



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

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

## **ACCESS**

### **YEAR TWO ANNUAL IMPLEMENTATION PLAN – PART A Final Version 02/20/06**

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## ABBREVIATIONS AND ACRONYMS

AFR/SD	Africa Bureau for Sustainable Development
AMDD	Averting Maternal Death and Disability
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
AWARE-RH	Action for West Africa Region – Reproductive Health
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communications
CA	Cooperating Agency
CDC	Centers for Disease Control
CMC&H	Christian Medical College and Hospital
DHS	Demographic Health Survey
EARN	East Africa Regional Network
EGPAF	Elizabeth Glasier Pediatric AIDS Foundation
EMNC	Essential Maternal and Newborn Care
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric & Newborn Care
FBO	Faith Based Organization
FIGO	International Federation of Gynecology and Obstetrics
HBLSS	Home-Based Life Saving Skills
HHCC	Household-to-Hospital Continuum of Care
HMIS	Health Management Information System
ICCDR,B	Center for Population Health and Population Research
ICM	International Confederation of Midwives
IMAI	Integrated Management of Adolescent and Adult Illnesses
IPT	Intermittent Preventive Treatment
IR	Intermediate Result
IRB	Institute Review Board
ITN	Insecticide Treated Net
JHU/CCP	Johns Hopkins University / Center for Communication Programs
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
LOE	Level of Effort
MDG	Millennium Development Goals
MIP	Malaria in Pregnancy
MIPESA	Malaria in Pregnancy, East and Southern Africa
MNPI	Maternal and Neonatal Program Index
MOH	Ministry of Health
NGO	Non-Governmental Organization
OFWG	Obstetric Fistula Working Group
PAHO	Pan American Health Organization
PDQ	Partner-Defined Quality
PMNCH	Partnership for Maternal, Newborn and Child Health
PMNDA	Perinatal and Maternal Death Audits
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
POPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	Postpartum Hemorrhage
PPHWG	Postpartum Hemorrhage Working Group

PQI	Performance and Quality Improvement
PVO	Private Voluntary Organization
RAOPAG	West Africa Network Against Malaria During Pregnancy
RBM	Roll Back Malaria
RCQHC	Regional Center for Quality Health Care
SBM	Standards Based Management
SMM	Safe Motherhood Model
SNL	Saving Newborn Lives
SO	Strategic Objective
TA	Technical Assistance
TIMS	Training Information Monitoring System
UDDTF	Uterotonic Drugs and Devices Task Force
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WARN	West Africa Regional Network
WARP	West Africa Regional Project
WHO	World Health Organization
WHO/AFRO	World Health Organization / Regional Office for Africa
WHO/SEARO	World Health Organization / Regional Office for South-east Asia
WRA	White Ribbon Alliance
WRATZ	White Ribbon Alliance/Tanzania

# OVERVIEW OF WORKPLAN

The goal of the ACCESS Program 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 USAID's vision of large-scale 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 constituents, partners, and champions from among policymakers, private-sector entities, civil society organizations, and community leaders to increase commitment and resources so that maternal and newborn health figures more prominently in national health plans and programs and there is a favorable environment conducive to and supportive of maternal and newborn health at local, national and international levels.

USAID's SO2 Results Pathway addresses congressional needs for reporting on an outcome and results level for priority activities. ACCESS, as the global flagship program addressing maternal and child health is well positioned to respond to several specific interventions: skilled attendance at birth, active management of third stage of labor, newborn health and fistula. ACCESS will seek opportunities to include or scale up work in these areas and document progress. ACCESS Program priorities and ACCESS work over the next four years will aim to accelerate progress in these areas. Examples of scale-up include; new work with FBOs, PPH in Afghanistan, newborn health in Bangladesh, and SBA and newborn health work in Nepal. ACCESS Program priorities and ACCESS work over the next four years will aim to accelerate progress in these areas. By the end of the five year ACCESS Program we expect to see global and national policies in place, evidence-based interventions for maternal and newborn health taken to scale, more national and local "champions" educating and advocating for essential maternal and newborn care (EMNC), and increased resources invested in maternal and newborn programs at the country level.

The ACCESS Year Two workplan builds upon the work begun in the first year which laid the foundation for defining and establishing in ACCESS programs the enabling environment for maternal and newborn health. This includes a health system that supports a continuum of care from the household to hospital and mobilizes families and communities to improve health care seeking practices at any point along the continuum. The household-to-hospital continuum of care (HHCC) model is designed to combine and link the household, community-level health workers, peripheral health facilities, and the hospital facility in a systems approach to maternal and newborn care. It addresses basic newborn and women's health services as well as obstetric care and postpartum care services that can be effectively provided in the home, community, and at peripheral health facilities. Complimentary systems that include supportive logistical, supervisory, and referral systems should also be place.

During Year One, ACCESS finalized the technical paper describing this household to hospital continuum of care approach. ACCESS seeks to use our Year Two activities to leverage changes in health systems and program approaches so that the gaps are filled in the continuum of care. All maternal and newborn care programs should consist of interventions implemented during the

various stages of pregnancy at different locations that, when linked, form an effective health service delivery system that meets the needs of mothers and their newborns. ACCESS proposes combining core and field funds in Tanzania to establish a program that will demonstrate an effective continuum of care approach.

Through global and local alliances, ACCESS will continue to provide leadership in shifting policies toward support for a continuum of care for women and newborns, in developing strategies that increase equity, and in integrating approaches to strengthen and expand EMNC with other health services. ACCESS will continue to collaborate with global partners, including the Partnership for Maternal, Newborn and Child Health (PMNCH), International Federation of Gynecology & Obstetrics (FIGO), the International Confederation of Midwives (ICM), the White Ribbon Alliance (WRA) and WHO regional offices in Africa (WHO/AFRO) and Asia (WHO/SEARO). ACCESS will influence policy, guidelines, and the content of preservice and inservice training systems, with a focus on enhancing the knowledge and skills of those cadres of health workers who will play a key role in delivering services in or near the communities. ACCESS will continue and build upon preservice training work with WHO/AFRO and their roll out of the Road Map for Safe Motherhood.

At present ACCESS is working with nine country programs, four malaria action coalition countries and activities in another sixteen countries (**see Figure 1**). At the country level, ACCESS is working to improve EMNC services with national governments, and USAID missions to identify opportunities to build on existing programs, including USAID bilateral programs in Nepal and Afghanistan. ACCESS work in Year Two will continue to support standardization of EMNC practices through policy and curriculum revision, promoting improved household practices for maternal and newborn care, and promoting national and local alliances to help raise awareness and build momentum for change. During Year Two, ACCESS will also collaborate with faith-based organizations (FBOs) and nongovernmental organizations (NGOs) in Africa and Asia to expand EMNC interventions through their program networks

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

The following pages present the ACCESS Year Two Annual Implementation Plan for the period of 1 October 2005 – 30 September 2006. This starts with a review of the ACCESS conceptual framework and monitoring and evaluation plan. This is followed by a discussion of the Year Two workplan for core, regional, and field activities. Finally, there is an update of the management and knowledge management plan. Annex II provides a timeline for ACCESS core activities by quarter.

Figure 1: ACCESS Country Level Activities Year Two

ACCESS Country	Key Activities
Haiti	<ul style="list-style-type: none"> <li>• Increase accessibility and use of PMTCT services</li> <li>• Strengthen RH – PAC, FP, IP</li> <li>• Assess Cervical Cancer Prevention activities</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>• Integrated ANC and PMTCT</li> <li>• Preservice training in focused ANC</li> <li>• Dissemination of IP guidelines</li> <li>• Support to WRA</li> <li>• Support to CEEMI (Malaria Center)</li> <li>• HHCC in Morogoro District</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>• Institutionalizing best practices for FP</li> <li>• Training for VCT counselors and ART within PMTCT programs</li> </ul>
Guinea	<ul style="list-style-type: none"> <li>• Expansion of PAC</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>• Emergency obstetric care and obstetric fistula</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>• Enhance the Social Mobilization effort to fight HIV/AIDS</li> </ul>
MAC	<ul style="list-style-type: none"> <li>• Field support from Kenya, Madagascar, REDSO and Mali</li> </ul>
Nepal	<ul style="list-style-type: none"> <li>• Develop SBA learning resource package</li> <li>• Develop and test a community strategy for the identification and management of LBW infants</li> <li>• Assist with national guidelines for LBW in the National Neonatal Health strategy</li> <li>• Policy work on the enabling environment of SBAs in rural communities.</li> <li>• CEDPA (Adolescent health)</li> </ul>
Afghanistan	<ul style="list-style-type: none"> <li>• Support to the AMA</li> <li>• Assist in the development of a new maternal and newborn health strategy</li> <li>• Establish demonstration project for the prevention of PPH for home births</li> <li>• Feasibility study for a maternity waiting home in Badakhshan Province</li> </ul>
Bangladesh	<ul style="list-style-type: none"> <li>• Develop and implement a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions</li> </ul>

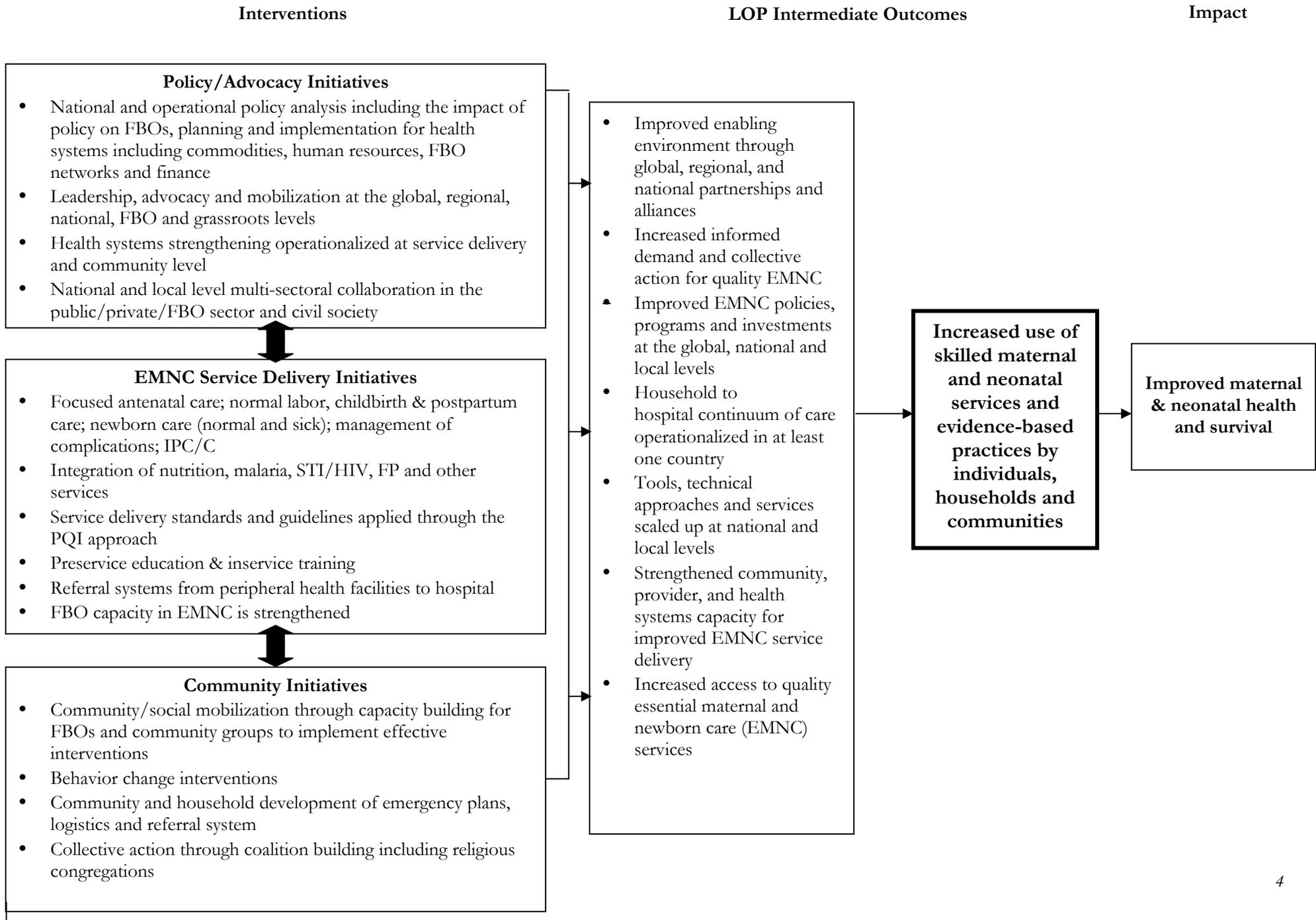
ACCESS Bureau	Countries	Key Activities
AFR/SD Bureau	Zambia, Niger, Senegal, Burkina Faso, Mauritania, Ghana*, Ethiopia*, Malawi*, Tanzania*	<ul style="list-style-type: none"> <li>• Implementation of Africa Road Map in 5 countries</li> <li>• Preservice midwifery education in 4 countries*</li> <li>• Lusophone conference</li> </ul>

ACCESS Bureau	Countries	Key Activities
ANE Bureau	SEARO countries Cambodia	<ul style="list-style-type: none"> <li>• Support MotherNewBorNet</li> <li>• Support to WHO/SEARO for a regional meeting</li> <li>• Support to USAID and MOH/Cambodia</li> </ul>
LAC Bureau	Bolivia, DR, Guatemala, Peru	<ul style="list-style-type: none"> <li>• Completion of regional newborn strategy on EMNC</li> </ul>
WARP	Cameroon, one new country TBD	<ul style="list-style-type: none"> <li>• Development of EMNC providers in Cameroon and Mauritania</li> <li>• Training for social mobilization trainers</li> </ul>

## CONCEPTUAL FRAMEWORK

The ACCESS conceptual framework illustrates the three major types of EMNC interventions – policy, service delivery, and community based knowledge and behavior change- being implemented by the Program as well as the associated results that ACCESS expects to achieve over the life of the Program (LOP). These intermediate results in turn ultimately should lead to improved maternal and neonatal health outcomes over the long-term. **See Figure 2.**

**FIGURE 2: CONCEPTUAL FRAMEWORK FOR ACCESS**

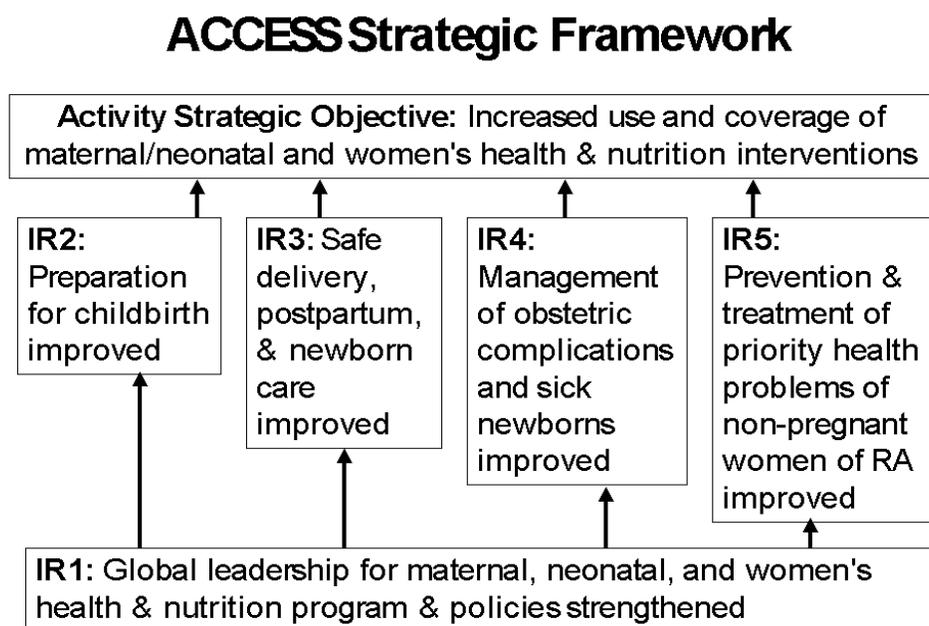




## MONITORING AND EVALUATION

The strategic framework below (Figure 3) illustrates the results the ACCESS Program aims to achieve globally. In addition to this strategic framework, each significant ACCESS country-level program has an individually tailored results framework that has been approved by the corresponding USAID Mission and linked to the Mission's strategic framework and the ACCESS strategic framework.<sup>1</sup> These country-level results frameworks are presented in the field support workplan included in Sections II and III of this document. See Appendix I for the associated ACCESS Global Performance Monitoring Plan.

Figure 3. ACCESS Strategic Framework



During Year One of the ACCESS program, monitoring and evaluation systems to measure progress towards achieving the activity SO and five Intermediate Results (IRs) for ACCESS were established at the global and country levels. Among these systems is a Training Information Monitoring (TIMS) system to collect data on all ACCESS-supported training events, including individualized data on training participants and trainers. In addition, appropriate field and headquarters staff to fulfill program monitoring responsibilities at different levels were identified and are currently working to collect data in accordance with the global and country level performance monitoring plans (PMPs). ACCESS staff developed a PMP, including results frameworks and indicators, for Afghanistan and this plan has been approved by USAID/Afghanistan and is currently being implemented. In Haiti, ACCESS worked collaboratively with U.S. government funded partners from IHE (the Haitian Child Health Institute subcontracted by the Centers for Disease Control (CDC)) and CERA (a Haitian research organization subcontracted by Tulane University) to develop appropriate monitoring tools and approaches for PMTCT services. A draft ACCESS PMP was also submitted to USAID/Bangladesh for the proposed ACCESS/Bangladesh project.

<sup>1</sup> Minimum threshold for a separate M&E plan for ACCESS country-level activities is a funding level of at least \$300K. Other criteria may affect the decision regarding whether or not a country-level plan is necessary.

In the coming year ACCESS will work to further refine its monitoring and evaluation systems and continue to submit its semi-annual and annual progress reports to USAID in a timely fashion. The Program will finalize and implement a PMP for Bangladesh and develop PMPs for any new countries that receive at least \$300,000 of funding through ACCESS.

### **Summary of Year One Results Achieved (core and field support funded)**

The ACCESS Program achieved a wide range of results under its five IRs during Year One. Below, specific results achieved are described under each program IR.

Under **IR 1**, linkages with non-traditional partners were made, evidence-based EMNC materials were developed and/or disseminated globally, international awareness of the HHCC approach was raised, and national policies, norms and protocols were reviewed:

- Contacts and linkages with FBOs and networks made in five East African countries and dialogue/advocacy initiated about increasing access to quality maternal and newborn health services.
- International leadership role taken in advocating for the HHCC approach for maternal and newborn health.
- International evidence-based practices for EMNC incorporated into competency-based training packages and other learning/training materials offered through alternative delivery systems, such as e-learning and CD-ROM.
- Technical briefs and articles documenting international evidence-based practices for EMNC prepared and ready for dissemination.
  - ACCESS materials disseminated at global meetings and conferences including Postpartum Health Care meeting in Bangladesh, FBO meeting in Tanzania and ICM meeting in Australia.
  - National policies, norms and protocols reviewed for adherence to international evidence-based standards in EMNC in Haiti (PMTCT). Revised national infection prevention (IP) guidelines in Tanzania were finalized and disseminated.
  - Review of human resources issues surrounding improving skilled birth attendance at the community level in Nepal contributed to drafting of new national policy for skilled birth attendants.
  - Afghan Midwives Association (AMA) launched and held its first annual Congress in Kabul in May 2005 with support from ACCESS.
  - Maternal Newborn Program Index (MNPI) study completed for Afghanistan and used as linchpin to review and revise national safe motherhood and newborn health strategy.

Under **IR 2**, the ACCESS program helped increase the availability of quality integrated focused antenatal care and PMTCT services in Tanzania, developed technical materials for application to birth preparedness, adapted and implemented quality improvement approaches in multiple countries, and strengthened prevention of malaria in pregnancy (MIP) programs and networks in Africa:

- Integration of EMNC and PMTCT interventions strengthened in Tanzania in collaboration with other NGOs and Cooperating Agencies (CAs). Lessons learned about integration in Tanzania shared at national workshop in December 2004.
- **Capacity to deliver, and availability, of focused antenatal care with PMTCT increased in Tanzania.**

- **Existing home-based models of care for maternal and newborn health reviewed.**
- A technical paper on “Household-to-Hospital Continuum of Maternal and Neonatal Care” developed.
- Strengthening of preservice education program for certificate nurse midwives in Tanzania initiated.
- Capacity of providers to deliver essential and emergency obstetric care in Cameroon and Mauritania increased in conjunction with mobilization and advocacy at the community level.
- The Standards-Based Management (SBM) approach to improving clinical care in facilities adapted and applied in Haiti (for postabortion care), and Tanzania and Madagascar (for focused antenatal care (FANC) and MIP)). National performance standards adopted for focused ANC and MIP in Tanzania and Madagascar.
- **Government of Burkina Faso adopted a national MIP policy in February 2005 that includes IPT and ITNs through FANC as a result of findings from the ACCESS and CDC supported study on MIP in Koupéla, Burkina Faso. Study results disseminated to stakeholders.**
- Regional and national networks and technical support strengthened for malaria prevention and control during pregnancy in ACCESS/MAC countries. Technical support provided to the RBM Partnership/Malaria in Pregnancy Working Group and regional networks and coalitions (RBM East Africa Regional Network (EARN), West Africa Regional Network (WARN), MIPESA, West Africa Network Against Malaria During Pregnancy (RAOPAG)).

Under **IR 3**, Prevention of Postpartum Hemorrhage (PPH) resources were developed and disseminated, PPH country strategies were initiated, and evidence-based practices for PPH were promoted:

- Collaborated with the Prevention of Postpartum Hemorrhage Initiative (POPHI) through representation in its Postpartum Hemorrhage Working Group (PPHWG) and Uterotonic Drugs and Devices Task Force (UDDTF) and dissemination of the PPH toolkit at several global meetings and conferences. CD-ROM for inclusion in the resource package “Prevention of Postpartum Hemorrhage: A Toolkit for Providers” completed by ACCESS.
- Technical and learning materials on community-based use of misoprostol developed: A technical paper on use of misoprostol in communities submitted to a peer-reviewed journal and implementation guide and draft training package for community-based use of misoprostol completed.
- Country strategies for prevention of PPH under development in Nepal and Afghanistan with ACCESS technical assistance (TA). Innovative PPH interventions in the process of being collaboratively developed in Afghanistan and Nepal.
- Active management of third stage of labor (AMTSL) promoted at international meetings, including the 27<sup>th</sup> ICM Triennial Congress in Brisbane, Australia.

Under **IR 4**, Regional capacity building was initiated to strengthen emergency obstetrical and newborn service delivery in collaboration with WHO/AFRO and resources were developed for Kangaroo Mother Care:

- Regional capacity building initiated to strengthen emergency obstetrical and newborn service delivery in collaboration with WHO/AFRO through implementation of the Africa Road Map. Stakeholders/facilitators from nine African countries oriented to implementation the Africa Road Map during workshops held in Accra, Ghana.

- Regional capacity building initiated to strengthen emergency obstetrical and newborn service delivery in collaboration with WHO/AFRO through strengthened preservice education. Conducted Preservice Midwifery Assessment Tools Orientation workshop for eight countries in Brazzaville, Congo.
- Draft kangaroo mother care (KMC) training manual developed and reviewed.

Under **IR 5**, ACCESS took a leadership role in fistula prevention, developing a small grants mechanism and actively participating the Obstetric Fistula Working Group (OFWG):

- Small grants mechanism developed to enable local NGOs, local FBOs, WRA secretariats and midwifery associations to apply for funding to implement programs on fistula prevention. Four grants awarded.
- ACCESS staff increased awareness about the importance of incorporating fistula prevention into preservice education (WHO/AFRO meeting in Brazzaville) and midwifery practice (workshop on Obstetric Fistula-The Midwife's Role at the 27<sup>th</sup> ICM Triennial Congress in Brisbane, Australia).
- ACCESS took a leadership role in fistula prevention through its participation in the OFWG.

### **Expected Life of Project Results**

Ultimately, the ACCESS team expects to help increase the use of key maternal health and nutrition interventions through both field-based interventions and global leadership activities. Thus, by the end of ACCESS we expect to see global and national policies in place, evidence-based interventions for maternal and newborn health taken to scale in priority countries, increased advocacy for EMNC, and increased resources invested in maternal and newborn programs. More specifically, assuming stable, if not increased, core and field support over time and no extended disruptions to programming due to political instability or other uncontrollable events in core ACCESS countries, the ACCESS Program team expects to achieve the following eight Life of Project (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. HHCC 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 essential maternal and newborn care (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 Tier 1 and 2 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, include Haiti, Tanzania, Nepal, Afghanistan, Bangladesh and Kenya. In each significant country where we work, ACCESS would like to take successful interventions to full-scale implementation. Key regional ACCESS initiatives include a WARP-funded project, work with AFR/SD and the ANE Bureau.



## Intermediate Result 1

# I. CORE WORKPLAN

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

### Strategic Approach

Through advocacy and strategic partnerships at global, regional and national levels, ACCESS will build on and expand existing resources, capacities and experience and extend activities beyond the reach of what any single organization can do. ACCESS will foster global leadership; increase international, governmental and FBOs commitment to improving the overall health status of women and newborns through linkages to partnerships and global alliances, advocacy, and policy dialogue; and ensure implementation of policies supportive of EMNC.

ACCESS has some excellent opportunities to help move evidence-based maternal and newborn health to scale, through collaboration with our global and national partners. For example, WHO/Geneva has asked us to collaborate and have joint work planning on important areas of malaria in pregnancy, development and roll out of preservice curricula, and an orientation workshop on PMTCT. In addition, ACCESS will collaborate with the WHO/SEARO on a regional workshop on maternal and newborn care and collaborate with them on the roll out of an action plan in selected countries.

In addition, ACCESS will collaborate with the PMNCH to support its effort in policy, effective interventions and country programs and participate in the development of the Africa paper on “Opportunities for Africa’s Newborns” and technical review of the upcoming Lancet Safe Motherhood series. ACCESS will work with the WRA, ICM, the MIPWG; and other key organizations including FBOs to advance the global agenda for safe motherhood and newborn health. These are some of the low-cost yet important catalytic ways that ACCESS can make a difference for maternal and newborn health.

ACCESS will also work to strengthen EMNC and share evidence-based practices with FBOs and link them to global coalitions to help mobilize collaboration to take EMNC to scale. ACCESS will work at the global level to share lessons learned of FBO’s rolling out EMNC activities and approaches for linking USAID-funding maternal and newborn health programs with FBO networks and structures at national, regional and local levels.

Special attention to the equity dimension of maternal and newborn health intervention is important to assure that services are available to the most needy women and children in both urban and remote rural areas. Special attention needs to be taken to avoid reinforcing existing inequities. More work is needed on appropriate indicators of equity and also to review socioeconomic information to make sure the poorest segments of society receive maternal and newborn health care. Particularly important is tackling issues of gender related to care seeking for the newborn.

Finally, ACCESS will use a subgrant mechanism to support targets of opportunities to build capacity of small local agencies. In addition to the current monitoring of sub grants supporting obstetric fistula, some additional sub grants will be used for FBOs to expand EMNC work and for PPH.

### IR 1: YEAR ONE RESULTS ACHIEVED

- ACCESS played a lead role in moving the international health agenda towards a HHCC approach by participating with the global partnerships, including the Partnership for Safe Motherhood and Newborn Health (PSMNH), WHO/AFRO, WHO/SEARO, ICM and the WRA.
- Initiated dialogue with FBOs and Ministries of Health (MOHs) in Kenya, Malawi, Tanzania, Uganda and Zambia and conducted work shop for FBOs on MIP.
- ACCESS Website developed and launched.
- E-learning courses on ANC and PPH developed for USAID Field Missions and health staff.
- Four Technical Briefs (malaria, newborn, PPH and ANC) produced and under review.
- Index of tools and materials for maternal and newborn health prepared
- ACCESS Announcement and ACCESS Quarterly Update prepared.
- ACCESS logo and materials (including stationary, business cards and templates) developed.
- ACCESS materials disseminated at global meetings and conferences including Postpartum Health Care meeting in Bangladesh, FBO meeting in Tanzania and ICM meeting in Australia.
- Key reports for USAID produced including semi and annual report and annual implementation plan.
- CD-ROM demonstration of active management of third stage of labor finalized and disseminated with Prevention of PPH Toolkit.
- Technical paper on community-based distribution of misoprostol submitted for publication to peer-reviewed journal.

### IR 1: YEAR TWO EXPECTED RESULTS

- Collaboration with the PMNCH and other global partners to influence strengthening maternal and newborn policies and programs and to advocate for increase funding and commitment.
- Contribution to global publications on maternal and newborn health, such as the publication on Africa's newborns and the Lancet series on safe motherhood.
- Collaboration with WHO/Geneva, WHO/SEARO and WHO/AFRO on the strengthening programming in maternal and newborn health.
- Collaboration with FBOs in South Asia and Africa to build capacity in EMNC.
- The malaria and neonatal components of the Safe Motherhood Model (SMM) field tested and the results used to inform the country program on the development of their maternal and neonatal health strategies
- A study on equitable access to maternal and newborn health services for poor and marginalized populations completed and findings disseminated at the global level.

### IR 1: ACTIVITIES AND SUBACTIVITIES

#### 1.1 Global Networking and Partnerships to Ensure Maternal and Newborn Health Goals and Evidence-based Strategies are incorporated into health policies (continuing)

- 1.1.a Coordinate and support the Partnership for Maternal, Newborn and Child Health (PMNCH) to promote advocacy and action at the country level for MNCH (continuing)

## **Intermediate Result 1**

**1.1.b** Collaborate with WHO/Geneva to strengthen PMTCT, preservice education and malaria in pregnancy programs and services **(new)**

**1.1.c** Support professional alliances such as the International Confederation of Midwives (ICM) to contribute to improved quality of care for mothers and newborns **(continuing)**

**1.1.d** Advance social mobilization through the White Ribbon Alliance (WRA) to help individuals, communities and organizations move from awareness to action for improved newborn and maternal health **(continuing)**

### **1.2 Collaborate with Faith Based Organizations (FBOs) to Strengthen Maternal and Newborn Services Provided by FBO Affiliated Networks (continuing 1.1.e in Y1)**

**1.2.a** Support FBOs to build and strengthen linkages with FBOs, USAID missions, government agencies, and other maternal and newborn health stakeholders to improve and scale up EMNC services provided by FBOs **(new)**

**1.2.b** Support FBO action plans to provide quality maternal and newborn healthcare services in select countries **(new)**

### **1.3 Improve Health Care Financing Schemes and Policies to Address Economic Barriers to Utilization of Maternal and Newborn Care Services and Better Allocate Resources (continuing 1.2 in Y1)**

**1.3.a** Conduct work that informs programs on how to close the equity gap in access to maternal and newborn health services – to be submitted as an addendum **(new)**

**1.3.b** Apply an upgraded Safe Motherhood Model (including neonatal and malaria in pregnancy elements) in an ACCESS country to improve national resource allocation for maternal and newborn care **(new)**

### **1.4 Disseminate ACCESS Program Materials and Resources to Stakeholders Worldwide to Advance Knowledge of and Programming in Maternal and Newborn Health (continuing 1.3 in Y1)**

**1.4.a** Develop an outreach strategy for ACCESS materials to ensure they reach key stakeholders **(continuing 1.3.a in Y1)**

**1.4.b** Develop e-learning courses to increase knowledge of new approaches, techniques and evidence-based safe motherhood programming information among USAID staff **(continuing 1.3.b in Y1)**

### **1.5 Award, Administer and Manage Small Grants to Expand and Scale Up EMNC Interventions (continuing 1.4 in Y1)**

### **1.6 Provide Technical Assistance to Strengthen Maternal, Newborn and Women’s Health Services (continuing 1.5 in Y1)**

<b>Intermediate Result 1</b>		
<b>Activity 1.1: Global networking and partnerships to ensure maternal and newborn health goals and evidence-based strategies are incorporated into health policies</b>		
<b>Activity Lead:</b> Pat Daly/Koki Agarwal	<b>Funding Sources:</b> Core	<b>Activity Cost:</b> \$610,438
<b>ACCESS Activity Partners:</b> JHPIEGO, Save the Children, IMA, AED, Futures Group, ACNM		
<b>Other Collaborating Organizations:</b> UNICEF, WHO, USAID, BASICS, SNL		

**A. Activity Objective and Rationale**

A key objective of ACCESS is working to make maternal and newborn health and survival a priority for national and international policymakers. ACCESS supports USAID efforts to ensure maternal and newborn health is incorporated in appropriate health policies and strategies in all USAID countries and that reductions in maternal and neonatal mortality are explicit objectives of each country’s Millennium Development Goals (MDGs). ACCESS continues to foster global and national partnerships by contributing evidence-based advocacy to donor and host country policy and program dialogue, with particular attention to the role of FBOs and supporting USAID to contribute effectively and knowledgeably to discussions on equity and resource redistribution and financing for maternal and neonatal health services.

**B. Summary of Year Two Activities**

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 Year One, ACCESS will continue to partner with the PMNCH and other global organizations such as ICM, FIGO, WRA, and RBM, among others. ACCESS will accelerate its work with FBOs to promote expansion and scale up of EMNC work through their programs. ACCESS will also provide leadership in shifting policies to support programs that increase equity for access to maternal and newborn health services.

**C. Activity Year Two Outputs**

- a) ACCESS collaborates with the PMNCH and supports Partnership efforts in priority countries
- b) ACCESS contributes to the publication on newborn health in Africa
- c) ACCESS and WHO/Geneva agree to a mutual collaboration to strengthen maternal and newborn health global efforts
- d) ACCESS participates with ICM and WRA to prioritize maternal and newborn health activities in their global work
- e) FBOs promote expansion and scale up of maternal and newborn health in their work
- f) ACCESS contributes to knowledge about equity issues and barriers to accessing maternal and newborn health services for the most vulnerable women and newborns

## Intermediate Result 1

### **Sub activity 1.1.a: Coordinate and support the Partnership for Maternal, Newborn and Child Health (PMNCH) to promote advocacy and action at the country level for MNCH**

In 2005, the three separate but overlapping partnerships (Partnership for Safe Motherhood and Newborn Health, Healthy Newborn Partnership, and Child Survival Partnership) were united into the PMNCH. This united global partnership is intended to bring maternal, newborn and child health together, strengthen the depth and breadth of the partnership constituency, accelerate action at country level, and promote accountability. ACCESS will collaborate with the Partnership through providing technical expertise, strategic thinking, and support through the working groups (advocacy, effective interventions, and country support) and supporting Partnership efforts in priority countries.

There are three components to the ACCESS support to the PMNCH:

- (1) Support to the Secretariat with their meetings and country support—this includes funding senior level officials to attend country meeting; ACCESS participation in the PMNCH meetings, and ACCESS collaboration on policy work and TA. Three important areas that are priorities for the PMNCH and where ACCESS can contribute to Partnership policy work are on the HHCC, PPH, and building human resource capacity.
- (2) Assistance with the preparation and dissemination of the Africa newborn paper— ACCESS is working with global partners such as the United National Children Fund (UNICEF), WHO, USAID, Basic Support for Institutionalizing Child Survival (BASICS) and Saving Newborn Lives (SNL) in the effort to move forward policy and technical support in Africa for integrated newborn health care. An important output of this work will be the publication of a policy document, “Opportunities for Africa’s Newborns”. ACCESS will assist with the writing and review of this document and the roll out of advocacy at the regional and country level; and
- (3) Offer technical review of the Lancet article on safe motherhood and support dissemination at the country level. Current efforts by global partners are underway to prepare a special supplement in the Lancet Journal that will focus on safe motherhood issues—similar to the 2005 supplement on neonatal health. ACCESS can contribute to this body of knowledge through technical review by experts from the ACCESS partnership. The long-term objective of this effort is to make USAID/HPN, bilateral project staff and MOH counterparts aware of maternal health issues facing their countries; to share evidence based knowledge and program approaches; to increase funding for maternal health; and to increase USAID mission requests for technical assistance in the area of maternal health. In addition to review of the document, ACCESS can assist with the roll out of advocacy at the regional and country level.

