia, Ghana</i>

⁹ This indicator will be collected through ACCESS-FP.

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
ACCESS Program Intermediate Result 4: Management of obstetric complications and sick newborns improved					
<p>4a. Percent/number of women attending ACCESS-targeted facilities with eclampsia who appropriately receive magnesium sulfate</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> Women with eclampsia attending <i>Targeted</i> facilities are those recorded as presenting at the facility with clinical symptoms. Appropriate treatment with magnesium sulfate is determined according to the clinical record or aggregated records. The percentage is calculated by dividing the numerator (women recorded at ACCESS-<i>Targeted</i> facilities with eclampsia and receiving magnesium sulfate) by the denominator (all women recorded at ACCESS-<i>Targeted</i> facilities with eclampsia). 	Facility records	Records review	Program technical staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target Year 4: 1 country, Nigeria</i></p>
<p>4b. Number of maternal/neonatal providers trained through ACCESS-supported curricula or events in infant resuscitation</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that <i>Targets</i> infant resuscitation is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills to treat infant asphyxia. Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues. Trained providers are those who complete a training course satisfactorily according to the course criteria. 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	ACCESS M&E	<p>Baseline: 0</p> <p><i>Target Year 4: Providers in 6 countries, Nigeria, Ethiopia, India, Rwanda, Malawi, Afghanistan</i></p>

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
<p>4c. Number of maternal/neonatal providers trained through ACCESS-supported curricula or events in management of LBW newborns/KMC</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. Training that targets KMC is a pre-service or in-service course or other learning experience that includes competency-based knowledge and skills related to management of LBW babies. Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues. Trained providers are those who complete a training course satisfactorily according to the course criteria. 	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	ACCESS M&E	<p>Baseline: 0</p> <p><i>Target Year 4: Providers in 2 countries, Nigeria, Rwanda</i></p>
<p>4d. Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved complication readiness</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in birth preparedness/ complication readiness. Achievement of improved complication readiness is defined as having fulfilled complication readiness goals of the community's self-developed action plan. The number will be calculated as an annual count of <i>Targeted</i> communities meeting the definition criteria. 	Program reports and activity tracking	<p>Program and M&E review of program reports</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target Year 4: Communities in 4 countries: Bangladesh, India, Rwanda, Nigeria</i></p>
<p>ACCESS Program Intermediate Result 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive age improved (Targets of Opportunity)</p>					

INDICATOR	DEFINITIONS AND CALCULATION	DATA SOURCE	COLLECTION METHOD/ FREQUENCY	RESPONSIBLE PARTY	BASELINE (AND TARGET)
5a. Number of linkages with international obstetric fistula networks initiated and technical assistance provided	<ul style="list-style-type: none"> International obstetric fistula networks are those organizations or groups of organizations who identify obstetric fistula as a key area of international concern and needed activism. Linkages are working relationships on identified tasks toward specified goals agreed between a network and ACCESS. 	Program records	Records review	ACCESS M&E	Baseline: 0 <i>Target Year 4: 1</i>

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

ANNEX 6 EXPECTED LIFE OF PROGRAM RESULTS

The ACCESS Program team expects to achieve the following eight Life of Program (LOP) results:

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

The expected results outlined above will be concentrated in USAID priority countries where the greatest needs exist or where ACCESS can build on existing programs to strengthen EMNC. Significant ACCESS countries, those where the program has received at least \$300,000 in field support (excluding those with a separate associate award – Afghanistan) include Haiti, Tanzania, Nepal, Bangladesh, Kenya, Nigeria, India, Rwanda, and South Africa. In each significant country where we work, ACCESS would like to take successful interventions to full-scale implementation. Key regional ACCESS initiatives include a USAID/WA-funded project, work with AFR/SD and the ANE Bureau.

ANNEX 7 ACCESS ACTIVITY MAPPING MATRIX

CORE ACTIVITY (PY4)	Location	PY3 Activity Number	PY2 Activity Number
IR 1: Global leadership for maternal, neonatal, and women's health and nutrition programs and policies strengthened			
1.1 Through global partnerships promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal, and women's health goals and incorporation of evidence-based strategies in country programs	Global	1.1	1.1
1.1.a. Collaborate with WHO/Geneva to improve and update the Managing Complications of Pregnancy and Childbirth manual	Global	1.1a	1.1b
1.1.b. Collaborate with global partners, including WHO, UNICEF and the Partnership for Maternal, Newborn and Child Health (PMNCH), to strengthen maternal, newborn and child health (MNCH) programs	Global	1.1b	1.1a
1.1.c. Promote Maternal and Newborn Health Key Interventions through White Ribbon Alliances at the Country Level	Global	1.1c	1.1d
1.1.d. Support MotherNewBorNet and Asia regional network for scale up of evidence-based practices on Maternal and Newborn Health	Global	1.1d	ANE
1.1.e. Participate with global and country level stakeholders in the Women Deliver conference	Global	New	
1.2 Partner with Faith-Based Health Care Organizations to Expand EMNC Interventions	Global, Africa, Kenya	1.2	1.2