**Sub Activity Lead:** Pat Daly

**Sub Activity ACCESS Implementing Partners:**  
JHPIEGO, Save the Children, ACNM

**Sub Activity Location:** Global

### **Specific Tasks**

**Task 1:** Participate in three PMNCH task forces (advocacy, country support, and effective interventions).

**Task 2:** Collaborate with PMNCH on policy analysis work.

## Intermediate Result 1

**Task 3:** Collaborate with Partnership team to prepare the section on safe motherhood for the Newborn Health in Africa publication and provide input and review into the overall document. Participate in planning and review meetings.

**Task 4:** Support advocacy and roll out of the Africa Newborn publication at the country level.

**Task 5:** Participate in review of Lancet article on safe motherhood.

**Task 6:** Support country level advocacy for the Lancet safe motherhood article in one – two ACCESS countries.

<b>Sub activity 1.1.b: Collaborate with WHO/Geneva to strengthen PMTCT, preservice education and malaria in pregnancy programs and services</b>	
WHO is the global leader in maternal and newborn health and has recognized USAID and ACCESS key partners in the effort to reduce maternal and neonatal mortality and morbidity. In the past, WHO has worked closely with USAID, the MNH Program and SNL to realize synergies across institutions to promote maternal and newborn health. ACCESS and WHO Geneva would like to continue this collaboration at the global, regional and country levels. Specific areas identified for collaboration include (1) joint development of an orientation package on PMTCT of HIV/AIDS for IMAI (Integrated Management of Adolescent and Adult Illnesses) health workers or for those workers involved in rolling out ARVs; (2) promote consistency in development of preservice curriculums for maternal and newborn care; (3) collaboration on work in malaria in pregnancy.	
<b>Sub Activity Lead:</b> Koki Agarwal	<b>Sub Activity ACCESS Implementing Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> Global	

### Specific Tasks

**Task 1:** Develop a Memorandum of Understanding (MOU) with WHO/Geneva.

**Task 2:** With WHO/Geneva, prepare an orientation package on PMTCT of HIV/AIDS for IMAI health workers.

**Task 3:** Work with WHO/Geneva staff on addressing malaria in pregnancy through participation in task forces and global meetings.

## Intermediate Result 1

<b>Sub activity 1.1.c: Support professional alliances such as the International Confederation of Midwives (ICM) to contribute to improved quality of care for mothers and newborns</b>	
ACCESS will continue its collaboration with ICM in support of the ICM mission and goals to advance worldwide the aims and aspirations of midwives in the attainment of 1) improved quality of care for all women and newborns 2) reduced maternal and newborn morbidity and mortality in countries throughout the world and 3) strengthened midwifery associations with established government liaisons. This is a forum for promoting skilled attendance at birth and the professionalization of midwifery.	
<b>Sub Activity Lead:</b> Annie Clark	<b>Sub Activity ACCESS Implementing Partners:</b> ACNM
<b>Sub Activity Location:</b> Global	

### Specific Tasks

**Task 1:** One staff member from ACNM will attend the ICM Regional Meeting in Africa to present on the midwife's role in the Household-to-Hospital Continuum of Care. She will also mentor midwifery pre-service tutors from two ACCESS focus countries as they facilitate a hands-on session to teach essential newborn care and prevention of postpartum hemorrhage.

**Sub activity 1.1.d: Advance social mobilization through the White Ribbon Alliance (WRA) to help individuals, communities and organizations move from awareness to action for improved newborn and maternal health**

The WRA is a global alliance that empowers stakeholders—individuals, local organizations, health providers, and policymakers—to promote and sustain support for maternal and newborn health care. Over the past years, WRA and its local change agents have raised awareness and mobilized resources for safe motherhood. Global advocacy for mobilizing communities to support maternal and newborn health care is a critical to moving evidence-based newborn and maternal health into scale up. There are three components to the ACCESS support to WRA :

- 1) Conduct “capacity development” workshops for national secretariat coordinators and key core committee members.
- 2) Document successes of WRA Secretariats and develop a practical guide for emerging National Secretariats.
- 3) Technical assistance to the Global WRA.

The first component is aimed at teaching WRA secretariats skills in alliance building, increasing sustainability, mobilizing resources, and skills in advocacy and social mobilization. This workshop in India will engage WRA National Secretariats from twelve countries (as well as emerging Secretariats in four countries) and will also provide an opportunity for south to south exchange and dialogue. This workshop will be used to for the preliminary gathering of information case studies on effective WRAs and will provide critical input to prepare the guidance on how to start and maintain a national secretariat. The WRA Global Secretariat and its members will host the workshop; however, ACCESS will sponsor some participants, if needed.

The second component is to prepare a brief document that presents experiences of alliances that have moved from awareness to action, such as India, and defines the processes to achieve change among their stakeholders. This brief document will provide practical and specific information on inputs, resources and capacity needed to form a WRA and move it toward sustainability. It would inform new Secretariats, such as those in Yemen, Afghanistan, Pakistan and East Timor, which are currently being established.

The third component is providing technical assistance to the Global WRA. ACCESS will continue to act as an advisor to the Global WRA in its transition to independent non-profit status. ACCESS will serve on the international Board of Directors and provide input on strategic direction, organizational development, policies and procedures, resource leveraging, and capacity building.

<b>Sub Activity Lead:</b> Theresa Shaver/WRA, Nancy Russell/ Futures Group	<b>Sub Activity ACCESS Implementing Partners:</b> Futures Group
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**Sub Activity Location:** Global

**Specific Tasks**

**Task 1:** Sponsor seven participants from ACCESS countries to participate in WRA Capacity Building Workshop in India.

**Task 2:** Develop and facilitate sessions on social mobilization and Alliance building at the Capacity Building Workshop.

**Task 3:** Develop outline of guide and prepare draft case studies at WRA Capacity Building

## Intermediate Result 1

workshop.

**Task 4:** Develop and disseminate the guide to build WRA National Secretariat.

**Task 5:** Serve on WRA Board of Directors and provide TA as needed.

<b>Intermediate Result 1</b>		
<b>Activity 1.2: Collaborate with Faith Based Organizations (FBOs) to strengthen maternal and newborn services provided by FBO affiliated networks</b>		
<b>Activity Lead:</b> Sarla Chand	<b>Funding Sources:</b> Core	<b>Activity Cost:</b> \$187,742
<b>ACCESS Activity Partners:</b> IMA, JHPIEGO, Save the Children, Futures Group		
<b>Other Collaborating Organizations:</b> Islamic, Christian, Hindu and other religious affiliate partners in Africa and Asia		

### A. Activity Objective and Rationale

**Objective:** Build capacity of FBOs to strengthen and implement the maternal & newborn health care services provided through their extensive networks.

**Rationale:** There is growing recognition of the extent to which FBOs have been providing health care services, education and awareness through their extensive networks of hospitals, dispensaries, health centers, community based programs and congregations. A majority of these institutions and programs provide healthcare to women and children with a major emphasis on maternal and newborn care. Though donors and international NGOs have and continue to work with FBO facilities and programs on an individual basis, there has been insufficient attention paid to working with the established networks and organized structures. FBOs could also provide much cross learning, particularly those FBOs that have advanced the availability of skilled birth attendance nearer to the community. In many African countries where governments work with the FBO networks and organizations at national level, there could be greater focus on sharing and scaling up evidence based maternal and neonatal health approaches. ACCESS will work with FBO networks and structures at the national, provincial and local levels, and share this experience with other partners. This work will build the capacity of these networks and structures, and strengthen their implementation of and access to maternal and newborn health care services for the most vulnerable groups.

### B. Summary of Year Two Activities

In Year Two, ACCESS will continue to work with FBOs in East and Southern Africa to strengthen their capacity in EMNC, while initiating contacts and networking for future capacity building efforts in West Africa and South Asia. As follow up to the Tanzania workshop on FANC, PMTCT, HHCC and MIP, ACCESS will continue communication with participants, linking them with both technical and financial resources. In addition, ACCESS will make small grants available to support some of the targeted maternal and newborn health activities outlined in the FBO action plans developed at the workshop. The FBO strategy in development for ACCESS lays out the approach for engaging FBOs for each of the remaining years of ACCESS. The FBO technical brief is currently being developed and will be sent out for internal review shortly.

## Intermediate Result 1

During the second year ACCESS will explore contacts with FBOs in West Africa and South Asian countries where ACCESS has a presence (e.g. Christian Medical College & Hospital, Vellore, United Mission to Nepal (UMN), Christian Commission for Development Bangladesh (CBDB) and Christian Medical Association of India (CMAI). ACCESS will assess the potential of these FBOs to be mobilized as advocates and providers of essential quality maternal and neonatal health services, and serve as models for African FBOs. This will move ACCESS towards establishing the global FBO Forum on Safe Motherhood, which will enable FBOs to network, share experiences, and unite over a shared belief in advocacy for improved health care for mothers and babies. In addition, ACCESS will help USAID Missions in ACCESS countries to become cognizant of opportunities that FBO networks provide for strengthening maternal and neonatal health services.

### C. Activity Year Two Outputs

- a) Organize a technical presentation in Washington, D.C. on the role of FBOs in maternal and newborn health.
- b) Finalize and disseminate FBO strategy paper and FBO technical brief.
- c) Identify leadership for the establishment of FBO Regional/Global Forum(s).
- d) Implement small grants program follow up to support action plans developed at the Tanzania workshop (including capacity building of Christian and Muslim FBOs in Kenya, Zambia, Tanzania, Malawi and Uganda with specific focus on FANC, HHCC, MIP and other components of EMNC).
- e) Network and identify FBO partners in maternal and newborn health in South Asia, including south-to-south exchanges for transfer of knowledge and skills.
- f) Build on relationships established in Year One with Christian and Islamic FBOs and identify other faith groups providing maternal & neonatal services in ACCESS countries to strengthen networking and sharing of resources by FBOs.
- g) Mobilize FBOs for advocacy and action on safe motherhood and newborn health issues

## Intermediate Result 1

### **Sub activity 1.2.a: Support FBOs to build and strengthen linkages with FBOs, USAID missions, government agencies and other maternal and newborn health stakeholders to improve and scale up EMNC services provided by FBOs**

To improve and scale up EMNC services, ACCESS will support FBOs in building and strengthening linkages with each other, EMNC stakeholders (national and international), governments and USAID Missions.

The objectives are to: (1) strengthen networking skills; (2) identify and network with faith-based maternal and newborn care providers (3) expand FBO knowledge, skills and mobilization of both human and financial resources to implement EMNC services; (4) mobilize FBOs for advocacy and action for maternal and newborn health (5) assist FBOs to connect with their USAID Mission at the country level; (6) assist USAID Missions to better understand how they can work with FBO networks on maternal and newborn activities

FBOs can be powerful allies in advancing the cause of maternal and newborn health. FBOs work with the poorest and most vulnerable groups in areas where most organizations do not.. ACCESS will work with FBOs to organize a global FBO forum on safe motherhood and newborn health, and capitalize on this strong force for advocacy and action. In addition, ACCESS will help to strengthen not only the technical capacity of FBOs, but will also enable linkages to be built with USAID Missions and other stakeholders. The target audience is FBO technical experts and program managers.

Next, ACCESS will prepare a policy brief on the role of FBOs in improving maternal and newborn health. This will include lessons learned from existing FBO programs and identify approaches and ways to work with local FBOs. The target audience is national governments, USAID Missions and other national and international stakeholders.

<b>Sub Activity Lead:</b> Sarla Chand	<b>Sub Activity ACCESS Implementing Partners:</b> IMA
<b>Sub Activity Location:</b> Global	

### **Specific Tasks**

**Task 1:** Organize a technical presentation on the role of FBOs in maternal and newborn health in Washington, D.C.

**Task 2:** Finalize and disseminate FBO strategy paper and FBO technical brief on maternal and newborn health.

**Task 3:** Prepare a brief to share with USAID Missions explaining how they can utilize the extensive networks and presence of FBO health care services to improve both service and access to EMNC services.

**Task 4:** Build linkages with other stakeholders, USAID Missions and others for safe motherhood advocacy and support of FBO efforts in improving maternal and newborn health.

**Task 5:** Mobilize FBOs for advocacy and action on safe motherhood through the formation of a global FBO forum on safe motherhood

<b>Sub activity 1.2.b: Support FBO action plans to provide quality maternal and newborn healthcare services in select countries</b>	
ACCESS will support FBOs in five East and Southern Africa countries to build their capacity in EMNC (ANC, MIP, and PMTCT) through in-country activities. This is a follow up activity to the FBO workshop held in August 2005 in Bagamoyo, Tanzania.	
The objectives are to implement country activities that aim to: (1) increase knowledge of FBOs in ANC, MIP, and PMTCT; (2) build linkages with other stakeholders and USAID Missions for maternal and newborn health advocacy; and (3) support FBO implementation and expansion of maternal and newborn care.	
ACCESS will support the action plans for FBOs in Malawi and Uganda where FBOs provide 40-60% of health care services and reach some of the most marginalized populations. ACCESS support of these FBOs will result in increasing their capacity to provide high quality maternal and newborn care as well as greater awareness in the communities they serve for demanding and accessing services. At the end of Year Three, these programs will be expected to be models for scaling up EMNC through FBO networks.	
<b>Sub Activity Lead:</b> Sarla Chand	<b>Sub Activity ACCESS Implementing Partners:</b> IMA, Futures Group
<b>Sub Activity Location:</b> East Africa	

**Specific Tasks**

**Task 1:** The ACCESS technical team will review the action plans developed at the FBO workshop and support small grants, specifically EMNC activities for implementation in respective country (ies).

**Task 2:** Share and disseminate EMNC tools to FBOs based on consultation and dialogue.

**Task 3:** Monitor and evaluate progress of action plans (*as supported through the small grants mechanism, Please see IR 1.5 for details*) through follow up activities.

**Task 4:** Enable implementation of EMNC by Muslim and Christian FBO Networks in Malawi and Uganda and support the expansion of their action plans developed at the FBO workshop.

## Intermediate Result 1

<b>Intermediate Result 1</b>		
<b>Activity 1.3: Improve health care financing schemes and policies to address economic barriers to utilization of maternal and newborn care services and better allocate resources</b>		
<b>Activity Lead:</b> Nalinee Sangrujee	<b>Funding Sources:</b> Core	<b>Activity Cost:</b> \$235,817
<b>ACCESS Activity Partners:</b> Futures Group		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

Economic barriers are recognized as a major constraint to utilization of maternal and newborn health services. ACCESS will expand its leadership in maternal and neonatal health care policy work by identifying and addressing the economic barriers to utilize maternal and newborn care services in one ACCESS country. Moreover, governments need to make improved resource allocation decisions for EMNC services. ACCESS will use the expanded SMM to develop priorities for allocating resources for EMNC intervention. ACCESS will explore the issue of equity for EMNC with an assessment of economics costs (formal and informal) to women and their babies who utilize delivery and postpartum care services. This work will focus on the economic burden on poor women and how these economic costs may prohibit them from accessing health care services for themselves and their newborns. The result of this activity will be the development of policy options to reduce economic barriers to access to EMNC.

In Year One, ACCESS modified the safe motherhood model to include neonatal and malaria in pregnancy components. The SMM can be used to show policymakers and program managers what they can do to address maternal mortality and morbidity and how to set priorities for maternal health in their country. With the additional components, the SMM provides policy makers with a tool that comprehensively examines maternal and neonatal health strategies.

### B. Summary of Year Two Activities

An analysis of the economic barriers for families, particularly the poor, to access to maternal and neonatal health services will be conducted. Current governmental policies will be assessed to evaluate to identify where they act as barriers or facilitate the delivery of services to the poor. ACCESS will present this information and work with policy makers to develop policies to overcome these economic barriers.

ACCESS will also finalize the development of the Neonatal and Malaria components of the Safe Motherhood Model. This activity includes field testing of the components that were developed in Year One.

### C. Activity Year Two Outputs

- a) Policy development to reduce household economic barriers to maternal and newborn services
- b) Policy development to increase equity in delivery of maternal and newborn health services
- c) Increased capacity of equitable programming and budgeting maternal and newborn health services

**Sub activity 1.3.a: Conduct work that informs programs on how to close the equity gap in access to maternal and newborn health services – to be submitted as an addendum**

**Developing a Framework for Addressing MNH Financial Barriers**

ACCESS proposes a two part project to develop a strategy that reduces financing barriers to maternal and neonatal health services and increasing access and utilization of services, particularly among the poor.

The first part would be a review of available literature (published and unpublished) to analyze different interventions to reduce financial barriers to access and utilization of maternal and newborn health services. The meta-analysis will identify approaches and models in different settings that reduce financial barriers and increase access and utilization of services for mothers and newborns and develop and approach (s) for addressing those barriers, particularly for the most vulnerable segments of society, identify gaps in research, challenges to scale-up, and document the evidence of the successes and failures of MNH financial interventions. As a result of the analysis, a framework will be developed that outlines the types of financial barriers, solutions for addressing the interventions, the expected impact based on evidence from previous interventions, and identify conditions that influence the effectiveness of the intervention.

Based on the evidence produced from this framework and ACCESS and USAID approval, ACCESS would design and conduct a pilot intervention aimed at reducing the financial barriers and measuring its impact on increasing access and utilization of MNH services. The evaluation of the study would be conducted as a case-control study, where two study sites are chose, one with the intervention and one without. The outcome of the pilot project would be to directly improve the health of the pregnant women and newborns in the studied community. In addition, this rigorous study will inform policy makers on the design, challenges, impact, scalability, and sustainability of a financial intervention to increase access and utilization of maternal and neonatal health services. This intervention would need to nested into an existing comprehensive maternal and newborn health program. Therefore ACCESS would seek opportunities within the ACCESS program, within ACCESS partner programs, or within USAID bilateral health programs which offer the best opportunity to test a model or models.

**Objective**

Identify successful interventions at reducing financial barriers and increasing access to maternal and neonatal health services

Contributes towards IR 1 through SubIR 1.1.1 *Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved* and 1.1.4 *Programmatic lessons learned synthesized and applied at the global level and in the field*. Contributes IR2-4 and to the overall Activity Strategic Objective of *Increased use and coverage of maternal/ neonatal and women's health and nutrition interventions*.

**Activity**

Conduct a review of all available literature on MNH financial schemes and interventions and identify successful approaches by scenario that reduce financial barriers to access and utilization of maternal and newborn health services.

Design and conduct a pilot study of an identified successful MNH financial intervention.

## Intermediate Result 1

<b>Sub Activity Lead:</b> Nalinee Sangrujee	<b>Sub Activity ACCESS Implementing Partners:</b> Futures Group
<b>Sub Activity Location:</b> Global/Country Level	

### Outputs

1. Framework to identify effective strategies to implement to address different types of MNH financial barriers.
2. Policy brief on approaches to reducing financial barriers in order to increase the poor's access and utilization of MNH services.
3. Intervention strategy to reduce financial barriers to....designed and implemented in setting with a functional comprehensive maternal and newborn health program.
4. Increased utilization of MNH health services
5. Evaluation framework for measuring the impact of MNH financial interventions

### Sub Activity 1

Develop a framework for addressing MNH financial barriers. Conduct a review of available literature to provide evidence on the successes and challenges of MNH financial interventions. Identify gaps in the research, challenges to scale-up and factors leading to success or failure of an intervention.

### Specific Tasks

- Task 1:** Gather all available published and unpublished literature on MNH interventions that address financial barriers. **March 2006**
- Task 2:** Synthesize the literature and develop a framework for addressing MNH financial barriers. **March/April 2006**
- Task 3:** Draft policy brief on the Framework for Addressing MNH Financial Barriers. **April 2006**
- Task 4:** Finalize policy brief **May 2006**

### Sub Activity 2

Design and conduct a pilot study based on the evidence from the literature review. Implement an MNH financial intervention pilot project. Conduct a case-control evaluation of the pilot project to determine the impact of the intervention on increased access and utilization of MNH services.

*Timeline: 18 Months*

<b>Task 1:</b> Write study concept and protocol	<b>June 2006</b>
<b>Task 2:</b> Identify study site, country team, and train country team	<b>August 2006</b>
<b>Task 3:</b> Draft evaluation plan	<b>August 2006</b>
<b>Task 4:</b> Implement pilot project	<b>October 2006</b>

## Intermediate Result 1

<b>Task 5:</b> Evaluate pilot project and one other site where there was no intervention implemented.	<b>October 2006- October 2007</b>
<b>Task 6:</b> Draft report on pilot study	<b>December 2007</b>
<b>Task 7:</b> Dissemination of findings	<b>January 2008</b>

<b>Sub activity 1.3.b: Apply an upgraded Safe Motherhood Model (including neonatal and malaria in pregnancy elements) in one ACCESS country to improve national resource allocation for maternal and newborn care</b>	
<b>Objective:</b> To assist an ACCESS country in developing evidence-based resource allocation plans using a priority setting process facilitated by the application of the upgraded Safe Motherhood Model.	
<b>Rationale:</b> Investments were made in Year One to develop the Neonatal and Malaria components to add to the SMM. The SMM can be used to show policymakers and program managers what they can do to address maternal and neonatal mortality and morbidity and how to set priorities for maternal and neonatal health in their country. With the additional components, the SMM provides policy makers with a tool that comprehensively examines maternal and neonatal health strategies.	
This activity would identify a target country where the neonatal and malaria components that were developed in Year One would be field tested. Certain criteria have been developed and as best as possible will be applied to select the country for the field test: 1) an ACCESS country, 2) a country where the SMM has been previously applied and 3) agreement from the USAID mission. The results of the field test will not only be the development of a tool that can be applied to other countries, but can be used to inform the country on the development of their maternal and neonatal health strategies.	
<b>Sub Activity Lead:</b> Lori Bollinger	<b>Sub Activity ACCESS Implementing Partners:</b> Futures Group
<b>Sub Activity Location:</b> Country Level	

### Specific Tasks

**Task 1:** Site selection and project preparation.

**Task 2:** Field test questionnaire and data collection.

**Task 3:** Draft analysis and draft report.

## Intermediate Result 1

<b>Intermediate Result 1</b>		
<b>Activity 1.4: Disseminate ACCESS Program materials and resources to stakeholders worldwide to advance knowledge of and programming in maternal and newborn health</b>		
<b>Activity Lead:</b> Katrin de Camp	<b>Funding Sources:</b> SO2 Core	<b>Activity Cost:</b> \$370,237
<b>ACCESS Activity Partners:</b> JHPIEGO, Save the Children, ACNM, IMA, AED, Futures Group		
<b>Other Collaborating Organizations:</b> Partnerships and Alliances, Donors, USAID and USAID CAs		

### A. Activity Objective and Rationale

**Objective:** To share program documents and inform donors, partners, alliances and other agencies of ACCESS's ongoing contributions to the safe motherhood agenda.

**Rationale:** As USAID's flagship global maternal and newborn health program, ACCESS supports the dissemination of key essential maternal and newborn care practices, tools and approaches at the global and country levels in order to advance knowledge, information and programming in maternal and newborn health.

### B. Summary of Year Two Activities

Building on progress of Year One, ACCESS will continue to support the development, production and sharing of the program's materials through the website, technical briefs, updates and reports. In order to maximize resources and dissemination opportunities, in Year Two, ACCESS will develop an outreach strategy that outlines a long-term vision for the development and dissemination of technical documents and program materials. The strategy will identify key documents to either be compiled or developed as well as target audiences and forums. In addition, ACCESS will continue to support USAID's Global Health Fundamentals E-Learning Course with the development of two new EMNC related courses. One course will focus on general maternal health and the other on newborn health.

### C. Activity Year Two Outputs

- a) Website maintained and updated as needed
- b) ACCESS Outreach Strategy developed
- c) Technical documents and briefs compiled or developed, and disseminated to appropriate audiences including:
  - a. Technical briefs/country profiles – e.g. FBO initiatives, PMTCT, Home-Based Life Saving Skills (HBLSS), others TBD
  - b. Technical Strategies – e.g. HHCC, FBO, Home-Based Models of Care (HBMC), SBM
  - c. Quarterly Newsletter
  - d. Program Reports – semi/annual reports and annual implementation plan
- d) Two new E-Learning EMNC courses developed for USAID – general maternal and newborn health

<b>Sub activity 1.4.a: Develop outreach strategy for ACCESS materials to ensure they reach key stakeholders</b>	
ACCESS will develop an Outreach Strategy outlining a long-term vision for the development and dissemination of technical documents and program materials. The strategy will identify key documents to either be compiled or developed as well as target audiences and forums.	
<b>Sub Activity Lead:</b> Katrin de Camp	<b>Sub Activity ACCESS Implementing Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> ACCESS Headquarters	

**Specific Tasks**

**Task 1:** Develop Outreach Strategy.

**Task 2:** Develop, produce, translate and disseminate key program materials and technical documents including:

- Technical briefs and country profiles – e.g. FBO initiatives, and others to be determined that might include PMTCT, Home-Based Life Saving Skills (HBLSS), and ACCESS country profiles
- Translations of selected technical briefs into French, Portuguese and Spanish
- Technical Strategies – e.g. HHCC, FBO, HBMC
- Quarterly Newsletter
- Program Reports – semi/annual reports and annual implementation plan

**Task 3:** Maintain and update ACCESS website.

**Task 4:** Identify and participate in international meetings and conferences in order present the ACCESS Program and distribute ACCESS materials.

<b>Sub activity 1.4.b: Develop e-learning courses to increase knowledge of new approaches, techniques and evidence-based safe motherhood programming information among USAID staff</b>	
ACCESS will continue to support USAID’s E-Learning Course through the development of two new on-line courses related to essential maternal and newborn care. The courses are designed for USAID, especially field based PHN Officers and OPH staff to maximize their knowledge of new approaches, techniques and evidence-based information in the field of safe motherhood programming. In Year Two, courses will focus on general maternal and newborn health. E-Learning courses will cover basic maternal health and basic neonatal Health which will be jointly developed in collaboration with BASICS project which will cover sick newborn. HIDN/MH team will need to be closely involved in the development of those courses.	
<b>Sub Activity Lead:</b> Patricia Gomez	<b>Sub Activity ACCESS Implementing Partners:</b> JHPIEGO, ACNM, Save the Children (as appropriate)
<b>Sub Activity Location:</b> ACCESS Headquarters	

**Specific Tasks**

**Task 1:** Develop E-learning courses in general maternal and newborn health.

## Intermediate Result 1

**Task 2:** Identify subject matter expert(s) responsible for development of courses and develop Plan of Action/SOW in collaboration with USAID and INFO Project (outlining content, deliverables and timeline).

**Task 3:** Develop on-line courses.

<b>Intermediate Result 1</b>		
<b>Activity 1.5: Award, administer and manage small grants to expand and scale up EMNC interventions</b>		
<b>Activity Lead:</b> Alice Weinstein	<b>Funding Sources:</b> Core	<b>Activity Cost:</b> \$338,677
<b>ACCESS Activity Partners:</b> Futures Group, ACNM, JHPIEGO, IMA,		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

ACCESS recognizes that in-country local organizations and groups have skills and program opportunities that offer the opportunity to expand and scale up EMNC interventions. Small grants can push the overall ACCESS agenda to reach a much wider audience, particularly reaching the most vulnerable groups. A small grants initiative can facilitate this work by allowing ACCESS to support a range of smaller partners or collaborating institutions in-country.

In Year One, small grants were given to four local organizations to support efforts in the prevention of obstetric fistula. (This activity is found under IR 5). In Year Two, potential new opportunities for using the small grant mechanism will focus on providing small grants to local NGOs working in PPH, and/or to FBOs to support EMNC activities.<sup>2</sup>

### B. Summary of Year Two Activities

Continued management and administration of small grants will be supported in Year Two through this mechanism. This will include the on-going monitoring of the obstetric fistula sub grants and the preparation and management of new sub grants for PPH and FBOs.

### C. Activity Year Two Outputs

- a) Monitoring of current obstetric fistula grants
- b) Development and management of FBO and PPH grants

### Specific Tasks

**Task 1:** Handle the administration and monitoring of current small grants.

**Task 2:** Small grants will support in-country activities for implementation of EMNC targeted activities of FBOs. (*Please reference IR 1.2.b*).

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<sup>2</sup> The activity details are found in the technical sections under IR 1.2.b for FBOs and under 3.1.a for PPH

## Intermediate Result 1

**Task 3:** Small grants for PPH will be distributed at the African regional conference on PPH so that applications for small grants for up to \$10,000 can be made in order to carry out action plans developed during the conference.

<b>Intermediate Result 1</b>		
<b>Activity 1.6: Provide Technical Assistance to Strengthen Maternal, Newborn and Women’s Health Services</b>		
<b>Activity Lead:</b> Pat Daly	<b>Funding Sources:</b> SO2 Core	<b>Activity Cost:</b> \$163,000
<b>ACCESS Activity Partners:</b> JHPIEGO, Save the Children, ACNM, Futures Group, IMA, AED		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

ACCESS partners bring tremendous global, regional and country level leadership and technical expertise in maternal, newborn and women’s health care. ACCESS and partner staff and their consultants can provide support in policy, advocacy, program implementation and research to strengthen EMNC programs worldwide. ACCESS will be available to respond to targets of opportunities to strengthen EMNC services and to collaborate with governments, NGOs, USAID bilateral programs, professional associations, and international organizations to strengthen and promote EMNC services. ACCESS will share requests for TA with all partners and selection will be based on criteria aimed at matching skills with partner needs.

### B. Summary of Year Two Activities

ACCESS provides TA, as needed, to design, scale-up, and evaluate maternal and newborn health.

### C. Activity Year Two Outputs

- a) TA provided to Zambia for development of social mobilization strategy for HIV/AIDS

### Specific Tasks

**Task 1:** ACCESS has been asked by USAID Zambia to provide short-term TA to assist them to develop a social mobilization strategy for HIV/AIDS.

**Task 2:** ACCESS will respond to requests from national governments and other organizations and global partnerships to provide TA in maternal and newborn health

## Intermediate Result 2

### STRATEGIC APPROACH OVERVIEW FOR INTERMEDIATE RESULTS 2, 3, 4

The ACCESS Program was designed around essential maternal and newborn health services, with care focused on preparation for childbirth, safe delivery, postpartum and newborn care, and prevention and treatment of obstetric complications and sick newborns. ACCESS addresses basic newborn and maternal health services as well as obstetric care and postpartum care services that can be effectively provided in the home, community, and at peripheral health facilities. The ACCESS Intermediate Results 2, 3 and 4 reflect these periods of care. However, although these are distinct periods of care for mother and newborn, ACCESS has found that it is not simple to place activities into one IR. Much of the ACCESS work, such as preservice education or activities aimed at community-based or facility care, are cross cutting activities that span all three IRs and are not easily compartmentalized. For this reason, in the ACCESS Year Two work plan, we are grouping IRs 2, 3 and 4 into one section, still keeping the three IRs, but using IR 2 as the focal IR to address activities that ACCESS will undertake this year to support the HHCC.

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 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 place.

ACCESS seeks to use our Year Two activities to leverage changes in health systems and program approaches. Maternal and newborn care programs consist of interventions implemented during the various stages of pregnancy at different locations that, when linked, form an effective HHCC. During Year One ACCESS finalized the technical paper describing this approach:

- **Community-based care**—The emphasis at the community level should be on prevention and maintaining certain practices – such as birth spacing knowledge of danger signs, planning for normal birth as well as complications, sleeping under insecticide-treated bed nets, daily rest, adequate nutrition, antenatal and postnatal care attendance, clean and safe delivery, drying and wrapping the baby, hygiene and cord care, and immediate and exclusive breastfeeding. Many of these can be adapted as regular practices in virtually every household, even under very limited circumstances. Complications should be identified as early as possible and referred. Whether care is provided at home by the family, community health workers, or a skilled provider linkages between the home or community-level workers and skilled medical staff at a facility are essential. Both community leaders and caregivers lay the groundwork for community-based care, in collaboration with family members and facility-based service providers, can together assure that services are in reach.
- **Facility-based care**—all women and their newborns should be within reasonable distance of a health facility that can provide basic essential obstetric and newborn care (BEONC). Peripheral health facilities should be staffed and equipped to provide this basic care and a district hospital that should have the capacity to perform cesarean section, blood transfusion and manage sick newborns in addition to the BEmONC. This set of services is referred to as comprehensive essential obstetric and newborn care (CEmONC). Key caregivers at each level of the continuum must have the capacity to deliver normal and assigned emergency services. Through close collaboration with MOHs, NGOs and other partners ACCESS can provide the TA and materials necessary to establish high-quality health services.

## Intermediate Result 2

The HHCC strengthens the capacity of caregivers—whether in households, the community, peripheral health facilities, or hospitals—to manage normal maternal and newborn care, prevent and manage maternal and newborn complications, and provide prompt referral to the next level of care when such complications arise that cannot be treated on site.

- ***Linking the Community to the Facilities***—community mobilization and social mobilization can improve knowledge and change attitudes and practices among women, men and health providers. Knowledge of family planning, maternity care, and newborn care can enhance a woman’s and her family’s ability to manage pregnancy and newborn care and to know when to seek outside help. Community ownership over the strategies is fostered by engaging those most affected with key decision-makers to plan and carry out appropriate health actions. As the benefits of EMNC interventions gain in acceptance, communities assume ownership of and responsibility for improvements in maternal and newborn health care, and take positive actions to strengthen connections between the household, the community and the health system.

Social mobilization can be used to educate opinion leaders in the community, government and health professions and to build a constituency for these programs. Multisectoral partnerships at district, provincial, and national levels identify and address the systemic challenges, and leverage existing resources to create or support improvement in maternal and newborn health. Alliances among local leaders, NGOs, and other stakeholders can also contribute to increasing demand for accessible, quality health services in peripheral and district-level facilities.

In Year Two, ACCESS would like to be able to show that an affordable package of maternal and newborn health interventions is feasible by having in place key elements of the household to hospital continuum of care. This pathway will vary among countries depending on the elements of that continuum of care that are functional.

In this Year Two workplan, ACCESS proposes complementing field funding with some core funding in one or two countries to put in place key elements of the HHCC. Working through the government and local NGOs, including FBOs, ACCESS is seeking to strengthen and/or introduce the core elements of the HHCC within an existing health system. ACCESS can use core funds to synergistically complement field funding to build upon existing programs and services in order to put in place the key elements of the HHCC. Ideally ACCESS would like to have the opportunity to complement a program to assure that all key elements of the HHCC are in place. However, ACCESS will also look to identify opportunities to work with USAID missions that identify only critical key elements of the HHCC and support the implementation or scale up of these strategic elements.

The following sections cover the ACCESS activities falling under IRs 2, 3 and 4. As discussed above, ACCESS has chosen to discuss cross cutting activities that come under the umbrella of the HHCC under IR 2. This includes both community-based as well as facility-based interventions for maternal and newborn care. The first part of IR 2 presents the strategy to implement the HHCC or strategic elements of the HHCC in one or two countries. . This is followed by ACCESS activities related to global work on HHCC and community mobilization, activities to support integration of PMTCT with maternal and newborn health services, and ACCESS work on malaria. IR 3 presents ACCESS’s agenda for expanding prevention of PPH in ACCESS countries. And, finally, IR 4

## **Intermediate Result 2**

presents regional work on preservice education and the ACCESS Year Two agenda for KMC and care for the sick newborn.

### **IR 2: PREPARATION FOR CHILDBIRTH IMPROVED**

#### **Strategic Approach**

ACCESS will seek to implement the HHCC in Tanzania, should it get the USAID mission concurrence and MOH approval. In Year One solid groundwork was laid in the area of integration of PMTCT into facility-based focused ANC using a performance and quality improvement approach (PQI). Pre-service curricula in all enrolled certificate nurse midwifery programs have also been revised in the area of focused antenatal care. In Year Two efforts will continue in ANC, but in order to develop the HHCC concept, efforts will also be focused on care during the labor and birth, postpartum and newborn periods at both the facility and community levels.

Work at the facility level (both rural and urban) will include involvement of stakeholders; assessment of providers and health services; use of a PQI framework to carry out site strengthening and bolster supportive supervision; knowledge and skills training; follow-up; and clinical training skills courses to ensure capacity building and sustainability of high-quality services. Close liaison with community level activities will also be established in order to develop the crucial HHCC component of communication between providers and clients.

At the community level, quantitative and qualitative data will be collected to ascertain the level of, and understand the factors associated with various maternal and newborn household behaviors including service utilization. Analyses of the data will provide the necessary input to determine the best strategies for facilitating the adoption of appropriate household practices and create demand for utilization of available services to reduce maternal and newborn mortality and morbidity. Community-based health workers will be provided with the skills and knowledge needed to assist pregnant women and recent mothers and their families' practices behaviors that would improve their and their newborn health. The capacity of community groups will be built for them to have the knowledge and skills for quality planning, implementation, and monitoring of maternal and newborn interventions in their communities. These knowledge and skills will also facilitate the creation of an enabling community environment, including the establishment of emergency funds and transport systems, for women and newborn with emergency conditions to seek at the appropriate facilities and in a timely manner. At the same time the quality of care by providers at all levels of the health care system will be assessed and improved.

In Year One valuable experience was gained in Tanzania and Haiti as the PQI process known as SBM was applied to ensure integration of PMTCT services into focused ANC, and in Madagascar as prevention of malaria activities were integrated into antenatal care. A technical paper was also finalized that describes the ACCESS Program's approach to PQI methods for use by providers in facilities as well as by community groups. In Year Two these approaches will remain the bases for building provider competence, strengthening clinical sites, ensuring an enabling environment through supportive supervision, creating informed demand for services, and establishing and maintaining linkages between communities and the health care system. The challenge will be to ensure that these approaches are appropriately adapted, taught, and established at the country and regional levels. For example in its role as member of the newly formed Asia-region MotherNewBorNet, whose purpose is to ensure timely care for mothers and newborns in the critical days and weeks following birth, the ACCESS Program will need to identify innovative ways of ensuring that all components of this care are integrated into new and on-going programs. The use

## Intermediate Result 2

of these approaches will help providers and communities alike to understand their roles in developing and implementing effective strategies. And SBM and Partner-Defined Quality (PDQ) will be a vital piece of the Africa regional pre-service midwifery education initiative as participants strive to strengthen clinical sites, incorporate new evidence-based maternal and newborn care interventions, and forge links with the communities they serve.

### IR 2: YEAR ONE RESULTS ACHIEVED

- A USAID-sponsored workshop was held in Dar es Salaam on December 6-7, 2004 called “Launching Discussions on MCH/PMTCT Integration”.
- In collaboration with USAID/Kenya, MOH/Kenya, AMKENI (the Kenya bilateral), and Boston University, the ACCESS Program designed a demonstration project research protocol to measure the impact of integrating PMTCT into EMNC programs.
- The technical paper “Household-to-Hospital Continuum of Maternal and Neonatal Care” was developed and printed.
- A literature review on management of obstetric complications and sick newborn at home and within the community in developing countries was completed.
- A draft facilitator’s guide to be used in conjunction with the Johns Hopkins University Center for Communication Programs (JHU-CCP) “How to mobilize communities for health and social change” manual was developed.
- A technical paper describing the ACCESS Program’s approach to facility- and community-based quality improvement was finalized.
- The SBM method to improve maternal and/or newborn care in facilities was adapted and utilized in Haiti, Tanzania, and Madagascar.
- Conducted a follow-up survey on MIP in Koupéla, Burkina Faso and disseminated results to key stakeholders. The study results yielded that IPT led to a reduction in maternal anemia, peripheral parasitemia and placental parasitemia. As a result, Burkina Faso officially adopted a country-wide MIP policy in February 2005 that includes IPT and ITNs through focused ANC.
- Secretariat and technical support to the RBM Partnership/MIPWG. Participation in RBM Working Group planning meetings.
- Provided technical support to regional networks and coalitions including the RBM EARN and WARN and MIPESA and RAOPAG. JHPIEGO/Kenya’s malaria advisor elected to steering committee of EARN.
- Held a regional workshop in ESA (August 2005), in collaboration with IMA, for faith-based and other private service delivery organizations and MOH representatives to update knowledge on focused ANC and MIP and the interaction between malaria and HIV.

### IR 2: YEAR TWO EXPECTED RESULTS

- The first year of a two – three year program utilizing the HHCC and supporting either a comprehensive or strategic interventions for the household to hospital continuum of care for maternal and newborn health.
- TA provided to one African country to strengthen newborn health policies and to develop an integrated maternal/newborn/PMTCT program (in which a model training site will be established).
- The HHCC conceptual framework informs global and national EMNC programming.
- Home based care interventions documented as effective feasible options for improving care for mothers and newborns especially in areas without facility-based EMNC services.

## Intermediate Result 2

- Community mobilization recognized as an essential component of programs to improve maternal and newborn care
- Results of PQI activities in country programs synthesized and utilized to inform strategies for integration of basic maternal and newborn care at the global and regional levels
- PQI training packages adapted for use at the global and regional levels.
- Organizational capacity of regional coalitions and networks, e.g. RAOPAG and MIPESA, strengthened, contributing to the sustainability of their efforts to support MIP.
- ACCESS taking a global leadership role in the prevention and control of MIP through its support for the efforts of the Roll Back Malaria Working Group.
- Technical resources to support the prevention and control of MIP developed and disseminated in collaboration with WHO.
- Evidence from Burkina Faso supporting ANC as a best practice and platform for MIP and low transmission areas published and disseminated.
- Strengthened capacity in Kenya to foster linkages between communities and health facilities for improved RH/MIP awareness and service delivery.
- Capacity of supervisors in Madagascar on prevention and control Malaria in Pregnancy/focused ANC increased.
- Capacity of trainers and supervisors in Nigeria (at the central and state levels) on prevention and control Malaria in Pregnancy/focused ANC increased.
- A core group of regional trainers with increased capacity to train on the integration of MIP into RH services developed and working to train other service providers

## IR 2: ACTIVITIES AND SUBACTIVITIES

2.1 Implement Strategic Elements of the Household-to-Hospital Continuum of Care in One or Two ACCESS Countries to Increase Utilization of Quality EMNC Services and Improved EMNC Practices within the Household and Community (new). Among the targets of opportunities would be to work in Cambodia and India, among others, on strategic interventions to strengthen and scale up maternal and newborn health services. These areas of work could include, among others, the following:

- Improve the quality of community and facility-based EMNC services (including integration of PMTCT services, prevention of PPH, newborn care, and postpartum care)
- Strengthen inservice and preservice curricula for midwives
- Scale up skilled birth attendance
- Assess existing community health finance schemes and strengthen and/or establish schemes to increase access to EMNC services
- Establish a facility-based kangaroo mother care intervention to improve management of low birth weight (LBW) babies
- Collaborate with FBOs to assure the continuum of care for maternal and newborn health services
- Collaborate with MOH to address critical policy elements to improve maternal and newborn health care, including policies for skilled birth attendance.
- Monitor and evaluate elements of the HHCC approach
- Build the capacity of the White Ribbon Alliance and other local organizations to monitor mobilization activities at the grassroots to improve program implementation

## Intermediate Result 2

- 2.2 Contribute to Global, Regional and National Knowledge of the Household-to-Hospital Continuum of Care to Promote Comprehensive Programming for EMNC (continuing 2.2 in Y1)**
- 2.2.a** Provide technical leadership on the HHCC to influence programs funded and/or implemented by other partners and organizations to adopt comprehensive programming for EMNC **(new)**
- 2.2.b** Provide technical leadership on home based mother and newborn care to increase access to, and quality of, EMNC services for mothers and newborns in areas without facility-based EMNC services **(new)**
- 2.2.c** Build the capacity of stakeholder groups to plan, implement, and assess community mobilization interventions to improve maternal and newborn health **(continuing 2.4 in Y1)**
- 2.2.d** Improved technical leadership on maternal and infant nutrition in ACCESS programming **(new)**
- 2.2.e** Continue to enhance quality EMNC services by applying PQI and other QA work in EMNC **(continuing 3.2 in Y1)**
- 2.3 Provide Technical Assistance to one country in Africa to Integrate PMTCT with EMNC and to Prepare a Newborn Health Strategy to Enhance the Opportunities to Provide Care to Mothers and Their Newborns (new)**
- 2.4 Provide Leadership to the Malaria Action Coalition (MAC) to Improve Access to Prevention of Malaria in Pregnancy Services (continuing 2.5 Y1)**
- 2.5 Support an Insecticide Treated Nets (ITN) Advisor in Mali to Strengthen the National Malaria Network and Partnership for Prevention of Malaria in Pregnancy (continuing 2.5.g in Y1)**

## Intermediate Result 2

<b>Intermediate Result 2</b>		
<b>Activity 2.1: Implement either a comprehensive approach or strategic elements of the Household-to-Hospital Continuum of Care in several ACCESS country to increase utilization of quality EMNC services and improved EMNC practices within the household and community</b>		
<b>Activity Co-Leads:</b> Joseph de Graft-Johnson and Patricia Gomez	<b>Funding Sources:</b> Core, PPH, Newborn	<b>Activity Cost:</b> \$750,000
<b>ACCESS Activity Partners:</b> ACNM, IMA, Futures, Save the Children, JHPIEGO, AED		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

**Objective:** Demonstrate the effectiveness of either comprehensive HHCC or strategic components of HHCC to increase utilization of quality EMNC services and improved EMNC practices within the household and community, newborns and their families are influenced by various factors within the household, community and at the health facility. Addressing these factors in a comprehensive, integrated approach can lead to the desired improvement in service utilization and ultimate reduction in maternal and neonatal mortality and morbidity. Using the conceptual framework for the HHCC, which is a comprehensive and integrated approach to community- and facility-based maternal and newborn programming, and associated tools, ACCESS will demonstrate the effectiveness of this approach or strategic components on this approach in increasing service utilization and adoption of EMNC practices.

### B. Summary of Year Two Activities

With the completion of the HHCC framework, ACCESS will utilize it to guide planning and implementation of activities in at least two ACCESS countries. Targets of opportunities will be identified in Cambodia and India to strengthen the continuum of care from the facility to the community and home and incorporate services relating to birth, the newborn and postpartum care at all levels on this continuum.

Using newborn funding, ACCESS will also work with USAID/W to support efforts in at least one African country to assist with the development of a national neonatal strategy and strengthen community-based approaches for maternal and newborn health services that integrates PMTCT activities.

### C. Activity Year Two Outputs

- a) In collaboration with the USAID mission in Cambodia and India, ACCESS will collaborate with in-country partners to strengthen maternal and newborn health services.
- b) In collaboration with the MOH and other USAID bilateral partners provide TA on community-based EMNC to strengthen integrated maternal and newborn health services in one country in Africa.

## Intermediate Result 2

<b>Sub activity 2.1.a: Improve the quality of maternal and newborn health services (including emergency obstetric care, prevention of PPH, newborn care and postpartum care) in Cambodia.</b>	
This sub-activity will strengthen the quality of EMNC services in Cambodia. This will be developed in collaboration with USAID/Cambodia and its local partners, included BASICS.	
<b>Sub Activity Lead:</b> TBD	<b>Sub Activity ACCESS Implementing Partners:</b> JHPIEGO, ACNM , Save the Children, Futures Group, IMA
<b>Sub Activity Location:</b> Cambodia	

**Specific Tasks:** TBD

<b>Sub activity 2.1.b: Field test a state level intervention to reduce maternal and neonatal mortality and morbidity, based on guidelines for skilled birth attendance, in India.</b>	
ACCESS will collaborate with USAID India and CEDPA to develop and field test a state-level intervention to reduce maternal and neonatal mortality and morbidity, based on guidelines for skilled birth attendance. These guidelines permit auxiliary nurse midwives and lady health visitors, who are the main village-level health providers in India, to assist women during delivery and refer women and neonates for emergency care, as needed. ACCESS will support CEDPA/India, which serves as the secretariat of the White Ribbon Alliance of India, with support for technical assistance and research costs to develop and test a new model for maternal and newborn care at the time of delivery. Costs for project implementation at the state level will be borne by the Government of India, the state government and local health authorities participating in the field testing of the Guidelines.	
<b>Sub Activity Lead:</b> TBD	<b>Sub Activity ACCESS Implementing Partners:</b> TBD
<b>Sub Activity Location:</b> TBD	

**Specific Tasks:** TBD

<b>Intermediate Result 2</b>		
<b>Activity 2.2: Contribute to global, regional and national knowledge of the Household-to-Hospital Continuum of Care to promote comprehensive programming for EMNC</b>		
<b>Activity Co-Leads:</b> Joseph de Graft-Johnson/Patricia Gomez	<b>Funding Sources:</b> SO2 Core	<b>Activity Cost:</b> \$527,214
<b>ACCESS Activity Partners:</b> Save the Children, JHPIEGO, Futures Group, ACNM, IMA		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

In an effort to reduce maternal and newborn mortality and morbidity many programs have focused on training providers at health facilities without a systematic approach to assess and improve not

## Intermediate Result 2

only providers' knowledge and skills but the environment that enables them to put their knowledge and skills to use. The significant contribution of community interventions in mortality and morbidity reduction is also ignored. Using informed program input on the HHCC, HBMC, mother and newborn, community mobilization for EMNC, and ACCESS's work on performance and quality improvement methods, ACCESS will dialogue with various global, regional and national policy-makers and program managers to promote comprehensive programming for EMNC including strong community interventions.

### **B. Summary of Year Two Activities**

ACCESS, as the flagship for USAID maternal and newborn health, will spearhead the advocacy to emphasize the need for comprehensive integrated EMNC programming along the HHCC. Using the technical paper on HHCC, ACCESS will promote this program approach with various audiences including WHO, USAID, professional bodies, MOHs, FBOs, and private voluntary organizations (PVOs) through technical briefings. To ensure that organizations and professionals working in non-English speaking parts of the developing world are engaged in this advocacy, ACCESS will translate the HHCC technical brief into French, Portuguese and Spanish.

In preparation for its advocacy and implementation work on maternal and newborn care including management of obstetric and newborn complications in the home and within the community, ACCESS will produce the "technical/policy guidance on home based mother and newborn care" document. ACCESS will brief policy-makers, program managers, health professionals and donors to influence policy change and mobilize resources to scale-up innovative community EMNC interventions ensuring that mothers and newborns have access to care in timely manner.

Due to constraints in completing the maternal and newborn health supplementary facilitator's guide to the "How to mobilize communities for health and social change" manual, in Year Two the ACCESS team will in will complete this document. This program tools, in addition to other existing tools, would be used to build the capacity of community health committees, FBO, local NGOs, women's group and other community groups, to explore, plan, implement, monitor and evaluate community interventions to improve maternal and newborn health. To improve the quality and usefulness of the guide, a mechanism would be developed collect feedback on its use. The information collected would be used to revise the guide in Year Three.

As ACCESS gears up for activities at all levels of the HHCC in more countries in Year Two, it will be vital to solidify its approaches to quality improvement. The challenge of trying to integrate so-called "vertical" programs (such as MIP and PMTCT) so that the mother-baby dyad is maintained and services are not fragmented mandates the use of approaches that look at the "whole picture", in facilities as well as communities. The most effective way of achieving this in facilities is through the framework that utilizes what is defined as "desired performance" or a set of standards followed by a decision-making process so that providers can identify specific areas that need to be improved, implement appropriate interventions and continually assess whether their services are effective. And in the community a similar process must be utilized so that efforts are organized, meaningful, and lead to increased provision and use of culturally acceptable community- and facility-based care. Thus the thrust of effort this year is to compile lessons learned while carrying out training in and implementation of performance and quality improvement approaches to formulate recommendations for even more effective use in a variety of programs and initiatives in subsequent years. Given that ACCESS is also involved in global and regional initiatives ACCESS will collaborate with these groups to provide input for adapting the facility- and community-based quality improvement materials.

**C. Activity Year Two Outputs**

- a) The HHCC conceptual framework will inform global and national programs on EMNC policy and program strategy development.
- b) Home based care interventions are documented as effective feasible options for improving care for mothers and newborns especially in areas without facility-based EMNC services.
- c) Community mobilization recognized as an essential component of programs to improve maternal and newborn care
- d) Results of PQI activities in country programs gathered and utilized to inform strategies for integration of basic maternal and newborn care at the global and regional levels; adaptation of the PQI training packages for use at the global and regional levels.

<b>Sub activity 2.2.a: Provide technical leadership on HHCC to influence programs funded and/or implemented by other partners and organizations to adopt comprehensive programming for EMNC</b>	
In Year One, ACCESS developed a technical paper identifying the key elements for the HHCC for maternal and newborn health. ACCESS will use the information to influence programs funded and/or implemented by other partners and organizations. Using SO2 core funding, ACCESS will share the HHCC approach to EMNC services to inform global, regional and country-level partners working in maternal and newborn including USAID global bureau and country missions, WHO and other United Nations (UN) organizations field offices.	
<b>Sub Activity Lead:</b> Joseph de Graft-Johnson	<b>Sub Activity ACCESS Implementing Partners:</b> Save the Children, JHPIEGO, IMA
<b>Sub Activity Location:</b>	

**Specific Tasks**

**Task 1:** HHCC technical briefing at international fora.

**Task 2:** Brief staff of USAID/global and other organizations on HHCC.

**Task 3:** Translate HHCC technical brief into French, Portuguese and Spanish.

**Task 4:** Provide technical assistance to USAID missions and other organizations interested in implementing the HHCC.

<b>Sub activity 2.2.b: Provide technical leadership on home based mother and newborn care to increase access to, and quality of, EMNC services for mothers and newborn in areas without facility-based EMNC services</b>
The draft “technical/policy guidance on home based mother and newborn care” document developed in Year One will be completed and published. To increase accessibility to, and quality of EMNC services to pregnant women, mothers and newborns in areas without facility-based EMNC services, ACCESS will use the document to brief policy-makers, program managers, donors and international organizations on the significant contribution that home base care for women and newborns would have in reducing the high levels of maternal and neonatal mortality and morbidity. Based on USAID mission and MOH interest, ACCESS will provide TA to at least one country to develop and/or implement home base care for women and newborns.

## Intermediate Result 2

<b>Sub Activity Lead:</b> Joseph de Graft-Johnson	<b>Sub Activity ACCESS Implementing Partners:</b> ACNM, Save the Children, JHPIEGO
<b>Sub Activity Location:</b> Global	

### Specific Tasks

**Task 1:** Complete the home base mother and newborn care technical guidance document.

**Task 2:** Brief staff of USAID\global and other organizations on HBMNC.

**Task 3:** Provide technical assistance on HBMNC to at least one ACCESS country.

### **Sub activity 2.2.c: Build the capacity of stakeholder groups to plan, implement, and assess community mobilization interventions to improve maternal and newborn health**

ACCESS will share the maternal and newborn health supplementary facilitator’s guide to the “How to mobilize communities for health and social change” manual with PVOs and FBOs implementing maternal and newborn programs. The guide will assist to build the capacity of community health committees, FBO, local NGOs, PVOs, women’s group and other community groups, to explore, plan, implement, monitor and evaluate community interventions to improve maternal and newborn health. To improve the quality and usefulness of the guide, a mechanism would be developed to collect feedback on its use. The information collected would be used to revise the guide in Year Three.

In Year One, ACCESS co-hosted a community mobilization forum in Washington, D.C. that discussed programs that have used community mobilization to improve maternal and/or newborn health at scale. Based on findings of program presented and the follow-on discussion at the forum ACCESS will collaborate with WRA, JHU-CCP and other interested organizations to develop a technical brief that documents the evidence and best experiences of community mobilization’s contribution to the improvement of the health of pregnant women, mothers and newborns. The technical brief will be used to advocate for strengthening and scaling-up of community interventions in EMNC programs.

<b>Sub Activity Lead:</b> Joseph de Graft-Johnson	<b>Sub Activity ACCESS Implementing Partners:</b> Save the Children, JHPIEGO, IMA, Futures Group
<b>Sub Activity Location:</b> Global	

### Specific Tasks

**Task 1:** Complete and print the EMNC community mobilization facilitators guide for field test.

**Task 2:** Disseminate guide and setup a feedback process for collecting input for future revision. Finalization of document in Year Three.

**Task 3:** Develop and disseminate technical brief on role of community mobilization in improving the health of mothers and newborns.

### Sub activity 2.2.d: Improved technical leadership on maternal and infant nutrition in ACCESS programming

Malnutrition in women and adolescent girls is often unrecognized or accepted as normal, leading to women entering pregnancy with low reserves of micronutrients, anemia, and underweight (measured by low body mass index). The intergenerational nature of malnutrition means that the poor nutritional status of the mother can negatively affect the nutrition and health of the newborn. In developing countries, many newborn deaths may be attributable to low birth weight, which may be a result of poor maternal health and nutrition.

Where ACCESS works in service delivery settings, nutrition is already an integral part of the EMNC package of interventions carried out by health care providers. Specifically:

- During ANC: prevention, detection and treatment of anemia with iron and folate; prevention and case management of malaria to decrease anemia; nutritional counseling for the mother about extra meals, balanced diet using local foods and reduced workload, as well as counseling about early and exclusive breastfeeding; and use of vitamin A and iodine supplements in countries where such a policy exists.
- During labor: ensuring that the mother eats and drinks appropriately; use of active management of third stage of labor to decrease the incidence of PPH and thus reduce anemia.
- In the immediate postpartum period: establishing early and exclusive breastfeeding; and in the rest of the postpartum period through support to breastfeeding and management of breast problems, use of vitamin A per country guidelines, nutritional counseling to the mother about the need for extra calories and fluids for successful breastfeeding, and continuation of iron/folate when necessary to treat anemia.

ACCESS seeks to explore additional opportunities to address maternal and newborn nutrition at various contact points along the household to hospital continuum. For example, successfully preventing and controlling anemia in girls and women – a widely prevalent condition that increases the risk of maternal morbidity and mortality due to hemorrhage, and contributes to low birth weight and iron deficiency in infants -- depends on better integration and coordination of health and nutrition services to reach girls and women with a range of services and health information, and thus the program will explore **new evidence or lessons learned from the field on:**

- The use of deworming medication during ANC in areas of endemic hookworm, in addition to IPT and ITNs where malaria is prevalent to prevent maternal anemia;
- Examples of nutrition counseling delivered through community health workers in home settings;
- New guidelines for nutrition and weaning for infants of HIV positive mothers;
- Nutrition counseling for pregnant and non-pregnant women undergoing ARV treatment;
- Linking with family planning providers to promote the lactational amenorrhea method (LAM) for postpartum women;
- Guidelines for feeding low birth weight babies.
- Other

To address these important issues, ACCESS will work with the global programs for improved nutrition—A2Z, FANTA and LINKAGES—to share recent research results and lessons learned from field programs; discuss issues surrounding integration of care in resource-limited settings as well as to explore ideas for scaling up key nutrition interventions into maternal and newborn health programs, including those with a focus on prevention of mother-to-child transmission of

## Intermediate Result 2

HIV. Illustrative outputs include a one-page policy brief for distribution in the ACCESS network, revised standards-based management tools, and Program Year 3 field workplans with new nutrition-related interventions.	
<b>Sub Activity Lead:</b> Petra Reyes/Eleonore Seumo	<b>Sub Activity ACCESS Implementing Partners:</b> AED
<b>Sub Activity Location:</b> Global	

### Specific Tasks

**Task 1:** Coordinate a one-day technical seminar on maternal and neonatal nutrition for the staff of the ACCESS Program, USAID and select Cooperating Agency staff. This will focus on successful field experiences and an update on the SOTA. The purpose of this meeting would be to share research results from nutrition programs on Maternal and Newborn health. It may be organized as an ACCESS-supported event or as an extension of a meeting organized by one of the three nutrition-related programs (FANTA, LINKAGES and/or A2Z).

**Task 2:** Collaborate with A2Z, FANTA and Linkages to leverage expertise and disseminate lessons learned about feasible interventions and scale up best practices in maternal and infant nutrition. This may include the production of a short Policy Brief on maternal and neonatal nutrition issues for broad dissemination within USAID and among global partners for improved maternal and neonatal health.

**Task 3:** Conduct a review of the role of nutrition within the ACCESS Program, and participate in work planning activities to strengthen the technical and advocacy actions for improved nutrition in the program's target populations. For example, ACCESS will work with an AED-designated nutritionist to hold a meeting during the ACCESS field staff retreat to review country issues surrounding nutrition and propose specific recommendations and interventions for PY3 programming.

**Task 4:** Work with the ACCESS clinical and standards based management team to review assessment tools for FANC, PMTCT and ARVs and integrate appropriate nutrition content.

<b>Sub activity 2.2.e: Continue to enhance quality EMNC services by applying PQI and other QA work in EMNC</b>	
Systematic assessment of the implementation of PQI methods utilized in ACCESS throughout the HHCC, such as SBM, PDQ and the collaboratives approaches will inform their continued utilization and scale-up as programs are designed and carried out. ACCESS participation in activities at the regional and global levels such as the Asia regional MotherNewBorNet, Africa regional pre-service initiative, and the Africa regional conference on prevention of PPH will require orientation/training of policy-makers, providers and community members in these approaches as well. Existing training materials utilizing these approaches will also be adapted for effective use by audiences such as these.	
<b>Sub Activity Lead:</b> Diana Beck	<b>Sub Activity ACCESS Implementing Partners:</b> JHPIEGO, ACNM, Save the Children
<b>Sub Activity Location:</b> Global	

**Specific Tasks**

**Task 1:** Gather results of PQI training and implementation to date in ACCESS countries and compile lessons learned.

**Task 2:** Formulate recommendations for use of PQI methods in regional activities and country programs to improve integration of care and linkages with communities.

**Task 3:** Perform continuous assessment of programs utilizing PQI methods in Year Two to continue compiling lessons learned and formulating recommendations to ACCESS country programs.

**Task 4:** Assess existing training materials and make recommendations for their adaptation for use in specific Year Two activities with emphasis on formulating realistic curricula that take into account time constraints experienced by participants.

**Task 5:** Adapt training materials based on above recommendations.

<b>Intermediate Result 2</b>		
<b>Activity 2.3: Provide Technical Assistance to one country in Africa to integrate PMTCT with EMNC and to Strengthen Newborn Health Strategy to Enhance the Opportunities to Provide Care to Mothers and Their Newborns</b>		
<b>Activity Lead:</b> Pat Daly/Joseph de Graft-Johnson	<b>Funding Sources:</b> Newborn	<b>Activity Cost:</b> \$200,001
<b>ACCESS Activity Partners:</b> TBD		
<b>Other Collaborating Organizations:</b> TBD		

**A. Activity Objective and Rationale**

Neonatal and maternal mortality rates continue to be higher than many countries in Sub Saharan Africa. Neonatal health is a priority of the government and USAID. Strengthening the link between maternal and newborn care and PMTCT programs will enhance the opportunity to provide care to mothers and their newborns. Several USAID missions are supporting programs that provide appropriate platforms for strengthening essential newborn care and for linking with PMTCT services. ACCESS would like to identify a country in Africa and collaborate with the Mission and its bilateral partners to strengthen community-based approaches to promote essential newborn care, to strengthen referral linkages and services, and to assist the MOH to prepare a national neonatal strategy.

**B. Summary of Year Two Activities**

ACCESS will collaborate with on USAID mission in Africa and the MOH to strengthen program activities linking PMTCT with maternal and newborn health services and to prepare a national strategy for neonatal health.

**C. Activity Year Two Outputs**

## Intermediate Result 2

a) TA provided on community-based EMNC  
Assist the MOH to prepare a national neonatal strategy

### Specific Tasks

**Task 1:** Conduct a visit to one African country to meet with USAID, MOH officials, and key partners to assess program needs and develop a plan of action for strengthening community-based EMNC services and to initiate work to develop a neonatal health strategy.

**Task 2:** Provide technical support to design an integrated maternal/neonatal/PMTCT program.

**Task 3:** Provide ongoing support to prepare the national neonatal strategy.

<b>Intermediate Result 2</b>		
<b>Activity 2.4: Provide Leadership to the Malaria Action Coalition (MAC) to Improve Access to Prevention of Malaria in Pregnancy Services</b>		
<b>Activity Lead:</b> Elaine Roman	<b>Funding Sources:</b>	<b>Activity Cost:</b> \$1,189,300
<b>ACCESS Activity Partners:</b> JHPIEGO, Save the Children		
<b>Other Collaborating Organizations:</b> WHO/Geneva/ AFRO; Roll Back Malaria (RBM) Partnership/Malaria in Pregnancy Working Group (MPWG); WHO/AFRO; CDC; Rational Pharmaceutical Management (RPM) Plus		

### A. Achievements Program Year One

- Conducted a follow-up survey on malaria in pregnancy (MIP) in Koupéla, Burkina Faso and disseminated results to key stakeholders. The study results yielded that intermittent preventive treatment (IPT) led to a reduction in maternal anemia, peripheral parasitemia and placental parasitemia. As a result, Burkina Faso officially adopted a country-wide MIP policy in February 2005 that includes IPT and ITNs through focused ANC.
- Secretariat and technical support to the RBM Partnership/Malaria in Pregnancy Working Group. Participation in RBM Working Group planning meetings. This resulted in guidance and advice to the RBM Secretariat to accelerate country level scale up for MIP.
- Provided technical support to regional networks and coalitions including the RBM EARN and WARN and MIPESA and RAOPAG- lending to improved capacity among regional MIP networks and accelerated country implementation through coordinated support among partners. JHPIEGO/ Kenya's malaria advisor elected to steering committee of EARN.
- Developed 'Standard Based Management' (SBM) tool- for focused ANC and MIP- through adaptation of multiple quality improvement tools. SBM is a practical management approach for improving the performance and quality of health services that consists of the systematic utilization of performance standards as the basis for the organization and functioning of these services and the rewarding of compliance with standards through recognition mechanisms. Tools are available in both French and English. These tools were adapted and adopted in Tanzania and Madagascar, where national performance standards were adapted for focused ANC and MIP.

## Intermediate Result 2

- Collaborated (August 05) with IMA on a regional workshop in ESA for faith-based organizations (FBOs) and MOH representatives to update knowledge on focused ANC and MIP, supervision and the interaction between malaria and HIV. The workshop also included orientation to the household to hospital continuum of care approach. Country teams developed country oriented action plans that target the expanded scale up of focused ANC/ MIP through FBO groups.

### **B. Summary of Year Two Activities**

ACCESS will continue to collaborate with MAC partners, USAID missions, regional coalitions and networks, national governments and other organizations to strengthen implementation efforts targeting the prevention and control of malaria in pregnancy. ACCESS will provide technical assistance leading to the achievement of Abuja targets; namely, access of pregnant women to intermittent preventive treatment (IPT) and insecticide treated nets (ITNs) as part of a package of antenatal malaria interventions- including correct case management.

In Year 2, ACCESS will focus its efforts on helping countries scale up the prevention and control of MIP nationally, building on best practices. This will include: a) continued support to regional networks and coalitions and the global RBM malaria in pregnancy working group; b) technical guidance and review of global documents and materials developed through the RBM partnership; c) technical support to Kenya for addressing key issues in MIP; d) technical support to Madagascar to scale up IPT; e) technical support to Nigeria to scale up IPT; f) technical support to Burkina Faso to scale up IPT; g) development of MIP Implementation Guide and Malaria Resource Package Update; and h) collaboration with WHO to develop regional trainers for integrated service delivery including malaria. JHPIEGO will also continue to promote, adapt and implement tools (e.g. standard based management tool/ focused ANC MIP performance standards) developed in Year 1 in countries like Madagascar and Tanzania drawing on field support funds.

#### Activity Year Two Outputs:

- a) Scale up of the prevention and control of malaria during pregnancy in 3 districts in Kenya.
- b) Scale up of the prevention and control of malaria during pregnancy in Uganda.
- c) Up to 30 trainers and supervisors trained in FANC/ MIP in Nigeria.
- d) Up to 30 trainers and supervisors trained in FANC/ MIP in Burkina Faso.
- e) Improved awareness at central level for community based approach for FANC/ MIP in Burkina Faso.
- f) Peer reviewed article on application of MIP/FANC in Burkina Faso
- g) Up to 30 regional trainers for integrated RH services with focus on MIP trained;
- h) Development of sustainability plan for RAOPAG and MIPESA.
- i) MIP implementation guide developed and disseminated
- j) Malaria Resource Package updated and disseminated

## Intermediate Result 2

### **Sub activity 2.4.a: Provide support to the regional malaria in pregnancy networks and roll back malaria (RBM) sub-regional networks**

Both the Malaria in Pregnancy in East and Southern Africa (MIPESA) Coalition and the West Africa Malaria in Pregnancy Network (RAOPAG) provide cross-country support through regional exchange of best practices and lessons learned for MIP. MIPESA and RAOPAG foster the relationship between malaria control and reproductive health. In addition, RAOPAG's efforts have led to the adoption of appropriate policies for MIP in a number of West African countries.

JHPIEGO, together with the MAC partners will focus on supporting both Coalitions in Year 2; specifically providing technical support to develop a sustainability plan that includes resource mobilization efforts and scaling up of best practices in both regions. MIPESA targeted efforts will be augmented through REDSO/MAC field support funds. ACCESS will continue to participate in EARN and WARN aiming to help countries achieve their goals for MIP- especially with regard to Global Fund implementation.

<b>Sub Activity Lead:</b> Elaine Roman	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
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<b>Sub Activity Location:</b> West and East Africa
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#### **Specific Tasks:**

**Task 1:** Support printing and dissemination of best practices and lessons learned from MIPESA.

**Task 2:** Support MIPESA and RAOPAG to develop a plan for sustainability.

**Task 3:** Support resource mobilization efforts for MIPESA and RAOPAG.

**Task 4:** Provide technical support to assist RAOPAG with implementing its workplan.

**Task 5:** Provide technical assistance to countries and regional networks to develop GFATM proposals, including technical review and writing assistance.

**Task 6:** Through participation in regional networks and coalitions, identify targets of opportunity for technical support to selected countries in scaling up of best practices.

### **Sub activity 2.4.b: Develop technical resources to support the prevention and control of malaria during pregnancy**

In support of national scale up of MIP programs, ACCESS contributes to the development of a number of tools and reference materials- including published articles- to assist countries to implement their programs for MIP. JHPIEGO/ACCESS will continue to offer this technical support throughout the year in collaboration with a number of RBM partners including WHO and CDC.