CORE ACTIVITY (PY4)	Location	PY3 Activity Number	PY2 Activity Number
1.2.a. Collaborate with FBOs at Global and National Level to Advocate for and Expand Resources, Capacities, and Services of Evidence-Based MNH Care Among FBO Health Services	Africa	1.2a	1.2a
1.3 Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in Maternal and Newborn Health	Global	1.3	1.4
1.4 Financial Administration and Management of the Small Grants to Expand and Scale Up EMNC, Postpartum Hemorrhage, FANC (FBO), and Fistula Interventions	Africa	1.4	1.5
1.5 Completion of Small Grant Activities		New	
1.6 Technical Assistance	Global	1.5	1.6
IR 2 Preparation for childbirth improved			
2.1 India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program	India	2.1	2.1b
2.2 Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa		2.4	2.4
IR 3: Safe delivery, postpartum care, and newborn health			
3.1 Contribute to the knowledge and expansion of prevention of PPH in ACCESS countries	Africa	3.1	3.1
3.1.a Support to Countries Implementing PPH	Africa	3.1a	3.1

CORE ACTIVITY (PY4)	Location	PY3 Activity Number	PY2 Activity Number
3.1.b Improve knowledge and skills of skilled providers to prevent and treat PPH in Kenya	Kenya	3.1b	New
3.1.c Prevention of PPH in Cambodia	Cambodia	2.2	New
3.2 Build Strategic Opportunities to Improve Safe Delivery in Africa		3.2	
3.2.a Support Safe Birth Africa (SBA) Initiative in Rwanda	Rwanda	3.2a	New
3.2 b. Expand EMNC in Birem North, Eastern Region, Ghana	Ghana	3.2b	New
3.3 Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria	Nigeria	3.3	1.3a
IR 4: Management of obstetric complications and sick newborns improved			
4.1 Increase access to skilled attendance at birth through strengthening of preservice midwifery education of frontline providers in four countries (Ethiopia, Ghana, and Tanzania)	Ethiopia, Ghana, Tanzania	4.1	4.1b
4.2. Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC	Ethiopia	4.2	New
4.3. Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies	Nepal (1 SBA country)	4.3	4.2
4.4 Prevention of Eclampsia/Pre-eclampsia	Nepal	New	
4.5 Field-test and finalize the revised post-abortion care curriculum	Haiti	New	

CORE ACTIVITY (PY4)	Location	PY3 Activity Number	PY2 Activity Number
IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity)			
5.1 Technical oversight and documentation of current obstetric fistula small grant		5.1	5.1

ANNEX 8 ACCESS DOCUMENTS FOR DISSEMINATION

Technical briefs:

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

Technical reports:

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

Other:

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

ANNEX 9 ACCESS BUREAU AND COUNTY FUNDING TABLE (PY1-PY4)

(Table as of October 2007)

ACCESS Country	Program Year	Key Activities
Ethiopia	1	
	2	
	3 (new)	<ul style="list-style-type: none"> • Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists • Training Health officers • Training Community Health Extension Workers • Collaboration with AFR/SD preservice initiative
	4 (new)	<ul style="list-style-type: none"> • Training Health officers in BEmONC • Training Community Health Extension Workers • Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists • Collaboration with AFR/SD preservice initiative (\$174,991, core, for 3 countries)
Ghana	1	
	2	
	3 (new)	<ul style="list-style-type: none"> • Expand EmONC Training • Collaboration with AFR/SD preservice initiative
	4	<ul style="list-style-type: none"> • Expand EmONC Training • Collaboration with AFR/SD preservice initiative (\$174,991, core, for 3 countries)
Guinea	1	
	2 (new)	<ul style="list-style-type: none"> • Expansion of PAC
	3	<ul style="list-style-type: none"> • Expansion of PAC and FP
	4	<ul style="list-style-type: none"> • Revise preservice module for school of medicine • Train medical faculty and update in clinical skills and instructional design
Kenya	1	<ul style="list-style-type: none"> • Institutionalizing best practices for FP [activities began in PY 1 and will be reported in 1st annual report even though we never got an approved workplan]
	2 (new)	<ul style="list-style-type: none"> • Institutionalizing best practices for FP • Training for voluntary counseling and testing (VCT) counselors and Anti retroviral therapy (ART) within PMTCT programs