<b>Sub Activity Lead:</b> Elaine Roman	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
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<b>Sub Activity Location:</b> Global
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#### **Specific Tasks:**

**Task 1:** Provide technical review to WHO to help finalize RBM MIP M&E report.

**Task 2:** Provide technical review and input to WHO to finalize the document, "Integration Framework of MIP into RH services".

## Intermediate Result 2

**Task 3:** Provide technical review and input to WHO to finalize an assessment tool for the integration of MIP, PMTCT, and FP in Maternal and Child health services. Per WHO timeline

**Task 4:** Develop MIP Implementation guide including translation and dissemination.

**Task 5:** Update Malaria Resource Package as companion tool kit to MIP Implementation guide.

**Task 6:** Publish and disseminate technical resource materials, including peer-reviewed journal articles on focused ANC as best practice and platform for MIP and low transmission areas and the implications for MIP. Target: Burkina Faso pilot study.

### **Sub activity 2.4.c: Provide country-level support to Kenya to scale up IPT**

Kenya has been a leader in East Africa supporting efforts to prevent and control malaria in pregnancy using focused ANC as a platform for IPT. However, it is important to keep efforts targeting MIP at the forefront, which has shifted recently to drug policy change. With current changes in first line treatment from SP to ACTs, it is important for the MOH to give correct guidance and direction on the use of SP for IPT if this strategy is to be meaningful. Further, as Kenya is in the process of changing drug policy – the issue of use and availability of SP for IPT is becoming a critical. This is more so with recent indications of the drug not being available in health facilities. This needs to be addressed urgently or it will become a barrier to the in the implementation of this strategy.

ACCESS/ MAC through JHPIEGO will provide continued support for scale up of IPT in Kenya. As a MAC priority country this support will augment the ongoing field support funds in place to support these efforts.

**Sub Activity Lead:** Kaendi Munguti

**Sub Activity ACCESS Partners:** JHPIEGO

**Sub Activity Location:** Kenya

#### **Specific Tasks:**

**Task 1:** Strengthen linkages for RH/ MIP between health facilities and communities in three designated districts.

## Intermediate Result 2

### Sub activity 2.4.d: Provide country-level support to Madagascar to scale-up IPT

From 2003 - 2005, the Ministry of Health and Family Planning (MOH/FP) in Madagascar has been working on developing and adopting a national malaria policy, which includes strengthening Focused Antenatal Care (FANC) and providing Intermittent Preventive Treatment (IPT) with Sulfadoxine Pyrimethamine (SP) to all pregnant women after the first trimester at all levels of health services. In support of the MOH/FP's efforts, ACCESS/MAC, through JHPIEGO, worked to develop 5 model MIP sites, a core group of trainers and training materials, and developed performance standards to ensure that scale up could occur efficiently and effectively. In FY06, JHPIEGO will apply lessons learned from a performance and quality improvement (PQI) analysis conducted at the five model sites that showed gaps in SP provision, ANC services, ITN distribution and in infection prevention. JHPIEGO will follow up on activities outlined in the action plans for the five sites, and will continue to scale up PQI in health centers with trained FANC/IPT-SP providers. In addition, JHPIEGO will work to strengthen supervisory services to ensure continued follow up of service providers. This work will be implemented with the Safe Motherhood and the National Malaria Control Program.

ACCESS/ MAC through JHPIEGO will provide continued support for scale up of IPT in Madagascar. As a MAC priority country this support will augment the ongoing field support funds in place to support these efforts.

<b>Sub Activity Lead:</b> Rebecca Dineen	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> Madagascar	

#### Specific Tasks:

**Task 1:** Support production, printing and dissemination of FANC/IPT-SP posters and job aids for all MIP sites in Madagascar.

**Task 2:** In collaboration with the National Malaria Control Program and the Reproductive Health Division, train supervisors in facilitative supervision of MIP services.

**Task 3:** Support follow up visits for all MIP sites supported MAC.

### Sub activity 2.4.e: Provide country-level support to Nigeria to scale up IPT

Malaria remains a significant health problem in Nigeria. With support from USAID/ Nigeria, the MAC provided technical assistance to help launch the prevention and control of malaria during pregnancy through focused ANC. This resulted in the development of MIP policy guidelines and national MIP training materials.

Building on these efforts, ACCESS MAC through JHPIEGO will provide continued support for scale up of IPT in Nigeria. JHPIEGO will focus its efforts on capacity development among trainers and supervisors at the central and state level.

<b>Sub Activity Lead:</b> Emmanuel Otolorin	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> Nigeria	

**Specific Tasks:**

**Task 1:** Implement integrated workshop for focused ANC/ MIP including supervision and sensitization to the link between HIV and malaria.

<b>Sub activity 2.4.f: Provide country-level support to Burkina Faso to scale up IPT</b>	
<p>In 2001, JHPIEGO and CDC conducted a program evaluation in the Koupéla District that demonstrated that despite widespread use of chloroquine chemoprophylaxis, the burden of malaria in pregnancy remained high. In early 2003, JHPIEGO, PLAN and the Burkina Faso Ministry of Health began a pilot to introduce IPTp on the platform of FANC and began to accelerate the distribution of insecticide treated nets (ITNs) to pregnant women. In 2004, a follow-up program evaluation identical to the 2001 evaluation was conducted which demonstrated high coverage rates with IPTp and ITNs and showed a reduction in the proportion of women with malaria during pregnancy and its adverse outcomes when comparing 2004 with 2001. From the assessment results, the MOH in Burkina Faso has changed its MIP policy to IPT using SP.</p> <p>Building on these efforts, ACCESS MAC through JHPIEGO will provide continued support for scale up of IPT in Burkina Faso. JHPIEGO will focus its efforts on capacity development among trainers and supervisors at the central and state level.</p>	
<b>Sub Activity Lead:</b> Jeremie Zougrana	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> Burkina Faso	

**Specific Tasks:**

**Task 1:** Support scale-up of IPT/SP policy.

**Task 2:** Train core group of trainers and providers in country.

**Task 3:** Follow up with trainers and providers trained through support supervision visits.

<b>Sub Activity 2.4.h: In collaboration with WHO, conduct a regional workshop to train trainers in the integration of MIP into RH services</b>	
<p>WHO/AFRO in Brazzaville has prioritized the integration of MIP into RH services as a key activity for support next year. A workshop is being planned to develop the capacity of regional trainers drawing on resources developed through MNH and ACCESS. ACCESS/ MAC through JHPIEGO will provide facilitative support to this workshop.</p>	
<b>Sub Activity Lead:</b> Elaine Roman	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Location:</b>	

**Specific Tasks:**

**Task 1:** Plan for facilitator participation and support.

## Intermediate Result 2

<b>Sub activity 2.4.i: Provide country-level support to Uganda to scale up MIP</b>	
JHPIEGO/ ACCESS has non MAC funds set aside to launch activities that will support and complement ongoing MIP initiatives in Uganda. As a President’s Malaria Initiative country, support to Uganda will accelerate implementation support for these efforts. This effort will be supplemented through the MAC Core budget.	
<b>Sub Activity Lead:</b> Elaine Roman/ Pamela Lynam	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Location:</b> Uganda	

### Specific Tasks:

**Task 1:** Travel to Uganda to meet with mission, MOH and partners to discuss implementation plans.

**Task 2:** Develop comprehensive plan of support.

<b>Sub activity 2.4.j: Grants to two faith based organizations in East and Southern Africa to implement focused ANC including MIP</b>	
Building on efforts from the previous year that resulted in improved knowledge among faith based providers from five countries (Kenya, Malawi, Tanzania, Uganda and Zambia) during a regional workshop- country action plans were developed and submitted. To help launch these country action plans- the Future’s group with support from MAC- will provide 2 grants to 2 separate FBO organizations in 2 of the five countries.	
<b>Sub Activity Lead:</b> Sarla Chand	<b>Sub Activity ACCESS Partners:</b> IMA, Futures Group
<b>Sub Activity Location:</b> East and Southern Africa	

### Specific Tasks:

**Task 1:** IMA and Futures Group develop small grants/RFA guidance.

**Task 2:** IMA provide technical guidance to FBOs to develop proposals.

**Task 3:** ACCESS Technical Team review and approve small grants proposals.

**Task 4:** Futures Group manages the grantees by ensuring deliverables are met.

<b>Intermediate Result 2</b>		
<b>Activity 2.5: Support an Insecticide Treated Nets Advisor in Mali to Strengthen the National Malaria Network and Partnership for Prevention of Malaria in Pregnancy</b>		
<b>Activity Lead:</b> Mamadou Sissoko/Modibo Maïga	<b>Funding Sources:</b> Core	<b>Activity Cost:</b> \$117,820
<b>ACCESS Activity Partners:</b> Futures Group		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

The USAID malaria program is looking to strengthen the malaria network and partnership in Mali. ACCESS is supporting a Mali Malaria ITN advisor. The distribution of ITNs is listed as one of the key interventions for the prevention of malaria in pregnancy.

### B. Summary of Year Two Activities

The Mali malaria ITN advisor will continue to serve as a link for partners to access information regarding current status of ITN-related programs in Mali, resource materials from national and international sources of expertise, and other ITN-related malaria programs conducted in Mali.

Regular meetings with all PNLP partners to compile workplans and intervention strategy documents to control malaria will be conducted. Part of the advisors role will be to convene these meetings at the request of PNLP, facilitate the meetings and disseminate information resulting from the meetings.

The ITN advisor will also provide support for the activities surrounding ITN distribution. Meetings will be convened with PNLP partners and public sector biannual meeting to exchange experiences, discuss activities progress and on difficulties met in ITN distribution. Monitoring and evaluation activities will also be supported by the ITN advisor through the development of a monitoring tool.

### C. Activity Year Two Outputs

- a) Serve as a link for partners to access information regarding current status of ITN-related programs in Mali, resource materials from national and international sources of expertise, and other ITN-related malaria programs in Mali.
- b) Facilitate (as needed and as requested by the PNLP) the regular meetings of the Mali RBM country partnership including production and distribution of minutes, logistic arrangements and other tasks as requested by the PNLP and approved by USAID/Mali.

## **Intermediate Result 3**

### **IR 3: SAFE DELIVERY, POSTPARTUM CARE, AND NEWBORN HEALTH**

#### **Strategic Approach**

PPH continues to be the major cause of maternal mortality throughout the developing world. Uterine atony, responsible for most cases of PPH, can occur in otherwise normal births, and it can be prevented by the use of uterotonic agents given after the birth of the baby in both low-resource facility settings (through AMTSL) and home settings (through community-based distribution of misoprostol).

In Year One, ACCESS carried out competency-based training of providers in Haiti, Mauritania and Cameroon that included use of AMTSL, and it also provided TA to Afghanistan and Indonesia in the area of community-based distribution of misoprostol. In Year Two ACCESS will continue to collaborate with organizations such as the USAID-funded POPPHI Program to ensure that the evidence-based knowledge and skills to apply these life-saving interventions are made available at all levels of the HHCC in each country in which it is working.

Another Year Two priority will be sharing evidence-based knowledge, skills and materials about the prevention and treatment of PPH to as wide an audience as possible. Thus ACCESS, in concert with other collaborating organizations, will convene an Africa regional conference on “Preventing Postpartum Hemorrhage: From Research to Practice”. Teams of policy-makers, providers, and community- and faith-based organizations from ten to fifteen countries will examine best practices, discuss strategies, and develop action plans aimed at the reduction of maternal mortality due to postpartum hemorrhage in their settings. Two to four of these country teams will then be supported in their efforts to implement their plans.

Core funding earmarked for prevention of PPH will also be utilized in Tanzania where the household-to-hospital continuum of care will be operationalized in at least one district. Community- and facility-based approaches aimed at prevention of PPH will be integrated into the full range of essential maternal and newborn care at all levels of the continuum.

In Year One valuable experience was gained in Tanzania as the performance and quality improvement process known as SBM was applied to ensure integration of PMTCT services into focused antenatal care. A technical paper was also finalized that describes the ACCESS Program’s approach to SBM by providers in facilities, and to PDQ for use in communities. In Year Two SBM and PDQ will remain the bases for building provider competence, strengthening clinical sites, ensuring an enabling environment through supportive supervision, creating informed demand for services, and establishing and maintaining linkages between communities and the health care system. The challenge will be to ensure that these approaches are appropriately adapted, taught, and established at the country and regional levels. SBM and PDQ will be a vital piece of the Africa regional pre-service midwifery education initiative as participants strive to strengthen clinical sites, incorporate new evidence-based maternal and newborn care interventions, and forge links with the communities they serve.

#### **IR 3: YEAR ONE RESULTS ACHIEVED**

- The CD-ROM for inclusion in the resource package “Prevention of Postpartum Hemorrhage: A Toolkit for Providers” was finalized and printed.

## Intermediate Result 3

- ACCESS worked with the USAID-funded POPPHI Program through representation in its PPHWG and UDDTF. There was also close coordination with POPPHI to carry out dissemination of the toolkit at several global meetings and conferences.
- A technical paper on use of misoprostol in a community setting was submitted to a peer-reviewed journal for publication, and the implementation guide and training package for community-based use of misoprostol is near completion.
- TA was provided to Nepal, Indonesia and Afghanistan for the development of country strategies related to the prevention of PPH.
- Sessions on use of AMTSL were presented at the 27<sup>th</sup> ICM Triennial Congress in Brisbane, Australia.

### IR 3: YEAR TWO EXPECTED RESULTS

- Africa regional conference on “Prevention of Postpartum Hemorrhage: From Research to Practice” conducted with participation of teams from ten – fifteen countries
- At least three – four country teams from PPH regional conference implementing action plans to address the problem of maternal mortality caused by PPH with TA from ACCESS
- Prevention of PPH approaches integrated into the HHCC in at least one district in Tanzania (also see expected results under IR 2 and Tanzania country workplan)

### IR 3: ACTIVITIES AND SUBACTIVITIES

#### 3.1 Contribute to the Knowledge and Expansion of Prevention of Postpartum Hemorrhage in ACCESS Countries (continuing)

**3.1.a** Conduct an African regional conference on PPH to foster the formation of strategies for prevention of PPH in participants’ countries (**new**)

**3.1.b** Integrate PPH prevention interventions through HHCC in at least one district in an ACCESS country to reduce the incidence of PPH (**new**)

## Intermediate Result 3

<b>Intermediate Result 3</b>		
<b>Activity 3.1: Contribute to the Knowledge and Expansion of Prevention of Postpartum Hemorrhage in ACCESS Countries</b>		
<b>Activity Lead:</b> Patricia Gomez	<b>Funding Sources:</b> PPH earmark, SO2 Core	<b>Activity Cost:</b> \$507,547
<b>ACCESS Activity Partners:</b> JHPIEGO, ACNM, Save the Children, Futures Group, IMA		
<b>Other Collaborating Organizations:</b> POPPHI, UNICEF, UNFPA, FCI, WHO/Afro		

### A. Activity Objective and Rationale

In Year One, ACCESS carried out competency-based training of providers in Haiti, Mauritania and Cameroon that included use of AMTSL, and it also provided TA to Nepal, Afghanistan and Indonesia in the area of community-based distribution of misoprostol. In Year Two ACCESS will continue to collaborate with organizations such as the USAID-funded POPPHI Program to ensure that the evidence-based knowledge and skills to apply these life-saving interventions are made available at all levels of the HHCC in each country in which it is working. ACCESS Program partner ACNM will also assess the feasibility of introducing HBLSS into regional and country initiatives.

Another Year Two priority will be sharing evidence-based knowledge, skills and materials about the prevention and treatment of PPH to as wide an audience as possible. Thus ACCESS, in concert with other collaborating organizations, will convene an Africa regional conference on “Preventing Postpartum Hemorrhage: From Research to Practice”. This conference will provide the knowledge and impetus necessary to participants to assess the contribution of PPH to maternal death in their own countries and thus plan and carry out national strategies aimed at PPH prevention and treatment. It is patterned after a similar regional conference on PPH prevention and treatment held in Bangkok in January 2004 after which country teams from Afghanistan, Nepal, and Bhutan, among others, were able to put into use the evidence-based knowledge and implementation strategies learned at the conference. During this Africa regional conference teams of policy-makers, providers, and community- and faith-based organizations from ten to fifteen countries will examine best practices, discuss strategies, and develop action plans aimed at the reduction of maternal mortality due to PPH in their settings. Up to five of these country teams will then be supported by the ACCESS Program small grants mechanism in their efforts to implement their plans. The long-term goal of this activity is to influence national-level policies and practices leading to decreased incidence of PPH in all participating countries. This may include revision of national reproductive health policies, norms and protocols so that all skilled attendants can carry out AMTSL; improvement of supply and procurement systems for oxytocin; inclusion of evidence-based knowledge and practices in pre-service midwifery and/or medical curricula; scale-up of use of evidence-based practices at the most peripheral levels of the health system; etc.

### B. Summary of Year Two Activities

Year Two activities will emphasize scaling up the use of effective, evidence-based interventions aimed at decreasing maternal mortality caused by PPH in the Africa region. These interventions, which can be implemented at the facility and community levels, will be carried out in ACCESS country programs in Asia, the Caribbean and Africa (e.g. Afghanistan, Haiti, Ethiopia, Mauritania, Cameroon, Ghana, Malawi, and Tanzania). However to ensure their wide-scale adoption a regional initiative is necessary to introduce them to senior policy, community and clinical leaders from as

### Intermediate Result 3

many countries as possible. Collaboration from organizations such as the International Federation of Gynecology and Obstetrics (FIGO), ICM, UNICEF, WHO/AFRO, POPPHI, the PMNCH, Averting Death and Disability (AMDD) Program, Family Care International (FCI), as well as other CAs and bilaterals will be sought to support teams from ten - fifteen Anglophone, Francophone, and Lusophone countries in a regional conference on “Prevention of Postpartum Hemorrhage: From Research to Practice”. Three to four of these teams will then be supported as they implement action plans aimed at prevention of PPH in their respective countries.

#### C. Activity Year Two Outputs

- Africa regional conference on “Prevention of Postpartum Hemorrhage: From Research to Practice” with participation of teams from ten – fifteen countries; follow-up of three to four country teams to assist in implementation of action plans to address the problem of maternal mortality caused by PPH.
- Integration of prevention of PPH approaches into at least one district in Tanzania (see IR 2 and Tanzania country workplan).

<p><b>Sub activity 3.1.a: Conduct an African regional conference on PPH to foster the formation of strategies for prevention of PPH in participants’ countries</b></p>
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<p>This regional conference will present evidence-based best practices in the prevention and treatment of PPH along the HHCC to a wide audience with the goal of formation of strategies for prevention of PPH activities in participants’ countries. Ten-fifteen countries from Anglophone, Francophone, and Lusophone Africa will send teams including policy-makers, senior-level community- and faith-based representatives and providers, and program managers to discuss strategies for introducing and scaling up community, clinical and programmatic approaches for the reduction of postpartum hemorrhage. Selected country teams will receive support to implement strategies in their respective countries through the small grants mechanisms described in IR 1.</p>
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<p>It is recognized that this activity will require resources beyond the amount available through core funds. Further funds will be leveraged through collaboration with WHO/AFRO, POPPHI, UNICEF, and other organizations as appropriate.</p>
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<p><b>Sub Activity Lead:</b> Patricia Gomez</p>	<p><b>Sub Activity Implementing ACCESS Partners:</b> ACNM, Futures Group, IMA, Save the Children <b>Others:</b> POPPHI, UNICEF, WHO/Afro, etc.</p>
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<p><b>Sub Activity Location:</b> TBD</p>
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#### Specific Tasks

**Task 1:** Plan and carry out conference, to be held in March-April 2006.

**Task 2:** All country teams will develop action plans targeting prevention and treatment of postpartum hemorrhage during this conference. *(Please see IR 1.5 for details about small grants mechanism).*

### Intermediate Result 3

<b>Sub activity 3.1.b: Integrate PPH through HHCC in at least one district in an ACCESS country to reduce the incidence of PPH</b>	
This activity will occur in conjunction with field-funded activities in a selected country with the aim of operationalizing the HHCC in at least one district.	
<b>Sub Activity Lead:</b> Patricia Gomez/Joseph de Graft Johnson	<b>Sub Activity ACCESS Partners:</b> SC, IMA, Futures, ACNM <b>Others:</b> POPPHI
<b>Sub Activity Location:</b> Tanzania	

*Please refer to IR 2 and the Tanzania country workplan for specific activities and completion dates.*

**IR 4: MANAGEMENT OF OBSTETRIC COMPLICATIONS AND SICK NEWBORNS IMPROVED****Strategic Approach**

It is known that up to fifteen percent of women can suffer a life-threatening complication during the pregnancy, labor and birth, and postpartum periods, even if they have no previously identified risk factor. The most common complications include hemorrhage, eclampsia, sepsis, unsafe abortion, and obstructed labor. In addition the majority of newborn deaths occur in the first 24 hours of life from birth asphyxia and birth injuries, infection, and prematurity. Most of these problems can be prevented or treated by skilled providers using simple measures that are suitable for low-technology settings throughout the HHCC including: identification and treatment of obstructed labor in order to prevent obstetric fistula; prevention of PPH; and prevention and treatment of birth asphyxia and newborn infection. Skilled providers also can apply other means of preventing newborn complications including integration of programs aimed at PMTCT and prevention and case management of MIP throughout pregnancy, childbirth, and the postpartum and newborn periods. Thus, in order to achieve a decrease in morbidity and mortality for women and newborns antenatal and postpartum care as well as basic emergency obstetrical and newborn care (BEmONC) must be accessible to them at all points along the continuum. A sustainable manner of assuring that enough providers possess evidence-based knowledge and skills to assure care as close to the woman and family as possible includes the recognition by national stakeholders that safe motherhood and newborn health are important priorities. Only then will strategies be adopted that result in an increase in numbers and quality of skilled providers, such as revision of national maternal and newborn care policies and pre-service midwifery curricula to reflect best practices and enable midwives to build them into their practice; strengthening of clinical training sites; preparation and adequate follow-up of tutors and clinical instructors; and use of a performance and quality improvement approach to ensure an enabling environment.

**IR 4: YEAR ONE RESULTS ACHIVED**

- Established consensus with WHO/AFRO and outlined roles and responsibilities for long-term collaboration in the region
- Reviewed and provided input for Afr/SD's Maternal and Newborn Health Framework for Action 2004-2006.
- Conducted two Africa Road Map implementation workshops for eight countries in Accra, Ghana
- Conducted Preservice Midwifery Orientation workshop for eight countries
- Conducted country-level assessments in four countries using assessment tool developed by the World Bank and adapted by WHO/AFRO and ACCESS
- Completed working draft of kangaroo mother care training manual

**IR 4: YEAR TWO EXPECTED RESULTS**

- Regional Lusophone Road Map Workshop conducted for four countries.
- At least two Anglophone, two Francophone, and two Lusophone countries implementing elements of the Africa Road Map with ACCESS TA provided during follow up visits.
- Country level midwifery stakeholders meetings conducted in four Anglophone countries (Ethiopia, Ghana, Malawi and Tanzania), resulting in sensitized/updated stakeholder participants who support preservice training in evidence-based midwifery practices.

## **Intermediate Result 4**

- Three-week midwifery technical update and clinical skills standardization course conducted for midwifery school faculty in four Anglophone countries, and participants demonstrating improved midwifery knowledge and competent in key midwifery skills.
- Training course participants performing key midwifery skill to standard on the job as documented during follow up visits.
- KMC policies and/or services introduced or strengthened in at least one ACCESS country.
- Relevant latest newborn research findings documented and incorporated into Year Three ACCESS workplan where appropriate.

### **IR 4: ACTIVITIES AND SUBACTIVITIES**

#### **4.1 Building Regional Capacity in Africa in Managing Maternal and Newborn Complications to Improve Health Outcomes of Mothers and Newborns (continuing)**

**4.1.a** Assist countries to implement the Africa Road Map to increase skilled attendance at birth and to improve maternal and newborn health **(continuing 1.1.b in Y1)**

**4.1.b** Strengthen preservice midwifery education in Anglophone Africa to increase skilled attendance at birth and help reduce high levels of maternal and newborn mortality and morbidity **(continuing 4.1.a in Y1)**

#### **4.2 Promote Kangaroo Mother Care for Improved Management of Low Birth Weight Babies (new)**

#### **4.3 Transfer Lessons Learned from Research and Program Work on Sick Newborns and Use this Information to Inform Program Work (new)**

<b>Intermediate Result 4</b>		
<b>Activity 4.1: Building Regional Capacity in Africa in Managing Maternal and Newborn Complications to Improve Health Outcomes of Mothers and Newborns</b>		
<b>Activity Leads:</b> <b>Africa Road Map:</b> Bérengère de Négri <b>Preservice Midwifery Education:</b> Patricia Gomez and Annie Clark	<b>Funding Sources:</b>	<b>Activity Cost:</b> \$263,155  <i>Additional funds include \$300,000 programmed under AFR/SD field support workplan</i>
<b>ACCESS Activity Partners:</b> JHPIEGO, AED and ACNM		
<b>Other Collaborating Organizations:</b> WHO/AFRO, Country level MOH and Teaching Institutions, SARA Project		

#### A. Activity Objective and Rationale

**Objective:** Provide support to regional activities in Africa through the implementation of the Africa Road Map and strengthening preservice midwifery education.

**Rationale:** Over the past year, the ACCESS Program has worked closely with WHO/AFRO in the start up of two key regional initiatives (1) Training of facilitators for the implementation of the Africa Road Map and (2) Strengthening preservice midwifery education and practice in Anglophone Africa. Both of these regional initiatives support the four priority areas outlined in USAID/Africa Bureau's Maternal and Newborn Health Framework for Action 2004 – 2006 and include the six priority countries for maternal and newborn health in Africa – Ethiopia, Ghana, Mozambique, Senegal, Tanzania and Zambia.

During Year One, the ACCESS Program focused efforts on developing a long-term vision and collaboration with USAID and WHO/AFRO. Both of the initiatives are multi-year initiatives intended to build upon themselves to develop long-term sustainability for improved maternal and newborn health in the region. The ACCESS Program reviewed and provided input into USAID's Framework for Action and used it as a foundation for discussions and developing a consensus with WHO/AFRO. The relationship with WHO/AFRO is key to the implementation as well as on-going monitoring of activities. In Year Two, the ACCESS Program will continue to support the Africa Road Map and Preservice Midwifery Education initiatives in close collaboration with WHO/AFRO.

The implementation of the Africa Road Map supports the enormous efforts being made throughout the region by WHO/AFRO to train facilitators who will act as catalysts in their own countries to implement the Road Map process through engagement of national-level stakeholders to set safe motherhood and newborn health as priorities. In terms of preservice midwifery education, evidence shows that the use of skilled attendants during pregnancy and birth is a major component in decreasing maternal and newborn morbidity and mortality yet the need for skilled attendants is enormous. One of the most sustainable ways to ensure a steady supply is to ensure that midwives have up-to-date policies, protocols, and pre-service curricula in place. This initiative aims to develop improved sustainable national-level policies and pre-service midwifery education systems for maternal and newborn health.

## Intermediate Result 4

### B. Summary of Year Two Activities

Building on achievements from Program Year One, the ACCESS Program will continue to support the implementation of the Africa Road Map and strengthening preservice midwifery education in Anglophone Africa.

### C. Activity Year Two Outputs

#### Africa Road Map

- Provide follow up to two Anglophone countries (Ethiopia and Tanzania) and two Francophone countries (Senegal + Guinea)
- Conduct regional Lusophone Road Map Workshop for four countries (Angola, Mozambique, Cape Verde and Guinea Bissau)
- Provide follow up to two Lusophone countries (TBD) – *pending discussions with WHO/AFRO and available funding*

#### Regional Preservice Midwifery Education in Anglophone Africa

- Conduct country level stakeholders meeting in four countries (Ethiopia, Ghana, Malawi and Tanzania)
- Conduct three-week technical update and clinical skills standardization course for midwifery tutors and clinical preceptors
- Conduct follow-up visits to assess participant skills and practice

<b>Sub activity 4.1.a: Assist countries to implement the Africa Road Map to increase skilled attendance at birth and to improve maternal and newborn health</b>
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<p>In February 2004 the <i>Road Map for Accelerating the Attainment of the Millennium Development Goals related to Maternal and Newborn Health in Africa</i> were developed. The specific objectives of the Road Map are: (1) to provide skilled attendance during pregnancy, childbirth, and the postnatal period at all levels of the health care delivery system; and (2) to strengthen capacity of individuals, families and communities to improve maternal and newborn health.</p>
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<p>To assist countries in adapting, adopting and implementing the Road Map, ACCESS is supporting a framework to be used by national authorities and programme managers at all levels. It includes the main steps of implementation, mechanisms for monitoring and evaluation and the roles and responsibilities of all stakeholders. The Road Map activities are linked with country-level National Reproductive Health Strategies.</p>
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<p>To ensure country ownership of the country-specific Road Map, its implementation at country level is integrated into national development plans and seen as a mechanism for bringing together all national initiatives in favour of maternal and newborn health. The process of adaptation, adoption and implementation is led by the MOH and, other sectors related to health are involved from the onset and at all levels.</p>
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<b>Sub Activity Lead:</b> Bérengère de Négri
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<b>Sub Activity Implementing ACCESS Partners:</b> AED
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<b>Sub Activity Location:</b> TBD
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**Specific Tasks**

**Task 1:** Provide follow up to two Anglophone countries (Ethiopia and Tanzania) trained during Year One

**Task 2:** Provide follow up to two Francophone countries (Senegal and Guinea) trained during Year One

**Task 3:** Conduct regional Lusophone Road Map Workshop for four countries (Angola, Mozambique, Cape Verde and Guinea)

**Task 4:** Provide follow up to two Lusophone countries (TBD) *Pending discussions with WHO/AFRO and available funding*

<b>Sub activity 4.1.b: Strengthen preservice midwifery education in Anglophone Africa to increase skilled attendance at birth and help reduce high levels of maternal and newborn mortality and morbidity</b>	
<p>The first steps in improving midwifery curriculum development and training capacity include engagement and commitment of stakeholders at the national level. This commitment includes advocacy to appropriate ministries/organizations to enable midwives to provide life-saving care and is crucial to the development of providers with the skills necessary to address the high levels of maternal and newborn mortality and morbidity in their countries.</p> <p>Midwifery tutors and clinical preceptors will then receive the evidence-based knowledge and skills in basic emergency obstetrical and newborn care that they will later incorporate into their national midwifery curricula. Follow-up visits will ensure that they are competently providing care and are beginning to improve the clinical training sites in their own countries. Then, through the Preservice Education Training Skills course they will be prepared to effectively transfer this knowledge and skills to their students and colleagues.</p> <p>Thus activities to be carried out this year will lead to improved policy and practice environments for midwives as well as to increased knowledge and skills on the part of midwifery tutors and clinical preceptors. This provides the basis for the next year’s activities in which curriculum revision will take place to incorporate these new approaches.</p>	
<b>Sub Activity Lead:</b> Patricia Gomez and Annie Clark	<b>Sub Activity Implementing ACCESS Partners:</b> ACNM
<b>Sub Activity Location:</b> Ethiopia, Ghana, Malawi and Tanzania	

**Specific Tasks**

**Task 1:** Assessments of maternal and newborn health policies and midwifery curricula and practice in four focus countries (Ethiopia, Ghana, Tanzania, and Malawi)

**Task 2:** Stakeholders’ meetings in four focus countries to present assessment findings and promote high-level engagement in updating necessary policies and curricula and strengthen clinical training sites to

## Intermediate Result 4

promote evidence-based midwifery practice.

**Task 3:** Technical update and clinical skills training course for midwifery tutors and clinical instructors.

**Task 4:** Follow-up visits to participants to assess site strengthening and maintenance of knowledge and skills.

<b>Intermediate Result 4</b>		
<b>Activity 4.2: Promote Kangaroo Mother Care for Improved Management of Low Birth Weight Babies</b>		
<b>Activity Lead:</b> Joseph de Graft-Johnson	<b>Funding Sources:</b> Newborn	<b>Activity Cost:</b> \$10,015
<b>ACCESS Activity Partners:</b> JHPIEGO, Save the Children, ACNM		
<b>Other Collaborating Organizations:</b>		

### A. Activity Objective and Rationale

**Objective:** Improve the care of LBW babies through the dissemination of the global KMC training manual in selected developing countries.

**Rationale:** The majority of neonatal deaths occur in babies with LBW. The conventional method of care for these babies in most countries is the incubator. However, availability and maintenance of incubators is a challenge in developing countries. An equally effective but less expensive method for caring for LBW babies is KMC. In Year One, ACCESS adapted the SNL/Malawi KMC training manual for global use. In Year Two, the adapted manual will be used to provide technical support for a limited number of countries interested in introducing or improving KMC services. Experiences emanating from its use and feedback received from trainers using the document will be used to revise and finalize the manual in Year Three.

### B. Summary of Year Two Activities

To facilitate the uptake of KMC in developing countries, ACCESS will distribute the draft KMC manual to organizations implementing maternal and newborn activities. In addition, ACCESS will provide limited TA to selected countries to introduce or strengthen their KMC policies and services.

### C. Activity Year Two Outputs

- a) KMC technical guidelines used to inform program policies and/or services at the global, national and local level

### Specific Tasks

**Task 1:** Share training manual with organizations implementing maternal and newborn activities.

**Task 2:** Provide targeted technical assistance to selected countries.

**Task 3:** Set up a feedback mechanism for collecting information on the use of the KMC training manual use for future revisions.

<b>Intermediate Result 4</b>		
<b>Activity 4.3: Transfer Lessons Learned from Research and Program Work on Sick Newborns and Use this Information to Inform Program Work</b>		
<b>Activity Lead:</b> Joseph de Graft-Johnson	<b>Funding Sources:</b> Newborn	<b>Activity Cost:</b> \$63,156
<b>ACCESS Activity Partners:</b> Save the Children, JHPIEGO, ACNM		
<b>Other Collaborating Organizations:</b>		

**A. Activity Objective and Rationale**

**Objective:** To incorporate upcoming newborn research results into global, regional and national policies and programs.

**Rationale:** There are a number of ongoing community-based researches on case management of the sick newborn, including community KMC in selected developing countries. Studies are being conducted on the feasibility of community health workers effectively managing birth asphyxia and treating sepsis at home or in the community. In addition, the feasibility of implementing KMC within at home or within the community without an initial admission at a health facility is also underway. Some of this is supported by the ACCESS partner, SNL, and other work through international research partners. To strengthen the newborn component of ACCESS’ EMNC programming, ACCESS will actively engage with the researchers to ensure that study results and/or lessons learned are shared with policy-makers and program managers at global, regional and national levels. ACCESS will also incorporate the effective interventions into its program were feasible.

**B. Summary of Year Two Activities**

ACCESS will dialogue on research results in newborn health and used these results to inform country programs.

**C. Activity Year Two Outputs**

- a) Relevant latest newborn research findings documented and incorporated into Year Three ACCESS workplan where appropriate

**Specific Tasks**

**Task 1:** Document and monitor on relevant ongoing newborn research.

**Task 2:** Participate in selected newborn research dissemination workshop/seminars.

## Intermediate Result 5

### IR 5: PREVENTION AND TREATMENT OF PRIORITY HEALTH PROBLEMS OF NON-PREGNANT WOMEN OF REPRODUCTIVE HEALTH AGE (TARGETS OF OPPORTUNITY)

#### Strategic Approach

Building on the integrated package of maternal and newborn care services described for IRs 2–4, the ACCESS Program will develop partnerships and create opportunities to expand interventions and integrate services. These interventions and services will address the health needs of women who are not pregnant, including issues important to adolescents and women whose fertility has ended. These initiatives will vary by country context and will be at the request of USAID missions.

#### IR 5: YEAR ONE RESULTS ACHIEVED

- Prepared a small grants mechanism and procedures to support local NGOs, local FBOs, WRA secretariats and midwifery associations to apply for ACCESS funding on fistula prevention.
- Applications for small grants for fistula prevention were reviewed, evaluated, and grants were awarded to four organizations for activities to be implemented from October 1, 2005 to December 31, 2006.
- ACCESS staff traveled to WHO AFRO meeting in Brazzaville to discuss incorporation of fistula into pre-service education curricula.
- ACCESS staff participated in the OFWG.
- ACCESS staff presented a workshop on Obstetric Fistula-The Midwife's Role at the 27<sup>th</sup> ICM Triennial Congress in Brisbane, Australia

#### IR 5: YEAR TWO EXPECTED RESULTS

- Small grant subgrantee performance monitored and assessed and outcomes documented.
- Continued ACCESS collaboration with EngenderHealth on obstetric fistula
- ACCESS continues as an active participant in the OFWG and working to inform and implement its agenda.

#### IR 5: ACTIVITIES

##### 5.1 Provide Technical Oversight and Review of Small Grants for the Prevention of Obstetric Fistula (continuing)

<b>Intermediate Result 5</b>		
<b>Activity 5.1: Provide Technical Oversight and Review of Small Grants for the Prevention of Obstetric Fistula</b>		
<b>Activity Lead:</b> Annie Clark	<b>Funding Sources:</b> SO2 Core	<b>Activity Cost:</b> \$36,616
<b>ACCESS Activity Partners:</b> Futures Group, ACNM, JHPIEGO		
<b>Other Collaborating Organizations:</b> UNFPA, WRA, EngenderHealth		

#### A. Activity Objective and Rationale

The Global Campaign to End Fistula was launched in 2003 in response to emerging evidence on the prevalence of fistula and its impact on women's lives. The Campaign emphasizes providing a coordinated, comprehensive response to obstetric fistula, which includes raising awareness at all

## Intermediate Result 5

levels, determining needs, and supporting implementation of national strategies to prevent and treat obstetric fistula and help women reintegrate back into their communities after surgery.

In further support of the Campaign to End Fistula, ACCESS joined the OFWG, an alliance comprised of international and regional organizations that coordinate fistula elimination efforts worldwide. This collaboration is designed to create an effective alliance for the prevention and treatment of obstetric fistula.

### **B. Summary of Year Two Activities**

ACCESS will provide technical oversight of the fistula small grants program and document these findings.

ACCESS will continue to participate in and support the OFWG and use relevant program lessons to inform country programs.

### **C. Activity Year Two Outputs**

- a) Monitoring of small grants activities and reporting
- b) Document and disseminate findings from these activities
- c) Coordinate with EngenderHealth and participate in OFWG working group.

**Regional Bureaus – approved workplans:**

- Afr/SD
- ANE
- LAC
- WARP

## II. REGIONAL BUREAUS

<b>Africa/Sustainable Development (Afr/SD) Bureau</b>
<b>ACCESS Field Representative:</b> N/A
<b>US-based ACCESS Contact Person:</b> Natalie Kuszmerski
<b>Year 2 Funding Amount and Sources:</b> \$400,000 (\$300,000 CSMH; \$100,000 ID-malaria) <sup>3</sup> <i>Additional support includes \$200,000 core funds programmed under IR 4.1 workplan</i>
<b>ACCESS Partners:</b> JHPIEGO and AED
<b>Other Collaborating Organizations:</b> WHO/AFRO, Country level MOH and Teaching Institutions, SARA Project

### Program Approach:

Over the past year, the ACCESS Program has worked closely with WHO/AFRO in the start up of two key regional initiatives (1) Training of facilitators for the implementation of the Africa Road Map and (2) Strengthening preservice midwifery education in Anglophone Africa. Both of these regional initiatives support the four priority areas outlined in USAID/Africa Bureau's Maternal and Newborn Health Framework for Action 2004 – 2006 and include the six priority countries for maternal and newborn health in Africa – Ethiopia, Ghana, Mozambique, Senegal, Tanzania and Zambia.

During Year One, the ACCESS Program focused efforts on developing a long-term vision and collaboration with USAID and WHO/AFRO. Both of the initiatives funded by AFR/SD are multi-year initiatives intended to build upon themselves to develop long-term sustainability for improved maternal and newborn health in the region. The ACCESS Program reviewed and provided input into USAID's Framework for Action and used it as a foundation for discussions and developing a consensus with WHO/AFRO. The relationship with WHO/AFRO is key to the implementation as well as on-going monitoring of activities.

In Year Two, the ACCESS Program will continue to support the Road Map and Preservice Midwifery Education initiatives under AFR/SD's framework and in close collaboration with WHO/AFRO. Activities outlined in this workplan follow the progression of achievements to date keeping in mind the long-term vision for improved, sustainable maternal and newborn health in the region.

### Achievements Program Year One

#### Collaboration

- Established consensus with WHO/AFRO and outlined roles and responsibilities for long-term collaboration in the region
- Reviewed and provided input for AFR/SD's Maternal and Newborn Health Framework for Action 2004-2006

<sup>3</sup> Infectious Disease funds (\$100,000) earmarked to support the RBM Malaria in Pregnancy Working Group

## Regional Bureaus

### Africa Road Map

- Conducted two Africa Road Map Implementation workshops for eight countries in Accra, Ghana
  - Anglophone workshop participating countries: Ghana, Ethiopia, Tanzania and Zambia
  - Francophone workshop participating countries: Senegal, Niger, Burkina Faso and Mauritania

### Preservice Midwifery Education

- Conducted Preservice Midwifery Assessment Tools Orientation workshop for eight countries in Brazzaville, Congo
  - Participating countries: Ghana, Ethiopia, Tanzania, Malawi, the Gambia, Liberia, Nigeria and Sierra Leone<sup>4</sup>
- Conducted country level assessments in four countries using tool developed by the World Bank and adapted by WHO/AFRO with input from ACCESS
  - Country assessments: Ghana, Ethiopia, Malawi and Tanzania

### Summary of Activities Program Year Two

Building on achievements from Program Year One, the ACCESS Program will continue to support the implementation of the Africa Road Map and strengthening preservice midwifery education in Anglophone Africa.

### Year Two Outputs

#### Africa Road Map

- Provide follow up to two Anglophone countries (Ethiopia and Tanzania) and two Francophone countries (Senegal + 1 TBD)
- Conduct regional Lusophone Road Map Workshop for four countries (Angola, Mozambique, Cape Verde and Guinea Bissau) – *pending discussions with WHO/AFRO and available funding*
- Provide follow up to two Lusophone countries (TBD)- *pending discussions with WHO/AFRO and available funding*

#### Preservice Midwifery Education in Anglophone Africa

- Conduct country level stakeholders meeting in four countries (Ethiopia, Ghana, Malawi and Tanzania)
- Conduct three-week technical update and clinical skills standardization course for midwifery tutors and clinical preceptors
- Conduct follow up visits to assess participant skills and practice

### Program Management

The ACCESS Program will continue to work closely and in collaboration with WHO/AFRO to implement activities and monitor program progress. To date, WHO/AFRO has been involved in the workplanning process, setting workshop agendas and participant lists, arranging local logistics and participating in Year One regional workshops. Due to WHO/AFRO's location and network of contacts, their support is invaluable and key to the success of Year Two activities.

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<sup>4</sup> Ghana, Ethiopia, Tanzania and Malawi – supported by ACCESS; Gambia, Liberia, Nigeria and Sierra Leone – support by WHO/AFRO

Given the number of activities outlined for Year Two, the ACCESS Program will need to negotiate with WHO/AFRO their available level of support. Given the current budget for Year Two, ACCESS is prepared to support facilitators and trainers needed for workshops and courses, but will not be in the position to cover participant costs including travel, per diem and lodging. Local costs associated with workshops and training will also need to be negotiated with WHO/AFRO depending upon the location and local staff available for program support. In the event that WHO/AFRO will not be able to support participant and minimum local costs, the activities/tasks described in this workplan will need to be revisited.

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## **Activity 1: Implementation of Africa Road Map**

**Activity Lead:** Berengere de Negri

**Activity Location(s):**

Francophone Africa: Senegal, Niger, Burkina Faso, Mauritania

Anglophone Africa: Ethiopia, Ghana, Tanzania, Zambia

Lusophone Africa: Mozambique, Angola, Cape Verde, Guinea Bissau

In February 2004 the *Road Map for Accelerating the Attainment of the Millennium Development Goals related to Maternal and Newborn Health in Africa* were developed. The specific objectives of the Road Map are: (1) to provide skilled attendance during pregnancy, childbirth, and the postnatal period at all levels of the health care delivery system; and (2) to strengthen capacity of individuals, families and communities to improve maternal and newborn health.

To assist countries in adapting, adopting and implementing the Road Map, ACCESS is supporting a framework to be used by national authorities and programme managers at all levels. It includes the main steps of implementation, mechanisms for monitoring and evaluation and the roles and responsibilities of all stakeholders. The Road Map activities are linked with country-level National Reproductive Health Strategies.

To ensure country ownership of the country-specific Road Map, its implementation at country level is integrated into national development plans and seen as a mechanism for bringing together all national initiatives in favour of maternal and newborn health. The process of adaptation, adoption and implementation is led by the MOH and, other sectors related to health are involved from the onset and at all levels.

<b>Specific Tasks</b>	<b>ACCESS Partner(s)</b>	<b>Completion Date</b>
<b>Task 1: Provide Follow Up to Two Anglophone Countries</b> <ul style="list-style-type: none"> <li>▪ Continue movement from Year One and strengthen state of Road Map activities</li> <li>▪ Priority countries: Ethiopia and Tanzania</li> </ul>	<b>AED WHO/AFRO</b>	<b>January 2006</b>
<b>Task 2: Provide Follow Up to Two Francophone Countries</b> <ul style="list-style-type: none"> <li>▪ Continue movement from Year One and strengthen state of Road Map activities</li> <li>▪ Priority countries: Senegal + 1 TBD</li> </ul>	<b>AED WHO/AFRO</b>	<b>January 2006</b>

## Regional Bureaus

<p><b>Task 3: Regional Lusophone Road Map Workshop for four countries</b> (Angola, Mozambique, Cape Verde and Guinea Bissau)</p> <ul style="list-style-type: none"> <li>▪ Building on Francophone and Anglophone workshops in Year One, conduct similar workshop for Lusophone countries</li> <li>▪ Workshop will be held in Angola</li> </ul> <p><i>Pending discussions with WHO/AFRO and available funding</i></p>	<p style="text-align: center;"><b>AED WHO/AFRO</b></p>	<p style="text-align: center;"><b>March 2006</b></p>
<p><b>Task 4: Provide Follow Up to Two Lusophone Countries</b> (or one Lusophone and one Anglophone)</p> <ul style="list-style-type: none"> <li>▪ Continue movement from Lusophone workshop (Task 1) and strengthen state of Road Map activities</li> <li>▪ Priority countries: Mozambique + 1 TBD during Lusophone workshop in Angola</li> </ul> <p><i>Pending discussions with WHO/AFRO and available funding</i></p>	<p style="text-align: center;"><b>AED WHO/AFRO</b></p>	<p style="text-align: center;"><b>August 2006</b></p>

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## Activity 2: Strengthening Preservice Midwifery Education in Anglophone Africa

**Activity Lead:** Patricia Gomez

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

The first steps in improving midwifery curriculum development and training capacity include engagement and commitment of stakeholders at the national level. This commitment includes advocacy to appropriate ministries/organizations to enable midwives to provide life-saving care and is crucial to the development of providers with the skills necessary to address the high levels of maternal and newborn mortality and morbidity in their countries.

Midwifery tutors and clinical preceptors will then receive the evidence-based knowledge and skills in basic emergency obstetrical and newborn care that they will later incorporate into their national midwifery curricula. Follow-up visits will ensure that they are competently providing care and are beginning to improve the clinical training sites in their own countries. Then, through the Preservice Education Training Skills course they will be prepared to effectively transfer this knowledge and skills to their students and colleagues.

Thus activities to be carried out this year will lead to improved policy and practice environments for midwives as well as to increased knowledge and skills on the part of midwifery tutors and clinical preceptors. This provides the basis for the next year's activities in which curriculum revision will take place to incorporate these new approaches.

Specific Tasks	ACCESS Partner(s)	Completion Date
<p><b>Task 1: Country Level Assessments in four countries (Ethiopia, Ghana, Malawi and Tanzania)</b></p> <ul style="list-style-type: none"> <li>▪ Based on tool orientation workshop (August 2005), country teams will conduct local assessments, gather information and prepare results, documentation and recommendations to be presented at Stakeholder Meeting (Task 2)</li> <li>▪ This task is funded under Year One workplan</li> </ul>	<p><b>JHPIEGO WHO/AFRO</b></p>	<p><b>October 2005</b></p>
<p><b>Task 2: Country Level Stakeholders Meeting in four counties (see above)</b></p> <ul style="list-style-type: none"> <li>▪ Each country will present assessment findings to stakeholders including high level MOH/RH unit reps, heads of midwifery and medical preservice education programs and major clinical training sites midwifery and nursing education leaders</li> <li>▪ Understand situation for midwifery practice at the policy and institutional levels, gaps, recommendations, next steps, etc.</li> </ul>	<p><b>JHPIEGO WHO/AFRO</b></p>	<p><b>December 2005</b></p>
<p><b>Task 3: Technical Update and Clinical Skills Standardization Course (Three weeks)</b></p> <ul style="list-style-type: none"> <li>▪ Midwifery tutors and clinical preceptors (and possibly other key stakeholders) from each of the four countries will attend a three week course providing up to date evidence-based clinical information (one week) as well as competency-based clinical skills (two weeks)</li> <li>▪ Training will be held in Uganda with local support from the Regional Center for Quality of Health Care</li> <li>▪ Total of twenty participants (five per country)</li> </ul>	<p><b>JHPIEGO WHO/AFRO</b></p>	<p><b>Jan/Feb 2006</b></p>
<p><b>Task 4: Follow Up Visit to Assess Participant Skills and Practice</b></p> <ul style="list-style-type: none"> <li>▪ To be conducted at participant's facility in-country</li> </ul>	<p><b>JHPIEGO WHO/AFRO</b></p>	<p><b>June 2006</b></p>

## Regional Bureaus

### AFR/SD Malaria

<b>Sub activity 1: Support RBM malaria in pregnancy working group secretariat function</b>	
The RBM MPWG was established in May 2003 to guide the RBM Board and provide consensus on complex strategic issues concerning scaled-up implementation of policy, and on synthesizing and disseminating evidence-based best practices. JHPIEGO is the elected Secretariat of this working group. To date, the MPWG has provided consensus statements on issues related to community IPT, use of SP for IPT and use of ITNs in pregnancy. JHPIEGO will continue to support the MPWG as Secretariat.	
<b>Sub Activity Lead:</b> Elaine Roman	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Budget:</b> \$66,891	
<b>Sub Activity Location:</b> Africa	

#### Specific Tasks:

**Task 1:** Support RBM MPWG as Secretariat including organization of meeting venue, agenda and regional representation.

**Task 2:** Participate in meeting and technical review of relevant documents.

<b>Sub Activity 2: Provide country-level support to Uganda to scale up MIP within the President's Malaria Initiative (PMI)</b>	
As a President's Malaria Initiative country, Uganda will require additional support to accelerate the implementation of efforts to prevent and control malaria during pregnancy. An initial assessment in Uganda was recently completed by the PMI team in October. Based on the results of the assessment, JHPIEGO will conduct a planning trip to Uganda to elaborate future activities and develop a comprehensive support. These follow-up activities will be funded both through AFR/SD as well as MAC Core funds.	
<b>Sub Activity Lead:</b> Elaine Roman/ Pamela Lynam	<b>Sub Activity ACCESS Partners:</b> JHPIEGO
<b>Sub Activity Budget:</b> \$33,110	
<b>Sub Activity Location:</b> Africa	

#### Specific Tasks:

**Task 1:** Travel to Uganda to meet with mission, MOH and partners to discuss implementation plans.

**Task 2:** Develop comprehensive plan of support.

## Regional Bureaus

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Implementation of Africa Road Map</b>												
Task 1: Follow up to two Anglophone countries	X	X	X	X								
Task 2: Follow up to two Francophone countries	X	X	X	X								
Task 3: Conduct Lusophone workshop						X						
Task 4: Follow up to two Lusophone countries									X	X	X	
<b>Activity 2: Strengthen Preservice Midwifery Education</b>												
Task 1: Country assessments	X											
Task 2: Country stakeholder meetings			X									
Task 3: Technical Update and CSS					X							
Task 4: Follow up visits to assess skills and practice								X	X			

### Performance Monitoring Plan

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
<b>Priority 1: Support advocacy to mobilize resources and improve the policy environment for maternal and newborn care</b>				
<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 facilitators trained in how to implement the Africa Road Map	Trained facilitators are those who attended an ACCESS-supported training event.	Program records/reports	Semi-annual	Trainers, ACCESS Program staff
Number/% of target countries receiving ACCESS support to implement the Road Map	Technical assistance will be provided using ACCESS funds.	Program records/reports	Semi-annual	ACCESS Program staff
Number of (target) countries with Africa Road Map plans for maternal and newborn health	A plan, or implementation guidelines, for the Africa Road Map has been developed and is in place in target countries.	Actual plan Communication with trained facilitators	Semi-annual	AED/Berengere
<b>Priority 2: Disseminate effective approaches to improve the quality of integrated MNH care</b>				
<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		Program records/reports Update curricula	Semi-annual	ACCESS staff

## Regional Bureaus

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
preservice training curricula for nursing or midwifery schools				
Number of tutors and clinical instructors trained in integrated EMNC	Trained individuals are those who were trained in EMNC through ACCESS-supported training events or by ACCESS developed trainers.	TIMS	Semi-annual	Trainers, 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 EMNC at ACCESS-supported training events. This will be addressed in Year 3.	TIMS	Semi-annual	Trainers, ACCESS Program staff
<p><b>Priority 4: African regional and national capacity to implement programs</b>  <b><i>AFR/SD Result: African institutions actively engaged in supporting the implementation of the WHO/AFRO Road Map</i></b>  <b><i>AFR/SD Result: Linkages strengthened among African Institutions and networks to coordinate with each other and strengthen their leadership in MNH</i></b>  <b><i>AFR/SD Result: National-level capacity to implement safe motherhood programs improved</i></b></p>				
Number of African facilitators trained in how to implement the Africa Road Map	Trained individuals are those who were trained in the Africa Road Map through ACCESS-supported training events or by ACCESS developed trainers.	Program records/reports	Semi-annual	Trainers, ACCESS Program staff
Number/percent of trained African facilitators in target countries supporting country road map planning	Supporting the country road map may include holding stakeholder meetings, advocating for safe motherhood initiatives at the national level, etc. Facilitators 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	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

**Regional Bureaus**

<b>Indicator</b>	<b>Definition/Calculation</b>	<b>Data Source/Collection Method</b>	<b>Frequency of Data Collection</b>	<b>Responsible Party</b>
practice that have implemented at 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

## Regional Bureaus

<b>Asia Near East Bureau</b>
<b>ACCESS Field Representative:</b> N/A
<b>US-based ACCESS Contact Person:</b> Pat Daly
<b>Year 2 Funding Amount and Sources:</b> ACCESS did not receive FY05 funding from ANE Bureau. Activities described in this workplan will be supported by remaining FY04 funds (approximately \$235,000)
<b>Year 2 Timeline:</b> October 2005 – September 2006
<b>ACCESS Partners:</b> JHPIEGO and Save the Children
<b>Other Collaborating Organizations:</b> MotherNewBorNet, BASICS, ICCDR,B , WHO/SEARO, USAID/Cambodia, MOH/Cambodia

### Program Approach

Working closely with USAID's Asia Near East (ANE) Bureau and key stakeholders in the region, in Year One, ACCESS laid the groundwork for strengthening partnerships and future relations through its involvement with MotherNewBorNet and collaboration with WHO/SEARO. This foundation will enable ACCESS to roll out a number of activities in Year Two which will strengthen maternal and newborn health care in the region.

Building on the success of the community based postpartum care network in Asia (MotherNewBorNet) meeting which was held in Dhaka, Bangladesh in April 2005, ACCESS will provide technical assistance in Cambodia to co-host a maternal and newborn health meeting focused on identifying key recommendations for the Ministry of Health. These recommendations will be incorporated into a country workplan with the Ministry of Health to accelerate the implementation of maternal and newborn health activities.

Similarly, ACCESS will collaborate with WHO/SEARO to co-host a continuum of care meeting in Bangkok, Thailand for eleven SEARO countries as well as Pakistan, Afghanistan, Cambodia and the Philippines. From this meeting, it is expected that ACCESS will support the implementation of country frameworks in at least two countries.

### Achievements Program Year One

- Participated in development of MotherNewBorNet and attended regional meeting in Dhaka, Bangladesh (April 2005)
- Initiated planning process and development of agenda for maternal and newborn care meeting in Phnom Penh, Cambodia in October 2005
- Collaborated with WHO/SEARO to identify key activities and develop scope of work for implementation of maternal and newborn care initiative in South East Asia
- Initiated planning process and development of agenda for Continuum of Care meeting in Bangkok, Thailand in November 2005
- Collaborated with WHO, UNICEF and USAID to sponsor national seminar and workshop on neonatal health in Jakarta, Indonesia (September 2005). This activity was done in conjunction with the launch of the Lancet Series on Newborn Health

### Summary of Activities Program Year Two

Building on achievements from Program Year One, ACCESS will continue to support the ANE Bureau's initiatives in the region by providing technical assistance to support and implement maternal and newborn health care activities. This workplan describes ACCESS' Year Two activities.

### Year Two Outputs

- Improve maternal and newborn care in Cambodia by:
  - Supporting maternal and newborn care meeting in collaboration with USAID, BASICS and MOH
  - Assisting MOH to develop workplan to accelerate maternal and newborn health interventions that address maternal and neonatal morbidity and mortality
  - Supporting follow up activities in Cambodia
- Collaborate with WHO/SEARO to co-host Continuum of Care meeting in Bangkok, Thailand and support follow up activities in at least two countries, to be identified
- Participate in MotherNewBorNet activities, as appropriate

### Program Management

Over the past year, ACCESS has worked closely with the USAID/Washington ANE Bureau and key collaborating partners including WHO/SEARO, BASICS, ICCDR,B and USAID/Cambodia. Given the nature of the regional activities, the ACCESS/ANE workplan is managed out of the ACCESS office in Baltimore by the ACCESS Deputy Director and Senior Program Officer in close communication with USAID and partners.

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## Activity 1: Improve maternal and newborn care in Cambodia

**Activity Lead:** Pat Daly

**Activity Location(s):** Cambodia

In April 2005, ACCESS participated in the regional Community Based Postpartum Care Network for Asia Meeting in Dhaka, Bangladesh. The network, renamed MotherNewBorNet is a regional initiative of key stakeholders focused on supporting the development and implementation of integrated community based postpartum care. The purpose of the network is to collaborate with bilateral projects in the region to strengthen community-based postpartum maternal and newborn programs with the ultimate objective of improving maternal and neonatal health outcomes. ACCESS's role in MotherNewBorNet is to provide technical assistance to bilateral projects in Asia and to provide seed funding (to supplement bilateral funds) to implement community-based models of care to strengthen postpartum care activities. Following the April meeting, Cambodia has emerged as an appropriate country for program implementation.

As a first step, ACCESS in collaboration with USAID/W, USAID/C, BASICS and the Ministry of Health will host a four-day workshop in Phnom Penh in October 2005. One of the key outcomes of this meeting will be the formulation of key recommendations for the development of a MOH workplan to accelerate maternal and newborn health interventions. Following the workshop, key ACCESS staff will remain to work directly with the MOH to prepare a workplan that addresses some of the key recommendations from the workshop.

## Regional Bureaus

Specific Tasks	ACCESS Partner(s)	Completion Date
<p><b>Task 1:</b> Collaborate with USAID, BASICS, MOH and other key stakeholders to host Maternal and Newborn Care Meeting in Phnom Penh, Cambodia 24 – 27 October 2005</p> <ul style="list-style-type: none"> <li>▪ ACCESS will support up to 5 regional resources persons and 3 US based ACCESS staff</li> <li>▪ Key ACCESS staff will spend an additional week in Cambodia to assist the MOH with the development of a workplan</li> </ul>	<p><b>JHPIEGO</b></p> <p><b>Save the Children</b></p>	<p><b>November 2005</b></p>
<p><b>Task 2:</b> Support follow up activities in Cambodia based upon new MOH/Cambodia workplan for maternal and newborn health</p>	<p><b>TBD</b></p>	<p><b>Ongoing</b></p>

### **Activity 2: Collaborate with WHO/SEARO to implement continuum of care for EMNC in Asia**

**Activity Lead:** Pat Daly

**Activity Location(s):** WHO/SEARO Countries (11), and Pakistan, Afghanistan, Cambodia and the Philippines

In Year 1, ACCESS began communications with WHO/SEARO to identify regional opportunities for collaboration and support of maternal and newborn care in Asia. During the ACCESS Deputy Director's visit to New Delhi in April 2005, ACCESS and WHO/SEARO developed a scope of work outlining key activities and the roles and responsibilities for each organization. In Year 2, WHO/SEARO and ACCESS will co-host a regional meeting in Bangkok, Thailand on the Continuum of Care. Including participants from the 11 SEARO countries as well as Pakistan, Afghanistan, Cambodia and the Philippines, the objective of the November meeting is to establish mechanisms for implementing continuum of care for maternal and newborn health, including reproductive health, family planning, and child health services within the member countries to accelerate progress towards achieving the Millennium Development Goal targets for maternal and child health.

One of the expected outcomes of the Continuum of Care Meeting will be the development of country frameworks aimed at implementing skilled care at birth within a continuum of care. These frameworks will be used as the basis for follow-up activities and support in specific countries. As part of the scope of work developed last April with WHO/SEARO, ACCESS will provide technical assistance to at least two SEARO countries to support the implementation of country frameworks/activities following the Continuum of Care Meeting. This work will contribute to country level activities aimed at improving maternal and neonatal health and survival.

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Collaborate with WHO/SEARO to conduct Continuum of Care Workshop in Bangkok, Thailand 15 – 17 November 2005 for 60 participants from 11 member states of WHO/SEARO, and Pakistan, Afghanistan, Cambodia and the Philippines	<b>JHPIEGO Save the Children</b>	<b>November 2005</b>
<b>Task 2:</b> Support follow up activities in two SEARO countries based on outcome of Bangkok Meeting and Country Frameworks	<b>TBD</b>	<b>March 2006</b>
<b>Task 3:</b> Provide additional support to SEARO countries for implementation of appropriate activities as needed – countries and activities TBD in collaboration with ACCESS and WHO/SEARO	<b>TBD</b>	<b>August 2006</b>

### Activity 3: Participate in MotherNewBorNet

**Activity Lead:** Pat Daly and Koki Agarwal

**Activity Location(s):** TBD

MotherNewBorNet (previously called the Community Based Postpartum Care Network) is a collaborative partnership consisting of key NGOs, donors and other stakeholders dedicated to supporting the development and implementation of integrated community based postpartum care in Asia. As stated in Activity 1, the purpose of MotherNewBorNet is to collaborate with bilateral projects in the region to strengthen community-based postpartum maternal and newborn programs with the ultimate objective of improving maternal and neonatal health outcomes.

In Year 1, ACCESS participated in the formulation and development of MotherNewBorNet and in addition to attending local meetings, provided technical resources and assistance to the Network’s regional meeting held in Dhaka, Bangladesh in April 2005. In Year 2, ACCESS will continue to be an active member of MotherNewBorNet and participate in local and international meetings as appropriate.

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Participate in US based Alliance meetings/discussions and attend 1 international Alliance meeting (2 ACCESS staff)	<b>JHPIEGO Save the Children</b>	<b>Ongoing</b>

## Regional Bureaus

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Improve maternal and newborn care in Cambodia</b>												
Task 1: Collaborate with USAID, BASICS, MOH and other key stakeholders to host Maternal and Newborn Care Meeting in Phnom Penh, Cambodia 24 – 27 October 2005	X	X										
Task 2: Support follow up activities in Cambodia based upon new MOH/Cambodia workplan for maternal and newborn health			X	X	X	X	X	X				
<b>Activity 2: Collaborate with WHO/SEARO to implement continuum of care in Asia</b>												
Task 1: Collaborate with WHO/SEARO to conduct Continuum of Care Workshop in Bangkok, Thailand 15 – 17 November 2005		X										
Task 2: Support follow up activities in two SEARO countries (Bangladesh and Nepal)			X	X	X	X						
Task 3: Provide additional support to SEARO countries for implementation of appropriate activities as needed							X	X	X	X	X	X
<b>Activity 3: Participate in MotherNewBorNet</b>	<i>Timeline for MotherNewBorNet activities TBD</i>											
Task 1: Participate in US based Alliance meetings/discussions and attend 1 international Alliance meeting (2 ACCESS staff)												

<b>Latin America/Caribbean Bureau</b>
<b>ACCESS Field Representative:</b> Elizabeth Bocaletti
<b>US-based ACCESS Contact Person:</b> Jeanne Koepsell / Gloria Metcalfe
<b>Year 2 Funding Amount and Sources:</b> \$ 70,000
<b>ACCESS Partners:</b> Save the Children
<b>Other Collaborating Organizations:</b> PAHO, BASICS, CORE

**Program Approach**

ACCESS will collaborate with other USAID partners working in the LAC region to promote evidence-based practices in essential newborn care, newborn resuscitation, sepsis, and low birth weight incorporating lessons learned from the Saving Newborn Lives (SNL) initiative, in order to improve maternal and newborn health in the region.

In order to present a common vision, ACCESS, with the collaborating partners, is developing a situational analysis of the region as precursor to a regional strategy, now in process, to be ratified by the countries in the region at the March 2006 PAHO meeting.

As a follow up to development of the strategy, ACCESS will disseminate the strategy through the region, and encourage countries to adapt the strategy for their own needs. ACCESS will also disseminate one tool, the neonatal verbal autopsy.

**Achievements Program Year 1:**

- Collaborated with partner organizations, above, to define document guidelines
- Gathered data from four representative countries
- Presented the plan and gathered information from MOH representatives at regional USAID and PAHO meetings
- Carried out desk review of country-level health surveys
- Developed outline for situational analysis and regional newborn strategy

**Summary of Activities Program Year 2:**

The LAC Bureau has provided ACCESS with \$ 70,000 in field support with the intent to support staff levels of effort for technical assistance to disseminate the strategy for newborn health developed in Year 1, and adapt/develop tools to implement it in the LAC/C region. Save the Children staff will coordinate with PAHO, BASICS, CORE and CRS

- to translate and print the final document of the strategy in English, French and Portuguese
- to disseminate the final document of the strategy in sub-regional meetings
- to adapt PNMDA (perinatal and maternal death audits) and verbal autopsy tools for LAC region and disseminate them in two national meetings

A workshop will be held in December 2005 in coordination with BASICS, PAHO, CRS and CORE to present the proposal of the newborn regional strategy to 12 LAC countries. The final document will be elaborated based on their inputs. In March 06 the strategy plan will be presented in the PAHO executive meeting to facilitate ratification of the strategy.

## Regional Bureaus

### Year 2 Outputs:

- USAID approval of outline and budget
- Strategy document approved, printed and disseminated in the LAC region
- One tool (verbal autopsy) to implement the Newborn strategy disseminated

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### ACTIVITY 1: PREPARATION OF THE FINAL REGIONAL STRATEGY DOCUMENT

**Activity Lead:** Jeanne Koepsell

**Activity Location(s):** Guatemala and Washington DC

After the outline and first draft is approved by the coordinating committee, made up of at least one representative of each collaborating partner, ACCESS and Save the Children will prepare a document to be submitted to the PAHO meeting committee (in order for a later version of the document to be included in the March 2006 meeting agenda). This document will then be revised for a workshop, sponsored by BASICS, to be held in Guatemala in December 2005, at which participating countries will further refine and buy into the strategy. Further revisions will be made, and the document will be given in Spanish to PAHO for discussion at the March 2006 meeting.

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> First Draft of the Newborn Strategy finalized and shared with small LAC working group.	Save the Children	September 2005
<b>Task 2:</b> Draft situational analysis and strategy submitted at PAHO meeting.	Save the Children, PAHO	September 2005
<b>Task 3:</b> At a workshop in Guatemala, present the draft to 12 LAC countries, receive their feedback.	BASICS Save the Children PAHO/G	December 2005
<b>Task 4.:</b> Revision and preparation of the final draft of the Strategy Document	Save the Children	January 2006

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### ACTIVITY 2: FINALIZE, TRANSLATE, PRINT AND DISSEMINATE THE STRATEGY IN ENGLISH, FRENCH AND PORTUGUESE

**Activity Lead:** Jeanne Koepsell

**Activity Location(s):** TBD

Since four major languages are represented in the LAC region, the executive summary will be translated into English, French and Portuguese in preparation for the March 2006 meeting. The entire document will also be translated into English. After the March 2006 meeting, there may be minimal changes to the document. When these are incorporated, a final, bound version will be printed and disseminated.

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Translate main document to English	Save the Children	February 2006
<b>Task 2:</b> Translate executive summary to French and Portuguese	Save the Children	February 2006
<b>Task 3:</b> Print the final document in Spanish and English – interim version	Save the Children	February 2006
<b>Task 4:</b> Print the executive summary in Spanish, English, French and Portuguese – interim version	Save the Children	February 2006
<b>Task 5:</b> Send the strategy to the MOHs in the LAC countries to be prepared for the March 2006 PAHO meeting to facilitate ratification of the strategy.	PAHO/W	February 2006
<b>Task 6:</b> Present strategy at March 2006 PAHO meeting	PAHO	March 2006
<b>Task 7:</b> Make minimal revisions; print final versions	Save the Children	April 2006
<b>Task 8:</b> Disseminate the final document of the strategy in the sub-regional meetings	Save the Children	TBD

**ACTIVITY 3: ADAPT, DEVELOP AND DISSEMINATE TOOLS TO IMPLEMENT THE STRATEGY**

**Activity Lead:** Jeanne Koepsell

**Activity Location(s):** TBD

One initial tool – neonatal verbal autopsy – has been tested in Bolivia, and is ready to be disseminated through the region. Save the Children will present the tools at existing country / sub-regional meetings, and support countries that are interested in implementing it.