ACCESS Country	Program Year	Key Activities
	3	<ul style="list-style-type: none"> Strengthen counseling and testing services for HIV in clinical setting
	4	<ul style="list-style-type: none"> Strengthen counseling and testing services for HIV in clinical setting Scaling up ART services Expanding AMTSL service delivery
Madagascar	1	
	2	
	3 (new)	<ul style="list-style-type: none"> Quality and sustainability of focused antenatal care (FANC), intermittent preventive therapy (IPT) services
	4	<ul style="list-style-type: none"> Scale up FANC and quality improvements
Malawi	1	
	2	
	3	<ul style="list-style-type: none"> Expand EmONC Training Collaboration with AFR/SD preservice initiative
	4 (new)	<ul style="list-style-type: none"> Expansion of PAC, FP and Emergency Obstetric and Newborn Care (EmONC) in eight districts FANC/IPT Community-based maternal and newborn care Kangaroo Mother Care (KMC)
Nigeria	1	
	2 (new)	<ul style="list-style-type: none"> Emergency obstetric care and obstetric fistula
	3	<ul style="list-style-type: none"> Improvement of EmONC services Community mobilization regarding access to skilled providers Policy work on deployment of skilled providers Conduct study on local financing mechanisms to increase equity of health services in Nigeria
Nigeria (cont.)	4	<ul style="list-style-type: none"> Improvement of EmONC services Community mobilization regarding access to skilled providers Policy work on deployment of skilled providers Apply lessons learned on local financing mechanisms to increase equity of health services in Nigeria
Rwanda	1	

ACCESS Country	Program Year	Key Activities
	2	
	3 (new)	<ul style="list-style-type: none"> • Implementation of Safe Birth Africa Initiative
	4	<ul style="list-style-type: none"> • Implementation of Safe Birth Africa Initiative
	new	<ul style="list-style-type: none"> • Expand FANC/MIP
South Africa	1	
	2	
	3 (new)	<ul style="list-style-type: none"> • Dissemination of clinical guidelines around HIV/AIDS prevention and treatment
	4	<ul style="list-style-type: none"> • Dissemination of clinical guidelines & quality improvement around HIV/AIDS prevention and treatment
Tanzania	1 (new)	<ul style="list-style-type: none"> • Integrated ANC and PMTCT • Preservice training in focused ANC • Dissemination of IP guidelines • Support to WRA
	2	<ul style="list-style-type: none"> • Integrated ANC and PMTCT • Preservice training in focused ANC • Dissemination of IP guidelines • Support to WRA • Support to CEEMI (Malaria Center)
	3	<ul style="list-style-type: none"> • Scale up FANC and MIP • Strengthen nutrition in in-service and pre-service training
		<ul style="list-style-type: none"> • Collaboration with AFR/SD preservice initiative (\$250,000, core, for 3 countries)
	4	<ul style="list-style-type: none"> • Scale up FANC and MIP
<ul style="list-style-type: none"> • Collaboration with AFR/SD preservice initiative (\$174,991, core, for 3 countries) 		
Zambia	1	
	2	
	3 (new)	<ul style="list-style-type: none"> • Enhance the Social Mobilization effort to fight HIV/AIDS
	4	
Malaria Action Coalition	1	<ul style="list-style-type: none"> • Field support from Kenya, Madagascar, REDSO ESA, Rwanda and WARP • Coordination with MAC core funding
	2	<ul style="list-style-type: none"> • Field support from Kenya, Madagascar, REDSO and Mali

ACCESS Country	Program Year	Key Activities
	3	<ul style="list-style-type: none"> Personnel support in field and HQ to consolidate lessons learned
	4	<ul style="list-style-type: none"> Personnel support in field and HQ to consolidate lessons learned