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Adapt verbal autopsy for LAC	Save the Children	May 2006
<b>Task 2:</b> Publicize verbal autopsy tool through PAHO channels	PAHO	June 2006
<b>Task 3:</b> Disseminate the developed tool in country meetings	Save the Children	TBD

**Timeline**

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Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Preparation of final regional newborn strategy</b>												
Task 1: First Draft of the Newborn Strategy finalized and shared with small LAC working group	X											
Task 2: Draft situational analysis and strategy submitted at PAHO meeting	X											
Task 3: At a workshop in Guatemala, present the draft to 12 LAC countries, receive their feedback			X									
Task 4: Revision and preparation of the final draft of the Strategy Document				X								
<b>Activity 2: Finalize, translate, print and disseminate strategy in English, French and Portuguese</b>												
Task 1: Translate main document to English					X							
Task 2: Translate executive summary to French and Portuguese					X							
Task 3: Print the final document in Spanish and English – interim version					X							
Task 4: Print the executive summary in Spanish, English, French and Portuguese – interim version					X							
Task 5: Send the strategy to the MOHs in the LAC countries to be prepared for the March 2006 PAHO meeting to facilitate ratification of the strategy					X							
Task 6: Present strategy at March 2006 PAHO meeting						X						
Task 7: Make minimal revisions; print final versions							X					
Task 8: Disseminate the final document of the strategy in the sub-regional meetings										TBD		
<b>Activity 3: Adapt, develop and disseminate tools to implement strategy</b>												
Task 1: Adapt verbal autopsy for LAC								X				
Task 2: Publicize verbal autopsy tool through PAHO channels									X			
Task 3: Disseminate the developed tool in country meetings											TBD	

<b>West Africa Regional Program (WARP)</b>
<b>ACCESS Field Representative:</b> Jérémie Zoungrana Director JHPIEGO/Burkina Faso
<b>US-based ACCESS Contact Person:</b> Natalie Kuzmerski
<b>Year 2 Funding Amount and Sources:</b> \$300,000
<b>ACCESS Partners:</b> JHPIEGO
<b>Other Collaborating Organizations:</b> AWARE-RH, Mwangaza Action, UNICEF/Cameroon, UNICEF/Mauritania, MOH/Cameroon and MOH/Mauritania

**Program Approach:**

At the request of USAID/WARP, ACCESS is providing technical assistance to implement best practices in maternal and newborn health and formulate long-term capacity in collaboration with the AWARE-RH program. Since ACCESS' mandate is to help countries integrate various reproductive health components that maximize maternal and newborn health survival at all points along the household-to-hospital continuum of care, efforts have been made to ensure that skilled providers and community members are capable of sharing the most complete evidence-based practices in their countries.

In Year 1, USAID/WARP and AWARE-RH identified two non-USAID presence countries for program implementation. ACCESS was requested to provide technical assistance to develop training capacity at both the facility and community level for scaling up of best practices. The two countries selected for Year 1 were Cameroon and Mauritania.

Planning visits were conducted to Cameroon (March 2005) and Mauritania (May 2005) in collaboration with AWARE-RH and Mwangaza Action. Given that USAID does not have offices in these two countries, the local collaborating partners are UNICEF and the Ministry of Health. During the planning visits, consensus was reached among all the partners in terms of activities, timeline, and roles and responsibilities for each partner. AWARE-RH is responsible for the Memorandum of Understanding with UNICEF and the MOH.

The interventions in both Cameroon and Mauritania are focusing on strengthening clinical skills of providers as well as mobilizing communities to create demand for quality services that are easily accessible. This two-pronged approach is part of ACCESS' overarching household-to-hospital continuum of care. In Cameroon in Year 1, the focus of the clinical and community mobilization interventions were in the Northern Adamaoua Province, Ngaoundere District with an emphasis in strengthening essential maternal and newborn care (EMNC). In Mauritania in Year 1, the focus of the clinical and community mobilization interventions was in the South Eastern Gorgol Province, Kaedi District with an emphasis in strengthening emergency obstetric and newborn care (EmONC). These districts were chosen based upon UNICEF's strategic plan and MOH priorities.

During a workplanning meeting held in Accra in September 2005, ACCESS and AWARE-RH agreed that in Year 2 ACCESS will continue to support clinical and community mobilization activities in Cameroon and clinical activities in Mauritania in collaboration with AWARE-RH, Mwangaza Action, UNICEF and the Ministry of Health. In addition, it is expected that ACCESS will collaborate with AWARE-RH in one new country. ACCESS will coordinate with AWARE-RH

## Regional Bureaus

to select a new country and conduct a needs assessment. Based upon the outcome of the needs assessment, ACCESS will support the implementation of clinical activities that build capacity in best practices for maternal and newborn care.

### **Achievements Program Year 1:**

#### **Cameroon – Ngaoundere District**

- Conducted needs assessment and planning visit to Ngaoundere District, Cameroon in collaboration with AWARE-RH, Mwangaza Action, UNICEF and MOH, designed Year 1 workplan and reached partnership agreements on activities (March 2005)
- Conducted three-week EMNC training for 20 providers from Ngaoundere District (June 2005)
- Conducted on-site follow up visits to the 20 EMNC providers from Ngaoundere District (September 2005)
- Developed Social Mobilization Strategy and Action Plan with community mobilizers from Ngaoundere District (April 2005)
- Adapted social mobilization tools for Cameroon context (May 2005)
- Conducted social mobilization advocacy workshop for community mobilizers from Ngaoundere District (July 2005)

#### **Mauritania – Kaedi District**

- Conducted needs assessment and planning visit to Kaedi District, Mauritania in collaboration with AWARE-RH, Mwangaza Action, UNICEF and MOH, designed Year 1 workplan and reached partnership agreements on activities (May 2005)
- Conducted pre-training site visit and evaluated readiness for EmONC training in Kaedi District (August 2005)
- Adapted social mobilization tools for Mauritania/Kaedi District (August 2005)

### **Summary of Activities Program Year 2:**

Building on the success of program implementation in Cameroon and Mauritania in Year 1, ACCESS will continue to provide technical assistance to AWARE-RH for the implementation of scaling up best practices in these two countries. Both the clinical training and community mobilization components are multi-phased approaches to building in-country sustainability and strengthening the household-to-hospital continuum of care. As such, the activities accomplished in Year 1 are the foundation for Year 2 activities proposed in this workplan. Elaboration of what could be accomplished in Year 2, and what will be leveraged in Year 3, was completed in collaboration with AWARE-RH and Mwangaza Action during a workplanning session in Accra, Ghana.

In addition to building on the accomplishments in Cameroon and Mauritania, ACCESS will collaborate with AWARE-RH to identify a new country in Year 2. As in Cameroon and Mauritania, ACCESS will conduct a needs assessment/planning visit with AWARE-RH to determine the feasibility of program implementation, stakeholder commitment, timeline of activities, allocation of appropriate resources and available funding. Whereas in Cameroon, ACCESS will be continuing on in both clinical and community mobilization strategies, in Mauritania and the new country ACCESS will only be responsible for the implementation of clinical activities. Mwangaza Action will be fully responsible for the implementation of community mobilization activities.

As in Year 1, the activities described in this workplan are directly linked to:

- 1) USAID/WARP's Performance and Monitoring Plan IR5.1.B "Number of AWARE supported applications of promising and best practices." Providers from Cameroon, Mauritania, and one other country will be trained in essential/emergency maternal and newborn care using evidence-based information and best practices.
- 2) USAID/WARP's Performance and Monitoring Plan IR 5.3.A "Number of AWARE-supported technical leadership institutions showing an improvement in institutional capacity". ACCESS works directly with Mwangaza Action (supported by AWARE-RH) to build on expertise gained at the national level in Burkina Faso (with the Maternal and Neonatal Health Program) in order to develop capacity as a regional resource in the field of demand creation.

### Year 2 Outputs:

#### Cameroon – Ngaoundere District (Clinical and Community Mobilization Activities)

- Skilled providers (20 additional) from Ngaoundere district trained in EMNC
- Follow up visits to 20 participants from EMNC training in Ngaoundere district
- 20 providers from Cameroon and other countries participate in two-week clinical training skills course in Yaoundé to become regional trainers for essential and emergency maternal and newborn care
- Auto-Diagnostic Tool training and implementation of community diagnosis in one "pilot" community in Ngaoundere District
- Implementation strategy defined during workshop
- Communication tools adapted
- Capacity built for implementation of Action Plans
- Documentation and follow up of community mobilization process

#### Mauritania – Kaedi District (Clinical Activities)

- Skilled providers (20) from Kaedi district trained in emergency obstetric and newborn care (EmONC)
- Follow up visits to 20 participants from EmONC training in Kaedi district by Mauritanian co-facilitators
- Secondary follow up visits to same providers by Burkina-based consultant
- Intensive coaching in EmONC of 1-2 Mauritanian doctors in Burkina Faso

#### New Country (Clinical Activities)

- Needs Assessment/Planning visit
  - Stakeholder buy-in and clinical activities outlined
  - Roles and responsibilities of each partner
  - Timeline developed
  - Appropriate and available funds programmed
  - Approval from USAID/WARP

### Stakeholder Commitment:

Key to the success of the ACCESS Program in West Africa has been the collaboration and open communication with AWARE-RH, Mwangaza Action, UNICEF and the Ministries of Health. During each of the planning visits to Cameroon and Mauritania, partners were able to negotiate roles and responsibilities for each organization. Although AWARE-RH has a Memorandum of

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Understanding with UNICEF in each country, ACCESS has and will continue to commit the appropriate financial and human resources required to support the proposed workplan activities. As such, ACCESS' primary role is to provide technical assistance and resources to carry out site strengthening and conduct clinical trainings and community mobilization activities. ACCESS will continue to communicate regularly with all partners regarding the planning of upcoming activities.

### **Program Management:**

Due to the scope of work in both the Year 1 and Year 2 workplans and the location of activities (Cameroon and Mauritania), ACCESS has been operating out of JHPIEGO's Burkina Faso office in Ouagadougou with limited support from Baltimore. The reason for utilizing Burkina Faso as the central management point is that all of the technical assistance needed to carry out the proposed workplan activities will be ACCESS trainers and staff based in Burkina Faso. ACCESS determined that it will be more cost effective to manage the WARP workplan from Burkina Faso and JHPIEGO's staff based in Burkina Faso are fully capable of assisting with the all the logistics for program implementation. As agreed to in the Year 1 workplan, ACCESS proposes to support the Burkina Faso staff at 65% LOE for Year 2 (1 October 2005 – 30 September 2006). This includes the Director (responsible for overall program oversight, management and communication as well lead trainer for implementation of community mobilization component in Cameroon), Financial Administrator (responsible for financial oversight, invoicing, payments, tracking expenditures, projections and accruals) and Administrative Assistant (responsible for coordinating activity timeline/calendar, training logistics, identifying consultants and developing scopes of work and contracts, correspondence with in-country UNICEF and MOH offices, etc.). In addition, ACCESS will reduce the level of effort from Baltimore to 1 Program Officer at 25% LOE.

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## **ACTIVITY 1: Development of EMNC Providers in Cameroon**

Given that the first training of providers in EMNC during Year 1 was successful, UNICEF, the Cameroon MOH, and AWARE-RH expressed a desire to continue to scale up implementing best practices in Ngaoundere district of Northern Adamaoua Province. To this end, ACCESS plans to conduct a second EMNC training to cover a greater number of providers within the district. In addition, ACCESS will be able to use the training site previously developed in Year 1 at the Protestant Hospital of Ngaoundere district with minimal refurbishments. As with the first set of providers, ACCESS will follow up participants approximately 2-3 months post-training to ensure that evidence-based practices are being implemented at the facility level and that knowledge has been retained. In order for the ACCESS consultant conducting the follow ups to maximize his time in-country, he will re-visit participants from the Year 1 training to determine continuity of implementation of best practices.

The larger pool of trained providers will give ACCESS a greater base from which to select participants for the Clinical Training Skills (CTS) course. During this course, providers will be trained as trainers and given the capacity to continue scaling up best practices in their regions. ACCESS expects to make this a regional course, integrating providers from Cameroon, Mauritania, and possibly the new country dependent on time and numbers of participants. The CTS will take place in Yaoundé since the majority of participants will come from Cameroon.

**Activity Lead:** Jérémie Zougrana/Dr. André Jules Bazié

**Activity Location(s):** Ngaoundéré District, Adamaoua Province, Cameroon

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Conduct clinical training in essential maternal and newborn care (EMNC) for 20 additional providers from Ngaoundere, Cameroon (3 weeks). This will be the second training of EMNC providers in Cameroon.	<b>JHPIEGO</b>	<b>January 2006</b>
<b>Task 2:</b> Conduct on-site follow-up visit to EMNC participants in Cameroon to assess knowledge and skills and provide coaching and support (3 weeks)	<b>JHPIEGO</b>	<b>April 2006</b>
<b>Task 3:</b> Conduct regional clinical training skills course for 20 providers (2 weeks) <ul style="list-style-type: none"> <li>▪ Providers will obtain knowledge and skills necessary to conduct EMNC training</li> <li>▪ Participants are chosen from those who participated in EMNC or EmONC training in Years 1 &amp; 2</li> </ul>	<b>JHPIEGO</b>	<b>July 2006</b>

## ACTIVITY 2: Training of Community Social Mobilizers in Cameroon

Recognizing the importance of involving the community to take action for improved healthcare, ACCESS also supports the creation of informed demand for quality services through social mobilization activities. Following the model of community mobilization that was developed and highly successful in Burkina Faso, ACCESS along with Mwangaza Action has been implementing a series of workshops and community meetings on the subject of maternal and newborn health. In the first year of the program, ACCESS and Mwangaza Action worked with community health workers (CHWs) to develop a strategy and action plan for social mobilization in the areas surrounding the health centers participating in clinical training. Social mobilization tools were adapted for the Cameroonian context and a workshop was conducted in order to give CHWs essential advocacy skills. Continuing with the program, ACCESS and Mwangaza Action will return to Ngaoundere to further orient CHWs and the general population in finding effective methods to voice their opinions and perspective on issues relating to maternal and newborn health.

**Activity Lead:** Jérémie Zougrana

**Activity Location(s):** Ngaoundéré District, Adamaoua Province, Cameroon

Specific Tasks	ACCESS Partner(s)	Completion Date
<b>Task 1:</b> Conduct Auto-Diagnostic Tool training and implementation of community diagnosis in one “pilot” community in Ngaoundere District (2 weeks)	<b>JHPIEGO</b>	<b>January 2005</b>
<b>Task 2:</b> Conduct workshop to define implementation strategy (1 week)	<b>JHPIEGO</b>	<b>March 2006</b>
<b>Task 3:</b> Adapt communication tools (1 week)	<b>JHPIEGO</b>	<b>March 2006</b>

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<b>Task 4:</b> Build capacity for implementation of Action Plans (1 week)	<b>JHPIEGO</b>	<b>April 2006</b>
<b>Task 5:</b> Conduct follow up and documentation of community mobilization process (1 week)	<b>JHPIEGO</b>	<b>July 2006</b>

### ACTIVITY 3: Development of EmONC Providers in Mauritania

This activity began in May 2005 with a Needs Assessment visit conducted jointly by ACCESS, AWARE-RH, Mwangaza Action, UNICEF, and the MOH. During this visit a strategy for implementation of training providers from the Kaedi district in emergency obstetric care was agreed upon. In August 2005, ACCESS conducted a pre-training site visit to determine preparedness of the training site and evaluate the probability of a successful training in Kaedi. Due to political instability and high staff turnover both within the Ministry and UNICEF of Mauritania, it was decided to put all activities on hold. In late September 2005, UNICEF and the MOH of Mauritania renewed their commitment to this program and activities were re-launched.

The emergency obstetric care training for doctors, midwives, and anesthetists from Kaedi district in Brakna province planned for Year 1 took place in November 2005. A number of challenges arose during this training. For example, at least three of the doctors needed to leave the training after only three days in order to participate in national vaccination days. Furthermore, certain participants had moved in their careers from clinical to administrative positions and no longer provide direct services to clients. In order to support those participants who completed the training and serve as everyday providers, follow up visits will be conducted approximately 2 months after the initial training by the Mauritanian team of co-facilitators. Three months later, ACCESS's Burkina-based consultant will conduct a second set of follow-up visits. ACCESS and AWARE have also discussed the lack of doctors who completed the training. They propose sending 1 – 2 doctors from the area (the gynecologist who will be placed at Kaedi district hospital in the coming months, and a surgeon from the hospital in Aleg) to Burkina Faso for an intense 2-week knowledge and clinical training with ACCESS EmONC consultants in a high volume hospital. This will serve to bring at least two surgical teams (including a doctor, midwife, and anesthetist) up to speed in best practices for emergency obstetric and newborn care. Finally, it is expected that select providers will participate in the Clinical Training Skills course planned to be held in Yaoundé at the end of Year 2.

**Activity Lead:** Jérémie Zoungrana/Dr. Charlemagne Ouedraogo

**Activity Location(s):** Kaedi District, Mauritania

<b>Specific Tasks</b>	<b>ACCESS Partner(s)</b>	<b>Completion Date</b>
<b>Task 1:</b> Conduct clinical training in emergency obstetric and newborn care (EmONC) for 20 providers from Kaedi, Mauritania (3 weeks)	<b>JHPIEGO</b>	<b>November 2005</b>
<b>Task 2:</b> Conduct on-site follow-up visit to EmONC participants in Kaedi district	<b>MOH Mauritania</b>	<b>January 2006</b>
<b>Task 3:</b> Conduct secondary follow-up visits to EmONC participants (2 weeks)	<b>JHPIEGO</b>	<b>March 2006</b>

<b>Task 4:</b> Intensive knowledge and clinical coaching and training in Burkina Faso for 1 -2 doctors from Mauritania	<b>JHPIEGO</b>	<b>June 2006</b>
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### ACTIVITY 4: Development of EMNC Providers in 1 New Country

As noted, ACCESS’s mandate in West Africa is to provide technical assistance in the implementation of best practices in collaboration with AWARE-RH. Since AWARE-RH is a regional project, they plan—in conjunction with ACCESS—to spread into additional West African countries. At this time, a third country for ACCESS/AWARE collaboration has yet to be chosen. It is expected that as in Cameroon and Mauritania, a needs assessment visit will be made to the new country during the second quarter of Year 2. During this time, in-country partners will be established, along with a strategy for implementation of activities.

**Activity Lead:** Jérémie Zougrana

**Activity Location(s):** TBD in collaboration with AWARE-RH

Specific Tasks	ACCESS Partner(s)	Completion Date
<p><b>Task 1:</b> Conduct Needs Assessment/Planning visit in collaboration with AWARE-RH (1 week)</p> <ul style="list-style-type: none"> <li>▪ Obtain stakeholder buy in and outline clinical and community activities</li> <li>▪ Determine roles and responsibilities of each partner, including required improvements to training site</li> <li>▪ Develop timeline</li> <li>▪ Program appropriate and available funds</li> <li>▪ Obtain approval from USAID/WARP</li> </ul>	<b>JHPIEGO</b>	<b>Q2</b>

**Timeline:**

Timeline of Activities	Months											
	O	N	D	J	F	M	A	M	J	J	A	S
<b>Activity 1: Development of EMNC Providers and Trainers in Cameroon</b>												
Task 1: Conduct clinical training in essential maternal and newborn care (EMNC) for 20 additional providers from Ngaoundere, Cameroon (3 weeks)				X								
Task 2: Conduct on-site follow-up visit to EMNC participants in Cameroon (2 ½ weeks)						X	X					
Task 3: Conduct regional clinical training skills course for 20 providers (2 weeks)										X		
<b>Activity 2: Training of Community Social Mobilizers in Cameroon</b>												
Task 1: Conduct Auto-Diagnostic Tool training and				X								

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implementation of community diagnosis in one “pilot” community in Ngaoundere District (2 weeks)																			
Task 2: Conduct workshop to define implementation strategy (1 week)						X													
Task 3: Adapt communication tools (1 week)						X													
Task 4: Build capacity for implementation of Action Plans (1 week)							X												
Task 5: Conduct follow up and documentation of community mobilization process (1 week)																		X	
<b>Activity 3: Development of EmONC Providers in Mauritania</b>																			
Task 1: Conduct clinical training in emergency obstetric and newborn care (EmONC) for 20 providers from Kaedi, Mauritania (3 weeks)		X																	
Task 2: Conduct on-site follow-up visit to EmONC participants in Mauritania (2 weeks)					X														
Task 3: Conduct secondary follow-up visits to EmONC participants (2 weeks)							X												
Task 4: Intensive knowledge and clinical coaching and training in Burkina Faso for 1 -2 doctors from Mauritania																		X	
<b>Activity 4: Development of EMNC Providers in 1 New Country</b>																			
Task 1: Conduct Needs Assessment/Planning visit in collaboration with AWARE-RH (1 week)					X														

Performance Monitoring Plan

Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
<p><b>WARP IR 5.1 Improved approaches to FP/RH, STI/HIV/AIDS and child survival services disseminated region wide</b></p> <ul style="list-style-type: none"> <li><b>IR 5.1.B Number of AWARE-supported applications of promising and best practices in FP/RH, STI/HIV/AIDS, CS &amp; ID</b></li> </ul> <p><b>WARP IR 5.3 Increased capacity of regional institutions and networks</b></p> <p><b>IR 5.3.A Number of AWARE-supported technical leadership institutions showing an improvement in institutional capacity</b></p>				
<p><b>ACCESS IR 3: Safe delivery, postpartum, and newborn care improved</b></p>				
Number of providers trained in EMNC in the past year through ACCESS-supported training courses	ACCESS-supported training courses include ACCESS technical assistance, training materials, and approved staff. Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.	Training participant tracking sheets and training database Training workshop summary reports	Annual	ACCESS consultant ACCESS staff
% of providers trained in ACCESS-supported EMNC training courses competent in key EMNC skills (AMSTL and at least one other skill) 2-3 months after EMNC training	<p><u>Numerator:</u> Number providers who completed an ACCESS-supported EMNC course who are competent in EMNC clinical skills 2 months after EMNC training</p> <p><u>Denominator:</u> Total number of providers who completed an ACCESS-supported EMNC course</p>	Clinical observations during training follow up site visits	2-3 months after training	ACCESS consultant ACCESS staff
% of providers trained in ACCESS-supported EMNC training courses that have implemented at least 2 action items (including or in addition to AMSTL)	<p><u>Numerator:</u> Number of providers completed an ACCESS-supported EMNC course who have implemented at least 2 action items</p> <p><u>Denominator:</u> Total number of providers who completed an ACCESS-supported EMNC course</p>	Review of service statistics and actual partographs during training follow up site visits	2-3 months after training	ACCESS consultant ACCESS staff
Number of trainers trained in clinical training skills for EMNC in the past year through ACCESS-supported training courses	ACCESS-supported training courses include ACCESS technical assistance, training materials, and approved staff. Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.	Training participant tracking sheets and training database Training workshop summary reports	Annual	ACCESS consultant ACCESS staff

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Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection	Responsible Party
Number of targeted participants trained through Social Mobilization Advocacy workshops in target countries	<p>Targeted participants will be defined in the WARP implementation and management plan and identified through agreed processes through locally-coordinated efforts following the initial assessment</p> <p>Trained persons are those who complete a training event satisfactorily according to the criteria established for each course.</p> <p>The number will be calculated as an annual count of persons satisfactorily completing ACCESS SMA courses as recorded in program records.</p>	<p>Training participant tracking sheets and training database</p> <p>Training workshop summary reports</p>	Annual	Mwangaza Action ACCESS staff
Number of trained Social Mobilization trainers reporting having conducted advocacy activities using auto diagnostic tools in the last 2-3 months	<p>Trained SMAs are ACCESS-trained advocates through the workshops in targeted countries.</p> <p>Auto-diagnostic tools are a key focus of the training.</p>	<p>Program records/reports, completed auto diagnostic tools</p>	2-3 months after training	Mwangaza Action ACCESS staff

### III. MANAGEMENT PLAN—MANAGING FOR RESULTS

The Year One Workplan included a description of 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 provides an update on the management issues, new staff, approach for managing new countries and associate awards.

In Year Two, JHPIEGO will take the lead on working with global partners and agencies such as the Partnership for Maternal, Newborn and Child Health, World Health Organization and will be responsible for the management and implementation of the ACCESS Program's work on the Malaria Action Coalition. JHPIEGO will also lead the Program's work on PPH and pre-service education with WHO/AFRO. Save the Children will continue to lead activities related to improving maternal and newborn health outcomes at community level; and providing linkages with Saving Newborn Lives. ACNM will support core and field funded activities relating to home based care and strengthening Midwives Associations. The Futures Group will play a lead in efforts to develop 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's role will focus on building linkages with FBOs and expanding their role in providing maternal and neonatal health care. AED will provide leadership in maternal nutrition activities and facilitating the Africa Road Map with WHO/AFRO.

#### A. ACCESS ORGANIZATIONAL STRUCTURE AND PROCESS

##### Core Management Team

The ACCESS Partnership has seen some changes in key staff in Year One. Despite the changes and expected lag in hiring new staff, the ACCESS team responded to several new country programs and an associate award. During Year One, the Director, Judith Robb McCord left in December 2004 and was replaced by Koki Agarwal as the Director in January 2005. Catherine Elkins, the Monitoring and Evaluation Director left the Project in February 2005. Barbara Rawlins was selected to lead the Program's efforts in M&E. In addition, Sarla Chand from IMA joined the project in April 2005 as the Faith Based Coordinator. 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. Additional positions were selected based on their added value to the team in terms of management and technical support. Key staff positions include:

##### Key Staff

**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

## Management Plan—Managing for Results

coordination with the M&E Director and the 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 build a strong clinical team and mobilize partner efforts to lead initiatives on post partum hemorrhage and preservice education. In collaboration with

**Dr. Joseph de Graft-Johnson, Community Interventions Specialist.** The Community Interventions Specialist will provide technical leadership in the development and implementation of community-based maternal and neonatal health services. He will provide oversight for communication strategies, community and social mobilization approaches, and the development or adaptation of appropriate community-based tools. He will coordinate program inputs from other partners and collaborating institutions, such as JHU's Health Communications Program (HCP) as appropriate.

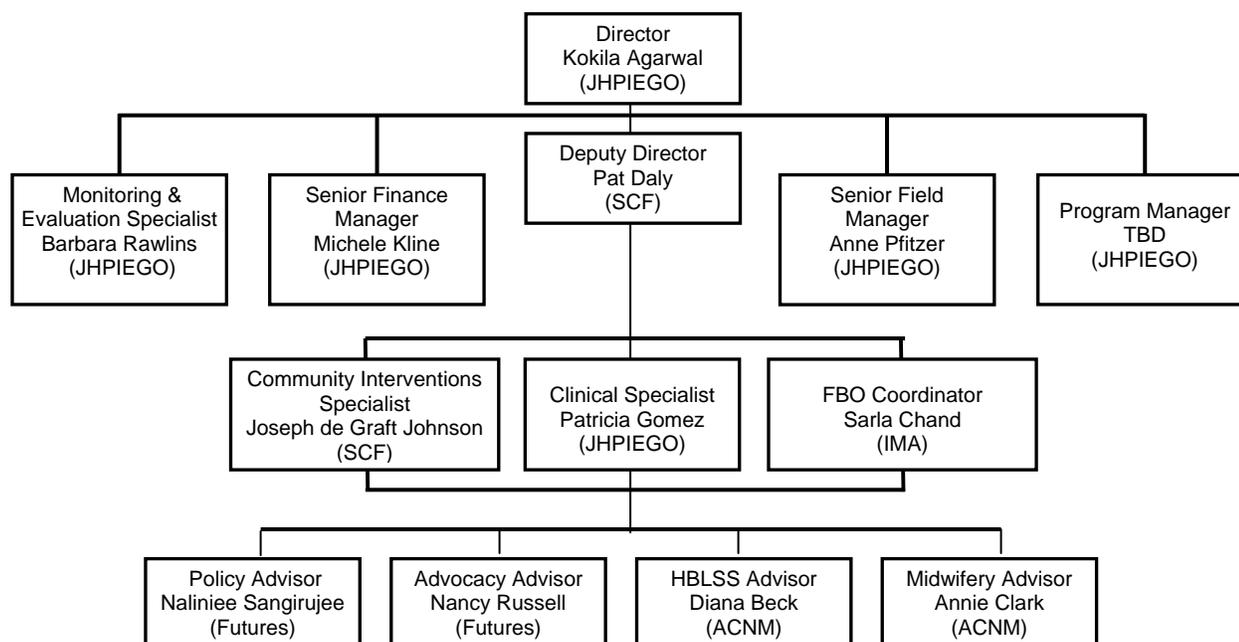
**Sarla Chand, Faith Based Coordinator.** The Faith Based Coordinator will lead efforts to outline a development strategy for the integration of the faith-based community as a platform for action on ACCESS and ensure the effective implementation of the strategy. She will act as a liaison for the ACCESS 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.

All key staff, while predominately supported by core funds, may have their level of effort covered by field support for specific countries based on the agreed upon scopes of work specifically benefiting the country. The M&E Specialist is funded fifty percent on core and fifty percent by JHPIEGO private funds (as per cost share plan).

The ACCESS organizational structure is presented in **Figure 4**. 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 Senior Field Program Manager, and the Senior Program Manager. Technical specialists are able to draw on significant depth and expertise from their home organizations to support global and country programming.

**Figure 4. ACCESS Organizational Structure**



With the exception of the Advisors for Policy, Advocacy, HBLSS, and Midwifery, who are available 50% to the program, all CMT members and support staff are co-located full-time in ACCESS headquarters at JHPIEGO in Baltimore, Maryland. These Advisors work in Baltimore as needed, and participate in strategic planning, program design, and decision-making (when necessary), and are available to the program via telephone, email, and other modes of communication as well. It is expected that as field programming expands in Year Two, core personnel, particularly the technical specialists, will transition in varying proportions to field support and associate awards.

In addition, there is a Malaria Action Coalition management team based in Nairobi located in the JHPIEGO/Kenya office. This team includes the ACCESS MAC Manager and program and finance support staff. They are responsible for the overall management of the core and field support MAC portfolio, which represents \$1,585,000 in Year Two. The MAC Manager reports directly to the ACCESS Director.

### **Core Management Team—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.

Cohesive teamwork begins with the CMT where responsibility for creating and implementing a shared programmatic vision lies. The CMT ensures that the unique capabilities and expertise of each partner and all personnel are brought to bear in achieving ACCESS results. Through the management structure and direct linkages with partner offices, ACCESS staff at all levels will work

as a team to ensure the smooth and full implementation of the program. The CMT holds mutual trust and respect as core principles and enables staff to take full advantage of their respective skills and experiences in addressing program needs. Critical issues are raised addressed in a timely and constructive fashion. The entire ACCESS team will be focused on the achievement of common objectives, and prepared to adjust the ACCESS Program’s governance structure and processes in response to evolving program needs.

## PROPOSED YEAR TWO ACCESS STAFFING & LOE

<b>US BASED ACCESS PROGRAM STAFF</b>					
<b>Staff member</b>	<b>Title</b>	<b>Organization</b>	<b>Core</b>	<b>Field</b>	<b>MAC</b>
Koki Agarwal	Director	JHPIEGO	70%	15%	15%
Pat Daly	Deputy Director	SCF	85%	15%	
Joseph de Graft-Johnson	Community Interventions Specialist	SCF	85%	15%	?10%
Patricia Gomez	Clinical Specialist	JHPIEGO	85%	15%	
Barbara Rawlins	M&E Specialist	JHPIEGO	50% <sup>5</sup>		
Anne Pfitzer	Senior Field Manager	JHPIEGO	25%	75%	
Michele Kline	Senior Finance Manager	JHPIEGO	75% <sup>6</sup>		
TBD	Senior Program Manager	JHPIEGO	100%		
Katrin DeCamp	Public Affairs & Info Dissem Specialist	JHPIEGO	100%		
Sarla Chand	FBO Coordinator	IMA	100%		
Sonja Seyal/Stacey Howerter/TBD	Financial Administrators	JHPIEGO	30%	200% <sup>7</sup>	
Kristin White	Program Coordinator	JHPIEGO	100%		
BA Williams	Program Coordinator	JHPIEGO	60%		
Nalinee Sangrujee	Health Finance/ Policy Advisor	Futures	50%		
Nancy Russell	Advocacy Advisor	Futures	50%		
Diana Beck	HBLSS Advisor	ACNM	50%		
Annie Clark	Midwifery Advisor	ACNM	50%		
Amy Kleine	Program Officer	JHPIEGO		100%	
Natalie Kuzmerski	Program Officer	JHPIEGO		100%	
Linda Benamor	Program Coordinator	JHPIEGO	20% (MAC)	80%	
Deirdre Russo	Program Officer	JHPIEGO		50-100% TBD	
<b>ACCESS MAC STAFF</b>					
Elaine Roman	MAC Manager	JHPIEGO (Kenya-based)			100%

<sup>5</sup> 50% JHPIEGO cost-share

<sup>6</sup> 25% JHPIEGO cost-share

<sup>7</sup> Other JHPIEGO programs

Kaendi Munguti	Senior Malaria Advisor	JHPIEGO (Kenya-based)			60%
Aimee Dickerson	Program Coordinator	JHPIEGO (Baltimore-based)			100%
Rajshree Haria	Regional Finance/Admin Manager	JHPIEGO (Kenya-based)			25%
Sanyu Kigundu	Program Assistant	JHPIEGO (Kenya-based)			85%
Priscilla Guchuhi	Admin Assistant	JHPIEGO (Kenya-based)			35%

## B. INTERNAL COORDINATION AND DECISION MAKING

In Year One, the CMT developed a unified vision, strategy, and technical approach for ACCESS, building on the ACCESS proposal submitted to USAID. 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, major decisions affecting all ACCESS components is reached, in as much as possible, on a consensus basis. Consensus from CMT members is required on decisions with funding implications, decisions regarding initiatives outside of the workplan, decisions regarding revision of program strategies or the results package, and decisions that have political or corporate implications. In instances when the CMT is unable to reach consensus, guidance is sought from the Unified Management Team, as described below.

The ACCESS selection of short-term technical assistance staff is based on following process. The Scope of Work is shared with all partners and 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.

As the country programs have grown during Year One, ACCESS has established Country Teams to manage field activities. Led by a Country Team Leader (CTL) who is accountable to the Senior Field Program Manager, the Country Team has responsibility for the management of program implementation. Technical backstopping by ACCESS headquarters is available primarily through - assigned Program Officers, the Senior Field Program Manager and technical specialists, with

oversight from the Deputy Director. The chart below highlights the different country programs and the staff responsible for managing them.

**US Based Program Management  
Program Year Two - Field Support  
1 October 2005 – 30 September 2006**

<b>Country</b>	<b>Program Implementation</b>	<b>Management Backstopping</b>	<b>Leadership</b>
Afghanistan	Program Officer – Deirdre Russo Program Coordinator - Katrin DeCamp	Anne Pfitzer	Koki Agarwal
Bangladesh	Program Officer - Amy Kleine	Anne Pfitzer	Pat Daly
Guinea	Program Officer - Amy Rial Program Coordinator – Alisha Horowitz	Anne Pfitzer	Pat Daly
Haiti <sup>8</sup>	Program Officer - Amy Kleine Program Coordinator - Linda Benamor	Barbara Rawlins	Koki Agarwal
Kenya	Program Coordinator - Susan MacKenzie	Anne Pfitzer	Koki Agarwal
Nepal	Program Coordinator - Angela Nash Mercado	Anne Pfitzer	Pat Daly
Tanzania	Program Officer - Natalie Kuzmerski Program Coordinator - Linda Benamor	Anne Pfitzer	Koki Agarwal
WARP	Program Officer - Natalie Kuzmerski	Sr. Program Officer (TBD)	Pat Daly
ANE	Program Officer - Amy Kleine	Sr. Program Officer (TBD)	Pat Daly
AFR/SD	Program Officer - Natalie Kuzmerski	Sr. Program Officer (TBD)	Pat Daly
LAC	Field Staff, Save the Children	Sr. Program Officer (TBD)	Pat Daly
Malaria Action Coalition <sup>9</sup>	Program Officer - Elaine Roman Program Coordinator - Aimee Dickerson Program Coordinator - Linda Benamor		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. They solicit feedback from the expanded CMT on resolving issues and constraints. This process not only allows for resolution of program constraints but also 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.

### **Annual Field Program Retreat**

<sup>8</sup> Includes ACCESS, PEPFAR and MSH funding

<sup>9</sup> Includes MAC core and field support

In Year 2, ACCESS will initiate an annual program retreat for the core management team and field program managers. The purpose of this five day meeting will be to share ACCESS programmatic guidance, share field-level experiences, and results to date; and provide technical updates on critical program elements, such as PPH, newborn health, and post partum care. The meeting will be held in Baltimore and so will provide the opportunity for briefings from ACCESS partners and for meetings with USAID colleagues.

### **C. THE ACCESS UNIFIED MANAGEMENT TEAM (UMT)**

The Partnership has benefited from the collective support of a Unified Management Team (UMT) that is composed of the key ACCESS staff as well as leaders from the headquarters of each participating organization. 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 throughout the life of the program to discuss and review issues related to startup of a major USAID award. Topics will include a review of the core agenda, country portfolios (field and associate awards) and related technical support from headquarter offices, program progress as per start up, budgets and expenditures, and management issues.

Serious program issues are discussed and resolved at the UMT meetings. Additionally, the UMT has the decision-making input regarding key staff; substantial realignment or modification of activities; and branding the Program (including outreach at the country level).

Current membership on the UMT (beyond key Program staff) includes:

JHPIEGO:	Alain Damiba
Save the Children:	David Oot
The Futures Group:	Jeff Jordan
ACNM:	Deborah Gordis, Deanne Williams
AED:	Margaret Parlato, Petra Reyes
IMA:	Daniel Aukerman

### **D. 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 collaborate 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. These will be enhanced over the life of the program. ACCESS management and technical specialists will participate in a range of international alliances and partnerships, including the White Ribbon Alliance, the Partnership for Maternal, Newborn and Child Health. 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.

In-country external coordination will involve sustained regular consultations with host country counterparts, USAID and 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

## **E. MANAGEMENT OF FIELD SUPPORT AND ASSOCIATE AWARDS**

The ACCESS CMT works closely with missions in the initial planning of activities to be supported under field support 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 transfer the responsibility of workplan development and implementation to the field. This is essential to maintaining sustainable programs.

ACCESS partners with a country presence facilitate the expedited placement and functioning of the Country Team. The Country Team Leader will work directly with mission staff and is responsible for the day-to-day management and implementation of the program, which includes coordinating the work of other Country Team members.

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 - The ACCESS team bid on the first Associate Award (ACCESS-FP) in July 2005. The management structure for the ACCESS-FP award is built around the governance structures for ACCESS-Lead. The staff for ACCESS-FP will be housed in Baltimore for maximizing efficiencies and will be led by its own Project Director who will work very closely with the ACCESS- Lead team and the CTOs of both awards. Similar management approach will be followed if ACCESS develops other Associate Awards in the future.

## **F. CHALLENGES**

ACCESS's growth in number of countries that have either expressed interest or provided funding is testimonial to the fact that ACCESS is meeting a worldwide need of the Missions. In Year One ACCESS received field support from three countries. This number has more than doubled as we enter Year Two. While this growth is very exciting, it also imposes several management challenges, especially in the wake of recent staff changes.

- Meeting Mission demands and requests to initiate programs with a rapid turn around.

- Mission funding – the variability of funding from year to year does not allow ACCESS to develop a comprehensive 3-5 year strategy that might yield more result
- Continuing staff changes within the program will be difficult to overcome especially because of the demands placed on the Project due to rapid growth
- Negotiating partner participation when Missions only want a subcomponent of the skill set that the whole partnership brings.

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

## **IV. KNOWLEDGE MANAGEMENT PLAN**

### **EVENTS AND PUBLICATIONS**

As per USAID/W requirements, matrices are attached below outlining ACCESS Program-supported events and documents/publications for Year Two. See **Tables 1 and 2**.

**Table 1. ACCESS Year Two Program Events**

<b>Title</b>	<b>Type of Event</b>	<b>Purpose</b>	<b>Target Audience</b>	<b>Type of Participation</b>	<b>Number of Participants (estimated)</b>	<b>Handouts</b>	<b>Length</b>	<b>Estimated Cost</b>
PMNCH Advocacy Working Group	Working Group	Share ACCESS Program tools and materials for partner and country-level use; contribute to and learn from technical learning in the field of safe motherhood and newborn health.	Safe motherhood and newborn health community	Attendee/ Contributor	30	Y	2 days	\$6,000
PMNCH Country Support Working Group	Working Group	Ensure country-level linkages to the PMNCH and implementation of a targeted global agenda.	Safe motherhood and newborn health community, country-level representatives	Attendee/ Contributor	30	Y	2 days	\$6,000
PMNCH Effective Interventions Working Group	Working Group	Maintain linkages to the newborn health community; contribute to and learn from technical learning in the field of newborn health; share effective program tools and approaches for use by partners and at the country level.	Safe motherhood and newborn health community	Attendee/ Contributor	30	Y	2 days	\$6,000
ICM Regional Meeting in Africa	Meeting	Present on the midwife's role in the Household-to-Hospital Continuum of Care. Mentor midwifery preservice tutors from two ACCESS focus countries	Safe motherhood community, donors, USAID	Attendee/ Contributor	200	Y	5 days	\$14,000
Newborn Health Report for Africa	Planning/ review	Respond to individual countries that have request support for newborn health and to facilitate the process of situational analysis and policy review for integration of newborn care in country programs.	Safe motherhood community, USAID	Attendee	30	N	1 day – London 1 day – Africa	\$50,000

<b>Title</b>	<b>Type of Event</b>	<b>Purpose</b>	<b>Target Audience</b>	<b>Type of Participation</b>	<b>Number of Participants (estimated)</b>	<b>Handouts</b>	<b>Length</b>	<b>Estimated Cost</b>
White Ribbon Alliance Capacity Building Workshop – India	Workshop	Teach WRA Secretariats skills in alliance building, sustainability and resource mobilization, advocacy and social mobilization. Engage WRA National Secretariats and also provide an opportunity for south to south exchange and dialogue.	Country-level White Ribbon Alliance members	Attendee/Sponsor	50	Y	5 days	\$41,300
Role of FBOs in Maternal and Newborn Health	Technical Presentation	Expand knowledge of FBOs through their role in EMNC.	Safe motherhood community, donors, USAID	Organizer/Attendee	30	Y	1 day	\$6,000
FBO Workshop on HHCC and EMNC	Workshop	Gather information about FBOs involved in providing EMNC services and will enable building linkages and relationships among the FBOs, the USAID missions in selected countries and governments.	FBO service providers, USAID missions, MOH and government counterparts	Organizer/Attendee	40	Y	2 days	\$150,000
HHCC Technical Briefing	Technical Presentation	Information gathered to develop the HHCC technical paper in Y1 will be used to influence programs funded and/or implemented by other partners and organizations	Global, regional, country-level partners, USAID missions, WHO and UN field offices	Organizer/Attendee	30	Y	1 day	\$6,000
African Regional Conference on PPH	Conference	Present evidence-based best practices in the prevention of PPH along the HHCC to a wide audience with the goal of formation of strategies for prevention of PPH activities in participants' countries	Policy-makers, senior-level community and faith-based representatives and providers, program managers	Organizer/Sponsor	75	Y	3 days	\$350,000
RBM/MIP Working Group meeting	Meeting	Update service providers and strengthen the malaria component of ANC services	Reproductive health and malaria community	Attendee	30	Y	3 days	\$16,000
RBM East Africa Regional Network Annual meeting	Annual meeting	Update service providers and strengthen the malaria component of ANC services	Reproductive health and malaria community	Attendee	25	Y	3 days	\$2,000

<b>Title</b>	<b>Type of Event</b>	<b>Purpose</b>	<b>Target Audience</b>	<b>Type of Participation</b>	<b>Number of Participants (estimated)</b>	<b>Handouts</b>	<b>Length</b>	<b>Estimated Cost</b>
West Africa Regional Network Annual meeting	Annual meeting	Update service providers and strengthen the malaria component of ANC services	Reproductive health and malaria community	Attendee	25	Y	3 days	\$3,600
MIPESA Annual meeting	Annual meeting	Update service providers and strengthen the malaria component of ANC services	Reproductive health and malaria community	Attendee	20	Y	3 days	\$7,000
MAC Annual Partners meeting	Partners meeting	Update service providers and strengthen the malaria component of ANC services	WHO/AFRO, CDC, RPM-Plus, USAID	Attendee	15	N/A	3 days	\$8,000
ACNM meeting	Annual meeting	Continued support of global networking and partnerships	Safe motherhood community	Attendee/ contributor	1500	Y	5 days	\$3,000

**Table 2. ACCESS Year Two Program Documents**

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
ACCESS Program Briefs (FANC, Malaria, PPH, ENC) (Additional briefs proposed: FBO initiatives, TBD)	Information Sheet	To share information with partners regarding ACCESS Program technical approaches	Safe motherhood, newborn health community; USAID; other partners	Outline technical areas; define terms; produce and dist.	Editor DTP	30 days 3 days 3 days	\$13,800	2 pages per brief	1000	Website	\$8,000
Quarterly Newsletter (“ACCESS Updates”)	Newsletter	To inform donors, partners, alliances and other agencies of ACCESS’s ongoing contributions to the safe motherhood agenda	Safe motherhood, newborn health community; USAID; other partners	Gather information; write, route for approval	Writer/ editor	15 days	\$5,000	N/A	N/A	Email	N/A
E-Learning component maternal and newborn health	Tool	Improve knowledge of USAID PHN officers on maternal and neonatal health	USAID PHN officers and FSNs	By USAID	SME	36 days	\$40,706	By USAID	N/A	Posted to <a href="http://www.globalhealthlearning.org">www.globalhealthlearning.org</a> .	N/A
Translation of four technical briefs (French, Spanish, Portuguese)	Technical Brief	To share information with partners regarding ACCESS Program technical approaches	Safe motherhood, newborn health community; USAID; other partners	Translate four technical briefs	Consultants (Spanish and Portuguese)  In-house (French)		Total = \$20,000	2 pages per brief	1,000	Website	Included in general cost of technical brief printing (see above)

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Best Practices for Home-Based Models of Care for Mothers and Newborns	Technical information document	To assist in the understanding of Maternal and Newborn Care (MNC) at the home and community level, and to provide guidance on evidence based and best practice interventions at the home and community level that will decrease MNMM.	National and international private voluntary organizations, cooperating agencies, ministries of health, donors and other policy and decision makers involved in mother and newborn health	Managing Writing & Produc.	Diana Beck	10	\$5031.18	~ 50	Yes	Yes	\$5,500
					Sandi Buffington	10	\$4920.30				
				Misc. Admin	Admin staff	5	\$1,225.44				
				Editing Writing Designing	Editor Tech Writer	20 10	\$8500.00 \$5,000.00				
Community Mobilization for Maternal and Newborn Health	Facilitator's guide	Build the capacity of NGOs, FBOs, ministries and others to generate public and private sector dialogue that leads to effective community-driven solutions to EMNC service use	Policymakers, Politicians, Service providers, Communities, Families	Adapt the CAC manual; integrate other comm. Mob models	Editor DTP	20 days <del>8 days</del> 28 days	\$10,800	100 pages	500	Website	\$5,100
PQI Approaches for Use in Maternal and Newborn Health	Technical information document	Share PQI approaches resulting from lessons learned in the field; approaches aim to define, develop and maintain the improvement and quality of health services	Providers in low-resource settings	Synergize various approaches to quality	Writer/ editor	15 days	\$5,500	15 pages	250	Website	\$2,000

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Policy Brief on Establishing and Sustaining WRA Secretariats	Policy brief	Disseminate information on effective WRAs and provide critical input to preparing guidance on how to start and maintain a national secretariat	New Secretariats, such as those in Yemen, Afghanistan, Pakistan and East Timor, which are currently being established	Identify WRA case studies and prepare guidance on establishing national secretariats	Writer/ editor	15 days	\$5,000		Yes	Website	\$11,000
					Publications coordinator	2 days	\$200				
Kangaroo Mother Care Training Manual	Training manual	To teach health workers of all levels how to care for low birth weight babies	Inservice training of health workers who already have basic skills in maternal and newborn care	Technical writing/editing			\$13,500	200 pages	In-house	Website	\$500
				Photocopying/binding 20-30 copies	Admin staff	2 days	\$200				
PPH Mistoprostol article	Advocacy/scientific article	Share information about our work in Indonesia	International Journal of Gynecology and Obstetrics	Writer	Harshad Sanghvi	N/A (charged to PPH budget)	N/A	12 pages	Yes	Website	\$2,000
PPH Toolkit	Toolkit	Inclusion in pre-existing PPH Toolkit	Safe motherhood, newborn health community; USAID; other partners	Finalize, program, and print CD				CD-ROM	6,000	Website	\$10,000

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Misoprostol Implementation guide (field-test version)	Tool	To provide guidance on implementing a program for community-based distribution of misoprostol modeled after Indonesia study	USAID, safe motherhood/new born health community, in country programs	Develop package; produce field-test version	Writer/ editor SPT	20 days 8 days	\$10,800	100 pages	225	NO	\$2,200
Misoprostol Training Package (field-test version)	Training guide	To provide community health volunteers with the knowledge and skills needed to talk to women, their support persons, their families, and their community about how to recognize PPH and actions to prevent PPH	Safe motherhood/new born health community, in country programs	Develop package; produce field-test version	Editor DTP	8 days 3 days	\$4,250	100 pages	225	NO	\$2,200

## V. FINANCIAL OVERVIEW

As of 31 December 2005, the ACCESS Program has received approximately \$27.206M in total obligations. The obligations are comprised of: \$15.512M in field support, \$0.97M in MAARDs and \$10.424M in core funding for use in Program Years (PY) One and Two/FY05/FY06 programming. The ACCESS Program will utilize its carryforward from PY One coupled with new total obligations of \$17.195M; \$11.412M Field support, \$0.970M MAARDs and \$4.813 Core as well as core reserved funds \$396,500 (SO2) and \$117,500 (multi-year ITN Advisor) in PY Two/FY06 programming. Details of funding obligations and expenditures may be found in Table 1, Baseline Report. Detailed funding support levels by country/region and SO may be found in Table 2, ACCESS Funding Table.

### CORE SUPPORT INITIATIVES

The Core-funded PY Two workplan will be funded by approximately \$6.696 in obligated core funds distributed as approximately \$4.867M in SO2 funding (\$3.70M general SO2, \$470k Newborn, \$336k PPH, \$395.5k from Reserve), \$523k in SO3 funding for Newborn, \$117k in SO5 funding for an ITN advisor in Mali (the second year of multi-year programming), and \$1.189k in core funding as per the Program's efforts under the Malaria Action Coalition (MAC).

Core resources are being used to support the Program's Global Leadership agenda, special initiatives under IRs 1-5, quality assurance and program management of both core and field support activities. Expenses related to field program assessment, design and implementation will be allocated to the appropriate field support projects (charged to field funds as appropriate). The core workplan was conditionally approved in December 2005, with the exception of HHCC (implementation country change) \$750k, and Health Care Financing \$236k.

### FIELD SUPPORT INITIATIVES

The Year Two Workplan portfolio will include activities funded through field support and MAARDs from ten countries (five more than Year One) and five regional bureaus. These are: Afghanistan, Bangladesh, Guinea, Haiti, Kenya, Nepal, Tanzania, Asia Near East (ANE) Bureau, Africa (AFR) Bureau, Family Health and AIDS—West and Central Africa (WARP), and Latin American and the Caribbean (LAC) Bureau. Field supported malaria-related activities under the Malaria Action Coalition countries/regions include: Kenya, Madagascar, Mali, Rwanda, REDSO/ESA (for support to the Regional Centre for Quality of Health Care), and WARP. We are anticipating additional funding from Kenya (\$650k), Nigeria (\$2m), and Zambia (\$50k), for a total of \$2.7m additional funding. The allocation of these funds will increase our field operations to twelve countries.

### Financial Schedules

Financial budgets by activity and IR are noted in the ACCESS Year Two Workplan text with the discussion of the activities. Detailed financial schedules and reports for Core-supported efforts

follow as a separate section but are highlighted in Table 3, ACCESS Program – PY2 Annual Implementation Plan (October 2005- September 2006). This table includes the funding/budget distribution by funding source. Field schedules and budgets will be finalized 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. The International Travel Schedule will be amended as the field workplan negotiations finalize

This workplan includes the following financial reports:

- Baseline Report

- Year Two Funding Table

- PY2 Annual Implementation Plan (Core Budget Distribution by Funding Type, by IR by Activity, including PM, Q and M&E)

- Core International Travel

Detailed budget schedules will be provided as a separate document.

**HIDN BASELINE REPORT -- 06/05, FY05**

<b>Section I</b> AAD LEVEL INFORMATION			
AAD Title: ACCESS			
AAD Number: _____			
Initial FY: 2004	Final FY: 2009	AAD End Date: _____	

<b>Section II</b> ACTIVITY LEVEL INFORMATION			
Activity Title: ACCESS Program		CTO/TA: Nahed Matta	
Activity Number: _____			
Contractor: JHPIEGO Corporation			
Award Date: 7/27/2004	End Date: 7/27/2009	DATE LAST MGT REVI: 18-Oct-05	
Actual Start: 10/1/2004			

	<b>BUDGET AND FINANCIAL INFORMATION (\$000)</b>									
	Total	SO 1 POP	SO 2 MH	C O R E			FIELD SUPPORT	MAARDs	GRAND TOTAL	
			SO 3 CS	SO 4 HIV	SO 5 ID					
1. Total Estimated Cost:	75,000	*	*	*	*	*	*	*	75,000	
2. Cumulative Obligations (Thru 09/30/04):	5,611	0	3,991	400	0	1,220	4,100	300	10,011	
3. Obligated (FY 05):	4,813	0	3,488	425	0	900	11,412	970	17,195	
4. TOTAL Obligated todate (Thru 09/30/05):	10,424	0	7,479	825	0	2,120	15,512	1,270	27,206	
*5. Cumulative Expenditures = (a) + (b), thru 09/30/05:	3,564	0	2,576	302	0	686	4,080	576	8,220	
(a) Total Vouchered: PROJECTED	3,564	0	2,576	302	0	686	4,080	576	8,220	
(b) Total Accruals:	0	0	0	0	0	0	0	0	0	
6. Pipeline (as of 09/30/05):	6,860	0	4,903	523	0	1,434	11,432	694	18,986	
*7. Expended in Past Year = (a) + (b), 10/01/04--09/30/05:	3,564	0	2,576	302	0	686	4,080	576	8,220	
(a) Total Vouchered:	3,564	0	2,576	302	0	686	4,080	576	8,220	
(b) Total Accruals:	0	0	0	0	0	0	0	0	0	
8. Actual Monthly Burn Rate (10/01/04--09/30/05):	297	0	215	25	0	57	340	64	685	
*9. Planned Expenditures Next 12 months (10/01/05--09/30/06):	6,753	0	4,977	467	0	1,309	9,854	190	16,797	
10. Planned Monthly Burn Rate (10/01/05--9/30/06):	563	0	415	39	0	109	821	63	1,400	
11. Months Funding After 09/30/05:	12	#DIV/0!	12	13	#DIV/0!	13	14	11	14	

\* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 c

Shaded areas NOT be filled in by cooperating agency, grantee, or contractor.

All Core "SO columns" may not apply to you for reporting purposes.

4 jan 2006 - no updates except font and prog rev date

NOTE: PY1 Core Workplan approved Jan 2005. Field approved Mar 05, with some exceptions. Actual Expenditures reflect that imp

NOTE: \$396,500 SO2 funding reserved per USAID/W for PY2 operations - funding in pipeline not programmed

NOTE: \$200,000 SO5 funding reserved for PY2/3 operations (ITN Advisor, multi-yr task)- funding in pipeline not programmed for PY2

Projections above are based on approved workplans as of 03/31/05.

Months Funding After 09/30/05-calc based on start-up burnrates.Delayed implementation reduced spending// /Does not reflect notional spending pattern

**ACCESS FUNDING TABLE**  
1 October 2004 - 30 September 2006  
as of December 2005

Funding Type	Region / Country / Core FY05 Detail	TOTAL Funding Obligated FY04 for PY1	Region / Country / Core FY05 Detail	Anticipated TOTAL Funding Obligation FY05 for PY2
<b>FIELD SUPPORT</b>				
<b>ASIA</b>				
	Afghanistan	\$0	Afghanistan CSH/1UNK: \$3,000,000	\$3,000,000
	Bangladesh	\$0	Bangladesh CSH/CSMH: \$2,300,000 CSH/Pop: \$300,000	\$2,600,000
	Nepal CSMH: \$200,000	\$200,000	Nepal CSH/CSMH: \$880,000 CSH/CSMN: \$220,000 CSH/Pop: \$850,000 Mod 3: \$200,000	\$2,150,000
	ANE Bureau/SPOTS CSMH \$330,000 Pop \$100,000	\$430,000	ANE Bureau/SPOTS	\$0
	<b>TOTAL ASIA FIELD SUPPORT</b>	<b>\$630,000</b>	<b>TOTAL ASIA FIELD SUPPORT</b>	<b>\$7,750,000</b>
<b>AFRICA</b>				
	AFR/SD Pop \$100,000 HIV(CSH) \$100,000	\$200,000	AFR/SD CSH/CSMH: \$300,000 CSH/Malaria \$100,000	\$400,000
	Guinea	\$0	Guinea CSH/CSMH: \$100,000	\$100,000
	West Africa Regional Program (WARP)	\$300,000	<i>Nigeria (pending)</i> West Africa Regional Program (WARP) CSH/POP: \$300,000	\$300,000
	Tanzania CSMH: \$50,000 Inf \$100,000 HIV/GAI \$500,000 Malaria \$300,000	\$950,000	Tanzania CSH/CSMH: \$450,000 CSH/INF \$75,000 GAI/HIV (PEPFAR): \$500,000 CSH/Malaria \$600,000	\$1,625,000
	Zambia		Kenya IBP: \$300,000 <b>POP (IBP add on - PROPOSAL): \$250,000 in process</b> <b>Malaria (IBP add on - PROPOSAL): \$100,000 in process</b> PEPFAR: \$200k + \$270k = \$470,000	\$1,120,000
	Zambia		Zambia <b>PEPFAR COP (pending)</b>	\$0
	<b>Subtotal Africa Field Support</b>	<b>\$1,450,000</b>	<b>Subtotal Africa Field Support</b>	<b>\$5,595,000</b>
	Malaria Action Coalition (MAC) Field Support Kenya: Mal \$200,000 Madagascar: Mal \$225,000 Mali: Mal \$0 REDSOESA & GHAI: Mal \$100,000 Rwanda: Mal \$120,000 WARP: CSH/Malaria \$125,000 <b>Total MAC Field Support</b>	<b>\$770,000</b>	Malaria Action Coalition (MAC) Field Support <b>Kenya: Mal \$300,000</b> Madagascar: Mal \$150,000 Mali: Mal \$75,000 REDSO ESA & GHAI: Mal \$160,000 Rwanda: Mal \$0 WARP: CSH/Malaria \$0 <b>Total MAC Field Support</b>	<b>\$685,000</b>
	<b>TOTAL AFRICA FIELD SUPPORT</b>	<b>\$2,220,000</b>	<b>TOTAL AFRICA FIELD SUPPORT</b>	<b>\$6,280,000</b>
<b>LAC</b>				
	LAC/RSD	\$50,000	LAC/RSD (received as Core funds \$75k)	\$0
	Haiti Population : \$1,350,000 CS/MH : \$150,000	\$1,500,000	Haiti GAI/HIV (PEPFAR): \$695,000	\$695,000
	<b>TOTAL LAC FIELD SUPPORT</b>	<b>\$1,550,000</b>	<b>TOTAL LAC FIELD SUPPORT</b>	<b>\$695,000</b>
			<b>Other Field Funds - Heperian</b>	<b>\$357,000</b>
	<b>TOTAL FIELD SUPPORT for PY05</b>	<b>\$4,400,000</b>	<b>TOTAL FIELD SUPPORT for PY06</b>	<b>\$15,082,000</b>
<b>CORE FUNDING</b>				
<b>CORE</b>	SO2 - General Programming	\$3,150,000	SO2 - General Programming	\$3,038,305
	SO2 - Newborn	\$250,000	SO2 - Newborn	\$250,000
	SO2 - PPH	\$194,000	SO2 - PPH	\$200,000
	SO2 Subtotal	<b>\$3,594,000</b>	SO2 Subtotal	<b>\$3,488,305</b>
	SO3 - Newborn	\$400,000	SO3 - Newborn	\$350,000
			LAC/RSD (received as Core GH/HIDN funds)	\$75,000
	SO5 - Mali - ITN Mali (Obligation for Multi-Year Program)	\$300,000	SO5 - Mali - ITN Mali (Obligation for Multi-Year Program)	\$0
	SO5 - Malaria Action Coalition (MAC) Malaria/Infectious	\$920,000	SO5 - Malaria Action Coalition (MAC) Malaria/Infectious	\$900,000
	<b>TOTAL CORE funds obligated through Sept 05 (FY04 Funds for PY1 Ops)</b>	<b>\$5,214,000</b>	<b>TOTAL CORE funds to be obligated through Sept 06 (FY05 Funds for PY2 Ops)</b>	<b>\$4,813,305</b>
	Core Funds Obligated for FY06 Programming	\$396,500	Core Funds Obligated for FY06 Programming	\$0
<b>TOTAL FUNDING OBLIGATION AS OF 31 December 2004</b>		<b>\$10,010,500</b>	<b>TOTAL ANTICIPATED FUNDING OBLIGATION as of 31 December 2005 (FY05 for PY2 Ops)</b>	<b>\$19,895,305</b>

**\*\* New Funding ONLY..Does not include CarryForward**  
**BOLD ITALICS indicate Pending Funding Obligations**

\$29,905,805

31-Dec-05



Access to Clinical and Community Maternal and Neonatal and Women's Health Services (ACCESS)  
 Year Two Workplan: 1 October 2005 - 30 September 2006  
 Core International Travel

	<u>Unit Cost</u>	<u>Unit</u>	<u>x Qty</u>	<u>Unit</u>	<u>x Qty</u>	<u>Unit</u>
<b>Program Management</b>						
Traveler: Pat Daly						
Airfare: Washington, DC - Uganda	\$2,500 /trip		x 1 trip		x 1 person	\$2,500
Lodging	\$250 /day		x 10 days		x 1 person	\$2,500
M&IE	/day		x 8 days		x 1 person	\$0
Misc	\$500 /trip		x 1 trip		x 1 person	\$500
						<u>\$5,500</u>

**IR1**

**Activity 1.1.a Coordinate and support the Partnership for Maternal, Newborn and Child Health (PMNCH) to promote advocacy and action at the country level for MNCH**

Traveler: Koki Agarwal						
Airfare: Washington, DC - Geneva	\$7,000 /trip		x 1 trip		x 1 person	\$7,000
Lodging	\$218 /day		x 6 days		x 1 person	\$1,308
M&IE	\$162 /day		x 8 days		x 1 person	\$1,296
Misc	\$250 /trip		x 1 trip		x 1 person	\$250
						<u>\$9,854</u>
Traveler: Pat Daly						
Airfare: Washington, DC - Geneva	\$2,500 /trip		x 1 trip		x 1 person	\$2,500
Lodging	\$295 /day		x 4 days		x 1 person	\$1,180
M&IE	/day		x 0 days		x 1 person	\$0
Misc	\$500 /trip		x 1 trip		x 1 person	\$500
						<u>\$4,180</u>
Traveler: Pat Daly						
Airfare: Washington, DC - England	\$1,700 /trip		x 2 trip		x 1 person	\$3,400
Lodging	\$315 /day		x 8 days		x 1 person	\$2,520
M&IE	/day		x 0 days		x 1 person	\$0
Misc	\$500 /trip		x 2 trip		x 1 person	\$1,000
						<u>\$6,920</u>
Traveler: Joseph de Graft-Johnson and Pat Daly						
Airfare: Washington, DC - Africa (country TBD)	\$2,500 /trip		x 1 trip		x 2 person	\$5,000
Lodging	\$250 /day		x 10 days		x 2 person	\$5,000
M&IE	/day		x 0 days		x 1 person	\$0
Misc	\$500 /trip		x 1 trip		x 2 person	\$1,000
						<u>\$11,000</u>

**Activity 1.1.c Support professional alliances such as the International Confederation of Midwives (ICM)**

Traveler: Koki Agarwal

Airfare: Washington, DC - Geneva	\$7,000 /trip	x	1 trip	x	1 person	\$7,000
Lodging	\$218 /day	x	6 days	x	1 person	\$1,308
M&IE	\$162 /day	x	8 days	x	1 person	\$1,296
Misc	\$250 /trip	x	1 trip	x	1 person	\$250
						<u>\$9,854</u>

Traveler: Annie Clark

Airfare: Washington, DC - Africa (country TBD)	\$3,000 /trip	x	1 trip	x	1 person	\$3,000
Lodging	\$135 /day	x	7 days	x	1 person	\$945
M&IE	\$91 /day	x	8 days	x	1 person	\$728
Misc	\$500 /trip	x	1 trip	x	1 person	\$500
						<u>\$5,173</u>

**Activity 1.1.d Advance Social Mobilization through the White Ribbon Alliance (WRA)**

Traveler: Nancy Russell

Airfare: Washington, DC - New Delhi, India	\$4,400 /trip	x	1 trip	x	1 person	\$4,400
Lodging	\$160 /day	x	8 days	x	1 person	\$1,280
M&IE	\$85 /day	x	8 days	x	1 person	\$680
Misc	\$225 /trip	x	1 trip	x	1 person	\$225
						<u>\$6,585</u>

Traveler: WRA Country Secretariats

Airfare: Washington, DC - New Delhi, India	\$2,030 /trip	x	1 trip	x	7 person	\$14,210
Lodging	\$202 /day	x	10 days	x	7 person	\$14,140
M&IE	/day	x	0 days	x	1 person	\$0
Misc	\$225 /trip	x	1 trip	x	7 person	\$1,575
						<u>\$29,925</u>

Traveler: WRA Consultant

Airfare: Washington, DC - New Delhi, India	\$5,000 /trip	x	1 trip	x	1 person	\$5,000
Lodging	\$160 /day	x	10 days	x	1 person	\$1,600
M&IE	\$85 /day	x	0 days	x	1 person	\$0
Misc	\$225 /trip	x	1 trip	x	1 person	\$225
						<u>\$6,825</u>

**Activity 1.2.a Build and strengthen linkages with FBOs, USAID missions, and other maternal and newborn health stakeholders**

Traveler: Sarla Chand

Airfare: Baltimore - Africa (country TBD)	\$5,000 /trip	x	1 trip	x	1 person	\$5,000
Lodging	\$220 /day	x	28 days	x	1 person	\$6,160
M&IE	\$95 /day	x	28 days	x	1 person	\$2,660
Misc	\$200 /trip	x	1 trip	x	1 person	\$200
						<u>\$14,020</u>

Traveler: Sarla Chand

Airfare: Baltimore - Asia (country TBD)	\$5,000 /trip	x	1 trip	x	1 person	\$5,000
Lodging	\$178 /day	x	28 days	x	1 person	\$4,984
M&IE	\$85 /day	x	28 days	x	1 person	\$2,380
Misc	\$500 /trip	x	1 trip	x	1 person	\$500
						<u>\$12,864</u>

**Activity 1.2.b Support FBO action plans on malaria in pregnancy in select countries**

Traveler: Sarla Chand

Airfare: Baltimore - Malawi	\$3,000 /trip	x	1 trips	x	1 person	\$3,000
Lodging	\$108 /day	x	10 days	x	1 person	\$1,080
M&IE	\$75 /trip	x	10 days	x	1 person	\$750
Misc	\$200 /trip	x	1 trips	x	1 person	\$200
						<u>\$5,030</u>

Traveler: Sarla Chand

Airfare: Baltimore - Kenya/Zambia/Uganda/Malawi/TZ	\$3,000 /trip	x	1 trips	x	1 person	\$3,000
Lodging	\$199 /day	x	20 days	x	1 person	\$3,980
M&IE	\$94 /trip	x	20 days	x	1 person	\$1,880
Misc	\$200 /trip	x	1 trips	x	1 person	\$200
						<u>\$9,060</u>

Traveler: FBO Representatives Meeting in Malawi/TZ

Airfare:	\$200 /trip	x	1 trips	x	10 person	\$2,000
Lodging	\$90 /day	x	3 days	x	10 person	\$2,700
M&IE	\$50 /trip	x	3 days	x	10 person	\$1,500
Misc	\$100 /trip	x	1 trips	x	10 person	\$1,000
						<u>\$7,200</u>

Traveler: FBO Representatives Meeting in Uganda/Zambia/Kenya

Airfare:	\$200 /trip	x	1 trips	x	10 person	\$2,000
Lodging	\$90 /day	x	3 days	x	10 person	\$2,700
M&IE	\$50 /trip	x	3 days	x	10 person	\$1,500
Misc	\$100 /trip	x	1 trips	x	10 person	\$1,000
						<u>\$7,200</u>

**Activity 1.3.b Apply an Upgraded Safe Motherhood Model (including Neonatal and Malaria in Pregnancy Elements) in One ACCESS Country**

Traveler: SMM Specialist

Airfare: RT to Nairobi	\$5,600 /trip	x	2 trips	x	1 person	\$11,200
Lodging	\$135 /day	x	28 days	x	1 person	\$3,780
M&IE	\$95 /trip	x	28 days	x	1 person	\$2,660
Misc	\$200 /trip	x	2 trips	x	1 person	\$400
						<u>\$18,040</u>

**IR2**

**Activity 2.2.a Provide technical leadership on the HHCC**

Traveler: Sarla Chand

Airfare: Baltimore - HHCC country (TBD)	\$5,000 /trip	x	1 trips	x	1 person	\$5,000
Lodging	\$162 /day	x	10 days	x	1 person	\$1,620
M&IE	\$93 /trip	x	10 days	x	1 person	\$930
Misc	\$200 /trip	x	1 trips	x	1 person	\$200
						<u>\$7,750</u>

Traveler: FBO HHCC Provider from Asia/Africa

Airfare: Asia/Africa - USA	\$3,000 /trip	x	1 trips	x	1 person	\$3,000
Lodging	\$135 /day	x	5 days	x	1 person	\$675
M&IE	\$52 /trip	x	5 days	x	1 person	\$260
Misc	\$200 /trip	x	1 trips	x	1 person	\$200
						<u>\$4,135</u>

Traveler: Joseph de Graft-Johnson and Pat Daly

Airfare: Washington, DC - Africa (country TBD)	\$2,500 /trip	x	1 trips	x	2 person	\$5,000
Lodging	\$250 /day	x	15 days	x	2 person	\$7,500
M&IE	\$0 /trip	x	0 days	x	1 person	\$0
Misc	\$500 /trip	x	1 trips	x	2 person	\$1,000
						<u>\$13,500</u>