ACCESS Country	Program Year	Key Activities
Afghanistan	1	
	2 (new)	<ul style="list-style-type: none"> Support to the Afghan Midwives Association (AMA) Assist in the development of a new maternal and newborn health strategy Establish demonstration project for the prevention of postpartum hemorrhage (PPH) for home births Feasibility study for a maternity waiting home in Badakhshan Province
	3 (new)	<ul style="list-style-type: none"> Support to AMA Continuation of PPH study Activities to support new program on improving quality of care in 13 provinces and training community midwives
	4	<ul style="list-style-type: none"> Expansion and scale up of PPH prevention Activities to support new program on improving quality of care in 13 provinces and training community midwives <hr/> <ul style="list-style-type: none"> Support to AMA
Bangladesh	1	
	2 (new)	<ul style="list-style-type: none"> Support a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions
	3	<ul style="list-style-type: none"> Community mobilization and behavior change for maternal and newborn health Policy work and advocacy for strengthening services
	4	
Cambodia	1	
	2	<ul style="list-style-type: none"> Policy support for maternal and newborn health Strengthen midwifery skills and increasing access to skilled providers
	3 (new)	<ul style="list-style-type: none"> Policy support for maternal and newborn health Strengthen midwifery skills and increasing access to skilled providers Expansion of evidence-based maternal and newborn interventions <hr/> <ul style="list-style-type: none"> PPH prevention

ACCESS Country	Program Year	Key Activities
	4	<ul style="list-style-type: none"> • Policy support for maternal and newborn health • Strengthen midwifery skills and increasing access to skilled providers • Expansion of evidence-based maternal and newborn interventions <hr/> <ul style="list-style-type: none"> • PPH prevention
India	1	<ul style="list-style-type: none"> •
	2 (new)	<ul style="list-style-type: none"> • Improving Auxiliary Nurse midwives (ANMs) skills to provide services and increasing demand in the community
	3	<ul style="list-style-type: none"> • Improving ANM skills to provide services and increasing demand in the community
	4	<ul style="list-style-type: none"> • Improving ANM skills to provide services and increasing demand in the community
Nepal	1 (new)	<ul style="list-style-type: none"> • Development of human resource strategy for skilled birth attendants (SBA) and community-based maternal and newborn care
	2	<ul style="list-style-type: none"> • Develop SBA learning resource package • Develop and test a community strategy for the identification and management of low birth weight (LBW) infants • Assist with national guidelines for LBW in the National Neonatal Health strategy • Policy work on the enabling environment of SBAs in rural communities. • CEDPA (Adolescent health)
	3	<ul style="list-style-type: none"> • Curriculum development and training for skilled providers • Guidelines development for LBW infants • Community management of LBW infants <hr/> <ul style="list-style-type: none"> • KMC
	4	<ul style="list-style-type: none"> • Continue expansion of KMC

ACCESS Country	Program Year	Key Activities
Haiti	1 (new)	<ul style="list-style-type: none"> • Increased accessibility and use of PMTCT • Strengthened reproductive health – postabortion care (PAC), infection prevention and family planning (FP) • Assess Cervical Cancer Prevention

ACCESS Country	Program Year	Key Activities
	2	<ul style="list-style-type: none"> • Increase accessibility and use of PMTCT services • Strengthen RH – PAC, FP, IP • Assess Cervical Cancer Prevention activities
	3	<ul style="list-style-type: none"> • Strengthen PMTCT training and services • Strengthen RH – PAC, FP, IP
	4	<ul style="list-style-type: none"> • Field test PAC module • Revise curriculum

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

ACCESS Bureau	Program Year	Countries	Key Activities
	4	Ghana, Tanzania, Ethiopia	<ul style="list-style-type: none"> • Improve pre-service midwifery education • Support WHO's Road Map for Safe Motherhood in Africa
ANE Bureau	1	Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor	<ul style="list-style-type: none"> • Support to WHO/SEARO • Country level advocacy for Lancet series on neonatal health • Technical support to scaling up prevention of PPH • Development and integration of community-based postpartum care MotherNewBorNet in Asia
	2	Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor	<ul style="list-style-type: none"> • Support MotherNewBorNet • Support to WHO/SEARO for a regional meeting • Support to USAID and MOH/Cambodia
	3		<ul style="list-style-type: none"> • Support panelists and participants to ANE Best Practices meeting
	4		
LAC Bureau	1 (new)	Guatemala, Peru, , Bolivia, DR, Paraguay	<ul style="list-style-type: none"> • Research and preparation of strategic document for newborn health with multiple stakeholders
	2	Bolivia, DR, Guatemala, Peru	<ul style="list-style-type: none"> • Completion of regional newborn strategy on EMNC
	3		<ul style="list-style-type: none"> • Printing and dissemination of Newborn Policy

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