Traveler: Joseph de Graft-Johnson and Pat Daly

Airfare: Washington, DC - Asia (country TBD)	\$2,500 /trip	x	1 trips	x	2 person	\$5,000
Lodging	\$250 /day	x	15 days	x	2 person	\$7,500
M&IE	\$0 /trip	x	0 days	x	1 person	\$0
Misc	\$500 /trip	x	1 trips	x	2 person	\$1,000
						<u>\$13,500</u>

**Activity 2.2.b Provide Technical Leadership on Home Based Mother and Newborn Care**

Traveler: Diana Beck

Airfare: Oregon - Africa (country TBD)	\$3,500 /trip	x	1 trips	x	1 person	\$3,500
Lodging	\$135 /day	x	10 days	x	1 person	\$1,350
M&IE	\$91 /trip	x	12 days	x	1 person	\$1,092
Misc	\$650 /trip	x	1 trips	x	1 person	\$650
						<u>\$6,592</u>

Traveler: Joseph de Graft-Johnson						
Airfare: Oregon - Africa (country TBD)	\$2,500 /trip	x	1 trips	x	1 person	\$2,500
Lodging	\$250 /day	x	10 days	x	1 person	\$2,500
M&IE	\$0 /trip	x	0 days	x	1 person	\$0
Misc	\$500 /trip	x	1 trips	x	1 person	\$500
						<u>\$5,500</u>

**Activity 2.4 Provide leadership to the Malaria Action Coalition (MAC) to improve access to prevention of malaria in pregnancy services**

Traveler: Koki Agarwal						
Airfare: Washington, DC - Africa (country TBD)	\$6,500 /trip	x	1 trips	x	1 person	\$6,500
Lodging	\$160 /day	x	7 days	x	1 person	\$1,120
M&IE	\$85 /trip	x	9 days	x	1 person	\$765
Misc	\$300 /trip	x	1 trips	x	1 person	\$300
						<u>\$8,685</u>

Traveler: Koki Agarwal						
Airfare: Washington, DC - Africa (country TBD)	\$6,000 /trip	x	1 trips	x	1 person	\$6,000
Lodging	\$150 /day	x	4 days	x	2 person	\$1,200
M&IE	\$66 /trip	x	5 days	x	2 person	\$660
Misc	\$300 /trip	x	2 trips	x	1 person	\$600
						<u>\$8,460</u>

**IR3**

**Activity 3.1.a Conduct an African regional conference on PPH**

Traveler: Diana Beck						
Airfare: Oregon - Africa (country TBD)	\$3,500 /trip	x	1 trips	x	1 person	\$3,500
Lodging	\$135 /day	x	8 days	x	1 person	\$1,080
M&IE	\$91 /trip	x	10 days	x	1 person	\$910
Misc	\$650 /trip	x	1 trips	x	1 person	\$650
						<u>\$6,140</u>

Traveler: Joseph de Graft-Johnson						
Airfare: Washington, DC - Africa (country TBD)	\$2,500 /trip	x	1 trips	x	1 person	\$2,500
Lodging	\$250 /day	x	10 days	x	1 person	\$2,500
M&IE	\$0 /trip	x	0 days	x	1 person	\$0
Misc	\$500 /trip	x	1 trips	x	1 person	\$500
						<u>\$5,500</u>

Traveler: Sarla Chand						
Airfare: Baltimore - Africa (country TBD)	\$3,000 /trip	x	1 trips	x	1 person	\$3,000
Lodging	\$135 /day	x	10 days	x	1 person	\$1,350
M&IE	\$95 /trip	x	10 days	x	1 person	\$950
Misc	\$200 /trip	x	1 trips	x	1 person	\$200
						<u>\$5,500</u>
Traveler: FBO Representatives from Africa region						
Airfare: Africa - Africa (country TBD)	\$600 /trip	x	1 trips	x	15 person	\$9,000
Lodging	\$0 /day	x	0 days	x	0 person	\$0
M&IE	\$0 /trip	x	0 days	x	0 person	\$0
Misc	\$0 /trip	x	0 trips	x	0 person	\$0
						<u>\$9,000</u>
Traveler: Nancy Russell						
Airfare: Washington, DC - Africa (country TBD)	\$5,000 /trip	x	1 trips	x	1 person	\$5,000
Lodging	\$135 /day	x	8 days	x	1 person	\$1,080
M&IE	\$91 /trip	x	8 days	x	1 person	\$728
Misc	\$260 /trip	x	1 trips	x	1 person	\$260
						<u>\$7,068</u>
Traveler: Patricia Gomez, Harshad Sanghvi, PC TBD						
Airfare: Washington, DC - Africa (country TBD)	\$5,000 /trip	x	1 trips	x	3 person	\$15,000
Lodging	\$199 /day	x	10 days	x	3 person	\$5,970
M&IE	\$94 /trip	x	10 days	x	3 person	\$2,820
Misc	\$250 /trip	x	1 trips	x	3 person	\$750
						<u>\$24,540</u>

**IR4**

**Activity 4.1.b Strengthen regional preservice midwifery education in EMNC**

Traveler: Diana Beck						
Airfare: Oregon - Ghana	\$3,500 /trip	x	2 trips	x	1 person	\$7,000
Lodging	\$102 /day	x	42 days	x	1 person	\$4,284
M&IE	\$54 /trip	x	46 days	x	1 person	\$2,484
Misc	\$650 /trip	x	2 trips	x	1 person	\$1,300
						<u>\$15,068</u>
Traveler: Diana Beck						
Airfare: Oregon - Malawi	\$1,750 /trip	x	1 trips	x	1 person	\$1,750
Lodging	\$147 /day	x	5 days	x	1 person	\$735
M&IE	\$77 /trip	x	7 days	x	1 person	\$539
Misc	\$650 /trip	x	1 trips	x	1 person	\$650
						<u>\$3,674</u>

Traveler: Annie Clark						
Airfare: Washington, DC - Tanzania	\$1,750 /trip	x	1 trips	x	1 person	\$1,750
Lodging	\$135 /day	x	5 days	x	1 person	\$675
M&IE	\$91 /trip	x	7 days	x	1 person	\$637
Misc	\$650 /trip	x	1 trips	x	1 person	\$650
						<u>\$3,712</u>

Traveler: Patricia Gomez						
Airfare: Washington, DC - Ghana	\$7,500 /trip	x	1 trips	x	1 person	\$7,500
Lodging	\$102 /day	x	15 days	x	1 person	\$1,530
M&IE	\$69 /trip	x	17 days	x	1 person	\$1,173
Misc	\$250 /trip	x	1 trips	x	1 person	\$250
						<u>\$10,453</u>

**Activity 4.3 Transfer Lessons Learned from Research and Program Work on Sick Newborns and use this Information to Inform Program Work**

Traveler: Joseph de Graft-Johnson						
Airfare: Washington, DC - Africa (country TBD)	\$2,500 /trip	x	1 trips	x	1 person	\$2,500
Lodging	\$250 /day	x	10 days	x	1 person	\$2,500
M&IE	\$0 /trip	x	0 days	x	1 person	\$0
Misc	\$500 /trip	x	1 trips	x	1 person	\$500
						<u>\$5,500</u>

**IR5**

**Activity 5.1 Provide technical oversight and review of small grants for obstetric fistula**

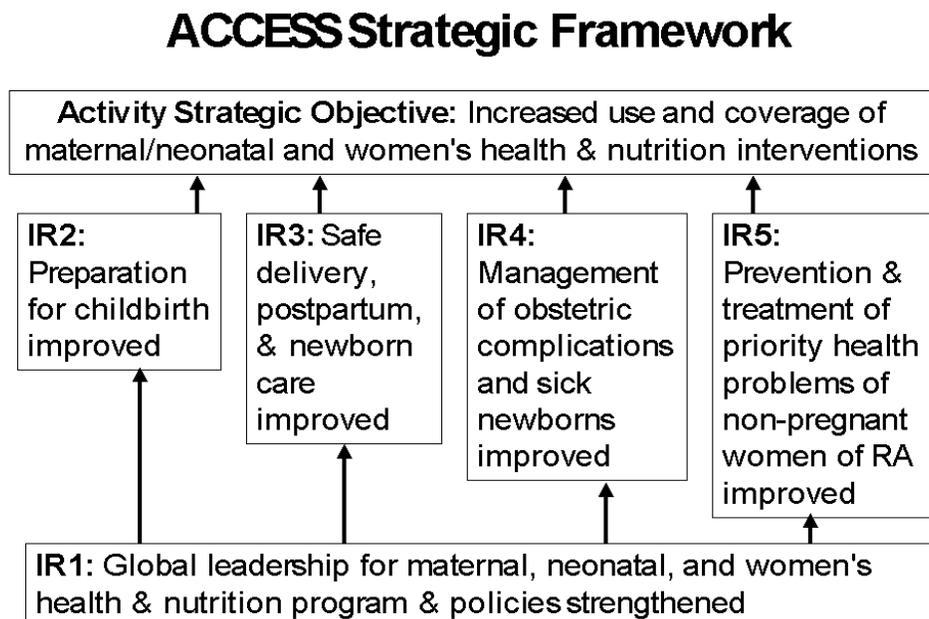
Traveler: Annie Clark						
Airfare: Washington, DC - Africa (country TBD)	\$3,000 /trip	x	2 trips	x	1 person	\$6,000
Lodging	\$135 /day	x	14 days	x	1 person	\$1,890
M&IE	\$91 /trip	x	18 days	x	1 person	\$1,638
Misc	\$650 /trip	x	2 trips	x	1 person	\$1,300
						<u>\$10,828</u>

# APPENDIX I: GLOBAL PERFORMANCE MONITORING PLAN (THE ACCESS PROGRAM, 2004–2009)

## I. STRATEGIC AND CONCEPTUAL APPROACH

M&E information measures progress towards achieving the activity SO and five IRs for ACCESS (Figure 1) through benchmarks and indicators linked to the IRs as appropriate to program design and component activities. Benchmarks, or annual performance output results, are discussed in the programmatic component of the annual workplan agreed upon with USAID/Washington. This PMP discusses the conceptual and results frameworks within which the M&E plan for ACCESS has been developed, and provides details on indicators, data systems and sources, and roles and responsibilities for implementing the M&E plan.

Figure 1. ACCESS Strategic Framework



The ACCESS M&E system is the data-based management mirror of the ACCESS program, and thus covers key global and country-level activities.<sup>10</sup> The ACCESS strategic framework above applies globally, while each significant ACCESS country program has an individually-tailored monitoring plan agreed with the USAID country Mission and linked to their strategic framework.<sup>11</sup> The ACCESS M&E system relies on appropriate field and program staff to fulfill M&E responsibilities in order to maximize efficiencies in implementation at all levels; collaboration across partners, associate awards, and other stakeholders; and cost-effectiveness.

<sup>10</sup> The global MAC M&E plan has already been developed through collaboration among the MAC partnership: the MNH Program [now ACCESS], RPM Plus, WHO, and CDC.

<sup>11</sup> Minimum threshold for a separate M&E plan for ACCESS country-level activities is a funding level of at least \$300K. Other criteria may affect the decision regarding whether or not a country-level plan is necessary.

## Critical Assumptions

- That global implementation will not be unduly disrupted by significant changes in funding levels, nor by global events interrupting ability to travel freely, or by significant alterations in donor expectations
- That the respective local and global partners will cooperate, collaborate, and meet their commitments to contribute to the improvement of maternal and neonatal health and nutrition initiatives
- That program country governments will remain stable with a continuing commitment to improving maternal, newborn, and women's health and nutrition
- That security challenges will not prohibit implementation and scale-up in Haiti, Tanzania, Nepal, the three core priority countries, and elsewhere as relevant

Global benchmarks and yearly outputs for tracking program performance – the extent to which ACCESS activities are on track in implementation and immediate results – are detailed in the global and country-level workplans, and the Program's accomplishments in these terms will be documented in regular reports to USAID as outlined in the Cooperative Agreement. Monitoring and evaluation of Program effectiveness will occur at the global level according to indicators agreed in the global Performance Monitoring Plan (this document) and the Program's accomplishments in these terms will be reported and qualitatively discussed or assessed in context, for lessons learned and to inform data-based programmatic decision-making, in each year's semi-annual and annual reports. These reports will include discussion of the Program processes, e.g. challenges and successes in activities to develop or redesign a technical approach that more effectively or cost-effectively addresses a gap in maternal and neonatal health and nutrition, as well as an assessment of the quality of the product or approach as implemented and lessons learned for further state-of-the-art implementations within the ACCESS Program, through partnerships, and across global networks.

Country-level results, whether achieved through large Mission-supported Program implementation, targeted earmarks from Bureau or Global sources, Associate awards or regional offices or programs, will be rolled up for global reporting to contribute to comprehensive assessment toward improving the Program's lifetime impact and enhance the sustainability of these impacts. All Program activities, whether global, field-funded, or implemented through future Associate Awards, will fit within the global IRs, and to the extent possible will also be identified with desired results at the sub-IR level, as follows:

### **IR 1: Global leadership for maternal/neonatal & women's health & nutrition programs & policies strengthened**

*SubIR 1.1.1 Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved*

*SubIR 1.1.2 Clinical care, service delivery and management standards established & implemented*

*SubIR 1.1.3 Alliances and partnerships among donors & implementing agencies facilitated and supported*

*SubIR 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field*

### **IR 2: Preparation for childbirth improved**

*SubIR 1.2.1 Community knowledge of and mobilization for improved maternal & neonatal health services and self-care increased*

*SubIR 1.2.2 Quality and availability of ANC improved*

*SubIR 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action*

**IR 3: Safe delivery, postpartum care, and newborn health**

*SubIR 1.3.1 Informed demand for improved delivery, postpartum & newborn health care increased*

*SubIR 1.3.2 Access to skilled attendants for delivery, early postpartum and newborn care increased*

*SubIR 1.3.3 Quality of delivery, early postpartum and newborn care in homes and health facilities improved*

**IR 4: Management of obstetric complications and sick newborns improved**

*SubIR 1.4.1 Informed demand for improved EOC, PAC, and neonatal special care increased*

*SubIR 1.4.2 Access to basic EOC, PAC, and neonatal special care increased*

*SubIR 1.4.3 Quality of basic EOC, PAC, and neonatal special care increased*

**IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity)**

*SubIR 1.5.1 Availability of interventions to address identified priority health problems of women of reproductive age increased*

*SubIR 1.5.2 Quality of interventions to address identified priority health problems of women of reproductive age improved*

**II. PERFORMANCE INDICATORS AND RESULTS**

The ACCESS Program and USAID recommend that all countries with maternal, newborn, and women's health concerns establish systems to track a minimum set of outcome- and impact-level indicators. These indicators should consolidate key information for all stakeholders associated with maternal, newborn, and women's health programming. The ACCESS Program will not track essential reproductive health, safe motherhood, or newborn information at the population or national level, so the Mission and local Government should collaborate to ensure national, population-based data that will provide statistically robust and reliable information at an appropriate level of detail. The ACCESS Program stands ready to participate in the design collaboration to ensure that information appropriate to safe motherhood will be included and appropriately analyzed. These indicators will provide information crucial to the USAID Mission, host governments, and other stakeholders for understanding the relevant context in that country and how it changes over time, which is vital for appropriate programmatic decision-making.

Indicators for annual reporting on ACCESS Program results are provided in the Monitoring and Evaluation Framework below, by IR. Please note that ACCESS capacity to report country-specific indicators will depend on the USAID Mission's agreement to support ACCESS Program activities in relevant areas of need and to fund ACCESS Program monitoring systems to collect relevant data.

Indicators at the country level are detailed in each country program's PMP. Additional indicator topics may be developed for reporting to USAID/Washington at the global level over the five years of the ACCESS Program, as additional areas of Program activities are further developed and appropriately funded.

## APPENDIX I: ACCESS Global Monitoring and Evaluation Framework

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<b>ACCESS Program Result:</b> Increased use and coverage of maternal/neonatal and women's health and nutrition interventions						
<p><b>A.</b> 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&amp;E plan and budget agreed by USAID Mission</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> <li>• ACCESS countries will be identified on an annual basis according to funding levels and scopes of work. Countries with funding under \$300K per year may be considered ACCESS countries if the SOWs are extensive enough, e.g., include activities under at least four ACCESS IRs.</li> <li>• Indicators to track, appropriate to areas of program activity, will be determined from the final country M&amp;E plans and budget agreed by USAID Mission, but potentially include:               <ol style="list-style-type: none"> <li>i. %/# of births attended by skilled attendants</li> <li>ii. %/# of mothers who report immediate and exclusive breastfeeding for last live birth</li> <li>iii. %/# of newborns receiving BCG and OPV within 3 days of birth</li> <li>iv. %/# of ANC clients in malaria-endemic areas who receive IPT and appropriate counseling on ITN use during pregnancy and for newborns</li> <li>v. %/# of ANC clients who receive appropriate HIV/AIDS counseling for PMTCT</li> <li>vi. %/# of mothers who receive antenatal iron folate and appropriate postpartum Vitamin A supplementation</li> </ol> </li> <li>• The number will be calculated as an annual count of countries meeting the definition criteria.</li> </ul>	<p>Program records and country reports, population-based surveys by ACCESS, HMIS</p>	<p>M&amp;E review of country-level M&amp;E indicators</p> <p>Annual</p>	<p>Program lead staff and M&amp;E staff of ACCESS</p>	<p>Baseline: 0</p> <p><i>Target: all ACCESS countries</i></p>	<p>Identify strong and effective program efforts, toward outreach and building on strengths to enhance overall program impact.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>B.</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"> <li>• ACCESS countries: see above.</li> <li>• 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:               <ol style="list-style-type: none"> <li>i. % of births attended by skilled attendants (national)</li> <li>ii. % of mothers reporting breastfeeding within the first hour of birth for last child (national)</li> <li>iii. immunization coverage rates</li> <li>iv. ITN use rates for (a) population; (b) mothers/newborns</li> <li>v. % of facilities offering maternal/neonatal services that provide integrated PMTCT services</li> </ol> </li> <li>• The number will be calculated as an annual cumulative count of countries meeting the definition criteria.</li> </ul>	National or other project data (e.g., DHS, MICS, etc.)	M&E collaboration with other organizations and USAID  Annual	M&E in collaboration with country USAID and other MNH stakeholders	Baseline: 0  <i>Target: all ACCESS countries with relevant data</i>	Identify strong and effective program efforts, toward outreach and building on strengths to enhance overall program impact.
<p><b>C.</b> (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"> <li>• The number of reproductive age women is the female population estimated to be between the ages of 15–49.</li> <li>• Communities or catchment areas targeted by ACCESS will be determined at the country level.</li> <li>• 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.</li> </ul>	National census data, DHS data or other national sources as available	Program and M&E analysis and review of available national data per targeted areas  Annual	Program lead staff and M&E staff of ACCESS	Baseline: 0  <i>Target: all ACCESS countries with relevant data</i>	Ongoing monitoring to assess progress and plan future activities and opportunities for further scale-up where funding allows.

Indicator	Definitions and Calculation	Data source	Collection method/ frequency	Responsible party	Baseline (and Target)	Use of data
<b>ACCESS Program Intermediate Result 1: Global leadership for maternal, neonatal, and women's health and nutrition program and policies strengthened</b>						
<p><b>1a.</b> Number of technical approaches and/or products being promoted for international use through ACCESS leadership roles</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Technical approaches and/or products strengthened by ACCESS are those where ACCESS review and improvement activities are reported to have been successfully completed.</li> <li>• Promotion for use occurs through many venues: meetings, collaboration, alliances and partnership implementation.</li> </ul>	Program reports and activity tracking	<p>Program and M&amp;E review of activity results per indicator criteria</p> <p>Semi-annual</p>	ACCESS technical staff and M&E	<p>Baseline: 0</p> <p>Targets: Year 1: 10 Year 2: 25</p>	<p>Assess program effort.</p> <p>Share lessons learned with stakeholders.</p> <p>Build program outreach and collaboration impact.</p>
<p><b>1b.</b> 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"> <li>• Policies, including clinical care and service delivery guidelines, are national instructions meeting international evidence-based quality criteria related to ACCESS goals.</li> <li>• Countries increasing access to high-quality EMNC services are those whose national leadership, Ministries of Health and/or others, ensure dissemination of such standards in strategies that reach the point of service delivery and service providers.</li> </ul>	Program reports and activity tracking	<p>Program and M&amp;E review of activity results per indicator criteria</p> <p>Annual</p>	ACCESS technical staff and M&E	<p>Baseline: 0</p> <p>Targets: Year 1: 4 Year 2: 2</p>	<p>Assess program efforts and effectiveness.</p> <p>Review approaches and revise strategies as needed.</p> <p>Plan activities and scale up implementation efforts where funding allows.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>1c.</b> 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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Program reports and activity tracking</p>	<p>Program and M&amp;E review of activity results per indicator criteria</p> <p>Annual</p>	<p>ACCESS technical staff and M&amp;E</p>	<p>Baseline: 0</p> <p><i>Targets:</i> <i>Year 1: 3</i> <i>Year 2: 2</i></p>	<p>Assess program efforts and effectiveness.</p> <p>Review approaches and revise strategies as needed.</p> <p>Plan activities and scale up implementation efforts where funding allows.</p>
<b><i>ACCESS Program Intermediate Result 2: Preparation for childbirth improved</i></b>						
<p><b>2a.</b> Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved birth planning  (applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in BP/CR.</li> <li>• Achievement of improved birth planning is defined as having fulfilled BP goals of the community's self-developed action plan.</li> <li>• The number will be calculated as an annual count of targeted communities meeting the definition criteria.</li> </ul>	<p>Program reports and activity tracking</p>	<p>Program and M&amp;E review of program reports</p> <p>Annual</p>	<p>Program staff in-country with ACCESS M&amp;E review</p>	<p>Baseline: 0</p> <p><i>Targets:</i> <i>Year 1: 0</i> <i>Year 2: 4 countries.</i> <i>Number of communities TBD per final country workplans</i></p>	<p>Assess program efforts toward identification of strengths to build on and weaknesses to address.</p> <p>Review and revise strategies as needed.</p> <p>Share lessons learned with stakeholders.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>2b.</b> Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received two tetanus toxoid injections  (applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• This indicator will be reported by country only where ACCESS activities target TT as an area for improvement. Activities may target facilities, or home-based care.</li> <li>• 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 two TT injections prior to that delivery (numerator) / number of women's records that show a delivery in the past 6 months (denominator).</li> <li>• 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.</li> </ul>	<p>HMIS and/or home records</p>	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&amp;E plan.</p> <p>Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: not known at country levels</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Ongoing monitoring of program effort and effectiveness.</p> <p>Identify strengths and weaknesses to address in scale-up where funding allows, and guide resource re-allocation where appropriate.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>2c.</b> 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>	<ul style="list-style-type: none"> <li>This indicator will be reported by country only where ACCESS activities target iron/folate supplementation as an area for improvement. Activities may target facilities, or home-based care.</li> <li>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).</li> <li>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.</li> </ul>	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&amp;E plan.</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target: TBD per final country workplans</i></p>	Ongoing monitoring of program effort and effectiveness. Identify strengths and weaknesses to address in scale-up where funding allows, and guide resource re-allocation where appropriate.
<p><b>2d.</b> 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"> <li>This indicator will be reported by country only where ACCESS activities target ITN use for improvement.</li> <li>Women delivering in communities in the past 6 months will be identified through program records or if appropriate facility-based records.</li> <li>Delivery/receipt of counseling, information, and/or materials for ITN use will be determined from program records or if appropriate facility-based records.</li> <li>The number will be calculated as an semi-annual count of women meeting the definition criteria.</li> </ul>	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&amp;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: TBD per final country workplans</i></p>	Ongoing monitoring to assess program progress. Review/revise approaches to guide decision in resource allocation.

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
2e. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 1st dose of intermittent preventive treatment (IPT1) under direct observation	<ul style="list-style-type: none"> <li>• Calculation: Number of pregnant women who receive IPT1 under observation/Number of 1<sup>st</sup> ANC visits</li> <li>• This indicator will be reported by country only where ACCESS activities target IPT with SP as an area for improvement.</li> <li>• Receipt of IPT with SP will be determined from facility records.</li> <li>• This indicators will be measured in malaria endemic countries only</li> </ul>	HMIS	Availability records TBD in context of developing the country-level M&E plan.  Semi-annual	Program country staff with ACCESS M&E review	Baseline: TBD country level  <i>Target: TBD per final country workplans</i>	Ongoing monitoring to assess program progress.  Review/revise approaches to guide decision in resource allocation.
2f. Percent/number of pregnant women who attended antenatal care services at ACCESS-targeted facilities who received 2 <sup>nd</sup> dose of intermittent preventive treatment (IPT2) under direct observation  (applicability is field-dependent)	<ul style="list-style-type: none"> <li>• Calculation: Number of pregnant women who receive IPT2 under observation/Number of 1<sup>st</sup> ANC visits</li> <li>• This indicator will be reported by country only where ACCESS activities target IPT with SP as an area for improvement.</li> <li>• Receipt of IPT with SP will be determined from facility records.</li> <li>• This indicators will be measured in malaria endemic countries only.</li> </ul>	HMIS	Availability records TBD in context of developing the country-level M&E plan.  Semi-annual	Program country staff with ACCESS M&E review	Baseline: TBD country level  <i>Target: TBD per final country workplans</i>	Ongoing monitoring to assess program progress.  Review/revise approaches to guide decision in resource allocation.

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>2g.</b> 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"> <li>• ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff.</li> <li>• Training that targets focused ANC and/or PMTCT is a preservice or inservice course or other learning experience that includes competency-based knowledge and skills to provide evidence-based antenatal care and PMTCT (counseling and testing for HIV).</li> <li>• Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues.</li> <li>• Trained providers are those who complete a training course satisfactorily according to the course criteria.</li> <li>• The number is a semi-annual count of providers meeting the definition criteria.</li> </ul>	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: TBD per final country workplans</i></p>	Monitor ongoing program effort.
<p><b>2h.</b> Total number of pregnant women provided with PMTCT services at target facilities, including counseling and testing<sup>12</sup></p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• This indicator will be reported by country only where ACCESS activities target PMTCT as an area for improvement</li> </ul>	HMIS, CDC Global AIDS program database	<p>Availability records TBD in context of developing the country-level M&amp;E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Ongoing monitoring to assess program progress.</p> <p>Review/revise approaches to guide decision in resource allocation.</p>
<p><b>ACCESS Program Intermediate Result 3: Safe delivery, postpartum care, and newborn health improved</b></p>						

<sup>12</sup> PEPFAR indicator

Indicator	Definitions and Calculation	Data source	Collection method/ frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>3a.</b> Number of ACCESS-targeted facilities with PQI initiatives contributing to compliance with international standards</p>	<p>ACCESS-targeted facilities are those identified service delivery points where program activities and alliances aim to enhance quality of care through PQI approaches.</p>	<p>Program PQI records PQI database</p>	<p>Records and document review  Semi-annual</p>	<p>Program technical staff with ACCESS M&amp;E review</p>	<p>Baseline: 0  <i>Target: Year 2: 3 countries. Number of facilities TBD per final country workplans</i></p>	<p>Review, revise, and assess PQI effectiveness and related program approaches.  Ongoing monitoring and planning of future activities, including scale-up where funding allows.</p>
<p><b>3b.</b> Percent/number of births in ACCESS-targeted facilities in the past 6 months that occurred with a skilled attendant using a partograph  (applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• This indicator is reported by country only where ACCESS activities target correct use of a partograph as an area for MNH improvement.</li> <li>• Women delivering in the past 6 months will be identified through facility records.</li> <li>• 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.</li> <li>• The percentage will be calculated by dividing the number of births recorded in the past six months that occur with a skilled attendant using a partograph (numerator) by the number of births recorded in the past six months (denominator).</li> </ul>	<p>Facility records, completed partographs</p>	<p>Records review  Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: TBD country level  <i>Target: TBD per final country workplans</i></p>	<p>Monitor and assess program strategies and implementation toward building on strengths and addressing weak areas.  Share lessons learned with stakeholders and better inform resource allocation and program decision making.</p>
	<ul style="list-style-type: none"> <li>•</li> </ul>					

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>3d.</b> 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"> <li>This indicator is reported by country only where ACCESS activities target AMTSL as an area for improvement, either in facilities, communities, or both.</li> <li>Births in the 6 months prior to data collection will be identified through facility records and/or program records at the community level.</li> <li>AMTSL is determined by information available in the records.</li> <li>For facility births, the percentage is calculated by dividing the number of births recorded in the past six months where AMTSL is recorded (numerator) by the number of births recorded in the past six months (denominator). For community or home births, the number is an annual count of the births in the six months prior to data collection meeting the definition criteria.</li> </ul>	<p>HMIS and/or program records where data are available</p>	<p>Records review, where data are available</p> <p>Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: TBD country level</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Monitor effectiveness of specific area of program activity in order to shape ongoing program resource allocation and management decisions.</p>
<p><b>3e.</b> 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"> <li>This indicator will be reported by country only where ACCESS activities target newborn care as an area for improvement.</li> <li>Newborns in the past six months are those whose births are recorded in the six months prior to data collection. Being dried and warmed immediately after birth is determined by information available in the records.</li> <li>This indicator is an annual count of newborns meeting the definition criteria.</li> </ul>	<p>Facility and/or program records if data are available</p>	<p>Records review, if data are available</p> <p>Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: country level TBD</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Monitor effectiveness of specific area of program activity in order to shape ongoing program resource allocation and management decisions.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>3f.</b> 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"> <li>This indicator will be reported by country only where ACCESS activities target newborn care as an area for improvement.</li> <li>Breastfeeding within one 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.</li> <li>This indicator is an annual count of newborns meeting the definition criteria.</li> </ul>	<p>Facility and/or program records if data are available</p> <p>Client exit interviews</p> <p>Community survey</p>	<p>Records review, if data are available</p> <p>Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: country level TBD</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Monitor effectiveness of specific area of program activity in order to shape ongoing program resource allocation and management decisions.</p>
<p><b>3g.</b> Percent/number of providers with adequate knowledge of essential newborn care</p>	<ul style="list-style-type: none"> <li>This indicator will be reported by country only where ACCESS activities target newborn care as an area for improvement.</li> <li>Adequate knowledge will be determined.</li> </ul>	<p>Provider knowledge survey</p>	<p>Survey</p> <p>Annual</p>	<p>Program country staff with ACCESS M&amp;E review</p>	<p>Baseline: country level TBD</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Monitor effectiveness of specific area of program activity in order to shape ongoing program resource allocation and management decisions.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>3g.</b> Percent/number of women in ACCESS-targeted facilities or communities who accept a contraceptive method by 6 weeks postpartum<sup>13</sup></p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>This indicator will be reported by country only where ACCESS activities target integrated family planning as an area for improvement.</li> <li>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).</li> <li>The number is a semi-annual count of women recorded at ACCESS-targeted facilities or through community outreach as meeting the definition criteria.</li> </ul>	Facility and/or program records	Records review  Semi-annual	Program country staff with ACCESS M&E review	Baseline: country level TBD  <i>Target: TBD per final country workplans</i>	Monitor effectiveness of specific area of program activity in order to shape ongoing program resource allocation and management decisions.
<p>3h. Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received a postpartum visit within 3 days after childbirth</p>	<ul style="list-style-type: none"> <li>This indicator will be reported by country only where ACCESS activities target postpartum care (PPC) as an area for improvement. Activities may target facilities, or home-based care.</li> <li>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 PPC within 3 days/ number of women's records that show a delivery in the past 6 months (numerator/denominator).</li> <li>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.</li> </ul>	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: TBD per final country workplans</i>	Ongoing monitoring of program effort and effectiveness. Identify strengths and weaknesses to address in scale-up where funding allows, and guide resource re-allocation where appropriate.
<p><b>ACCESS Program Intermediate Result 4: Management of obstetric complications and sick newborns improved</b></p>						

<sup>13</sup> This indicator will be collected through ACCESS-FP.

Indicator	Definitions and Calculation	Data source	Collection method/ frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>4a.</b> 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"> <li>This indicator will be reported by country only where ACCESS activities target facility-based eclampsia treatment as an area for improvement.</li> <li>Women with eclampsia attending targeted 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.</li> <li>The percentage is calculated by dividing the numerator (women recorded at ACCESS-targeted facilities with eclampsia and receiving magnesium sulfate) by the denominator (all women recorded at ACCESS-targeted facilities with eclampsia).</li> </ul>	Facility records	Records review	Program technical staff with ACCESS M&E review	Baseline: TBD country level  <i>Target: TBD per final country workplans</i>	Assess effectiveness of program activity in specified target facilities and specific care concerns.  Share lessons learned that will also inform programmatic decision making.
<p><b>4b.</b> 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"> <li>ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff.</li> <li>Training that targets infant resuscitation is a preservice or inservice course or other learning experience that includes competency-based knowledge and skills to treat infant asphyxia.</li> <li>Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues.</li> <li>Trained providers are those who complete a training course satisfactorily according to the course criteria.</li> <li>The number is a semi-annual count of providers meeting the definition criteria.</li> </ul>	Training records	Compilation of totals from training records.  Semi-annual	ACCESS M&E	Baseline: 0  <i>Target: TBD per final country workplans</i>	Monitor ongoing program effort and identify areas of strength to expand and scale-up activity where funding allows.

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<p><b>4c.</b> Number of maternal/neonatal providers trained through ACCESS-supported curricula or events in management of low birth weight newborns/Kangaroo Mother Care  (applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff.</li> <li>• Training that targets Kangaroo Mother Care (KMC) is a preservice or inservice course or other learning experience that includes competency-based knowledge and skills related to management of low birth weight babies.</li> <li>• Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues.</li> <li>• Trained providers are those who complete a training course satisfactorily according to the course criteria.</li> <li>• The number is a semi-annual count of providers meeting the definition criteria.</li> </ul>	Training records	<p>Compilation of totals from training records.</p> <p>Semi-annual</p>	ACCESS M&E	<p>Baseline: 0</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Monitor ongoing program effort and identify areas of strength to expand and scale-up activity where funding allows.</p>
<p><b>4d.</b> Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved complication readiness  (applicability is field-dependent)</p>	<ul style="list-style-type: none"> <li>• ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in BP/CR.</li> <li>• Achievement of improved complication readiness is defined as having fulfilled CR goals of the community's self-developed action plan.</li> <li>• The number will be calculated as an annual count of targeted communities meeting the definition criteria.</li> </ul>	Program reports and activity tracking	<p>Program and M&amp;E review of program reports</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: 0</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Assess program efforts toward identification of strengths to build on and weaknesses to address.</p> <p>Review and revise strategies and reallocate resources as needed.</p> <p>Share lessons learned with stakeholders.</p>

<i>ACCESS Program Intermediate Result 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive age improved (Targets of Opportunity)</i>						
<p><b>5a.</b> Number of linkages with international obstetric fistula networks initiated and technical assistance provided</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Linkages are working relationships on identified tasks toward specified goals agreed between a network and ACCESS.</li> <li>• Initiation of linkages is the agreement to develop such a working relationship, and the provision of technical assistance is the role ACCESS plays in the tasks to be pursued.</li> <li>• The number will be an annual count of networks linking with ACCESS tasks, and a qualitative report of TA may also be provided.</li> </ul>	<p>Program records</p>	<p>Records review</p>	<p>ACCESS M&amp;E</p>	<p>Baseline: 0  <i>Targets:</i> <i>Year 1: 4</i> <i>Year 2: 1</i></p>	<p>Ongoing monitoring of program efforts to address targets of opportunity.</p> <p>Improve and enhance effective-ness of linkages and networking activities with a goal-oriented focus.</p>