



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

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

ACCESS

YEAR ONE ANNUAL IMPLEMENTATION PLAN

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JHPIEGO in collaboration with
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EXECUTIVE SUMMARY

The ACCESS workplan covers both core and field funding. First-year programming with *core* funds will center on consolidating and coordinating the ACCESS Partnership's previously separate approaches and moving quickly into the field with a strategic program approach that maximizes the partners' efforts and expertise. Examples of activities include: continuing to disseminate international standards and guidelines in collaboration with WHO; increasing the Program's outreach through existing partnerships and expanding our work through faith-based organizations (FBOs), bilateral projects and global partners; implementing policy/advocacy tools to share useful information with stakeholders; standardizing the package of interventions that ACCESS will promote at each level of the household-to-hospital continuum of care; defining home-based essential maternal and newborn care (EMNC); developing guidance for use in mobilizing communities around EMNC, working in select countries to promote integrated EMNC and PMTCT ; and supporting USAID's growing role in the prevention and management of obstetric fistula. Building on and expanding previous efforts by the MNH Program and partners, ACCESS will incorporate the concept of partnership-defined quality and standards based management into its performance and quality improvement process, and will develop training and system support for community health workers to support the vital link between the household and the health facility.

The Core Workplan includes earmarks for the newborn, postpartum hemorrhage (PPH), Mali (for an ITN Advisor), and the Malaria Action Coalition (MAC). Core activities for MAC are included under Intermediate Result One in this workplan.

The ACCESS *field* supported portfolio includes commitments for the following: Bureau for Africa's Office of Sustainable Development (AFR/SD); Bureau for Asia and the Near East (ANE); Bureau for Latin America and the Caribbean (LAC); West Africa Regional Project (WARP); Malaria Action Coalition (MAC); Haiti; Tanzania; and Nepal. First-year activities in the field will directly support Bureau/Mission strategic objectives and include exciting work and collaboration such as support for the Africa Road Map, support the expansion of newborn health services in LAC, preparation of a human resource strategy for maternal and neonatal health preservice education in Nepal, support for a multisectoral response to HIV/AIDS in Tanzania, and the introduction of PMTCT activities in a maternal and child health setting in Haiti.

Part II, the field workplan includes the detailed work plans for AFR/SD, LAC, ANE, MAC, Haiti and Tanzania. Field work plans for WARP, MAC/WARP and Nepal are still under development with USAID missions. A summary of the status of these activities as well as specific next steps and travel for Quarter 2 of FY 05 is included. Complete work plans will be submitted as soon as possible.

ACCESS will focus its work in priority countries that are USAID Tier 1 and 2 countries where the greatest need exist or where ACCESS can build on existing programs to strengthen EMNC. ACCESS work will focus on developing and expanding programs to include the essential maternal and newborn care package as part of all routine services to our beneficiaries—the mothers and newborns in these countries. However, ACCESS must also be strategic and work in countries where we can collaborate with governments and other partners to maximize investments. ACCESS is available to respond to USAID missions and also to build on existing bilateral and multilateral initiatives in maternal and newborn health. The ACCESS planning process will be systematic with some EMNC activities implemented through strengthening ongoing programs but adding monitoring and evaluation to demonstrate results, and others activities, such as advocacy campaigns

at a national level. At present, ACCESS has identified the following countries as priority: Haiti, Tanzania, Nepal, Mozambique, Ethiopia, Kenya, Afghanistan, India and Senegal. These countries either offer opportunities through existing field funding or have indicated through ACCESS partners or collaborating institutions interest in strengthening EMNC services. In each country where we work, ACCESS would like to take successful interventions to full-scale implementation.

Assuming stable, if not increased core and field support over time, the ACCESS Program team has laid out five year LOP results that are indicative of the Program's strategic approach and priority investments. These results are:

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 essential maternal and newborn care (EMNC) in ACCESS countries
3. Improved policies, programs, and investments at national and local levels to operationalize the household to hospital continuum of care approach in ACCESS countries
4. Strengthened community, provider, and health systems capacity for essential maternal and newborn care (EMNC) service delivery in ACCESS countries
5. Increased use of quality household, facility, and community practices including skilled attendance at birth in ACCESS countries

This workplan outlines the Program's strategic approach and core-funded activities as per the Strategic Objective results framework. The format for the workplan is based on guidance received from the Program's USAID/CTO in November 2004. Key activities and related sub-activities are outlined by Intermediate Result. Program approach and background, costs, funding source/s (SO 2 core, SO 3, SO 5, PPH, etc), activity lead and ACCESS partners are reflected at the activity level.

OVERVIEW OF WORKPLAN

The ultimate 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, ACCESS will work with national governments and USAID missions to (a) improve the design and 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 new 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.

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, more national and local “champions” educating and advocating for essential maternal and newborn care (EMNC), and increased resources invested in maternal and newborn programs.

This Year One workplan presents a summary of the ACCESS strategic approach, conceptual framework and monitoring and evaluation plan. The ACCESS framework acknowledges the inseparability of mother and baby and that programs are required that implement evidence-based interventions. This is followed by a discussion of core and field activities for Year One and presentation of the plan for overall management as well as the knowledge management plan.

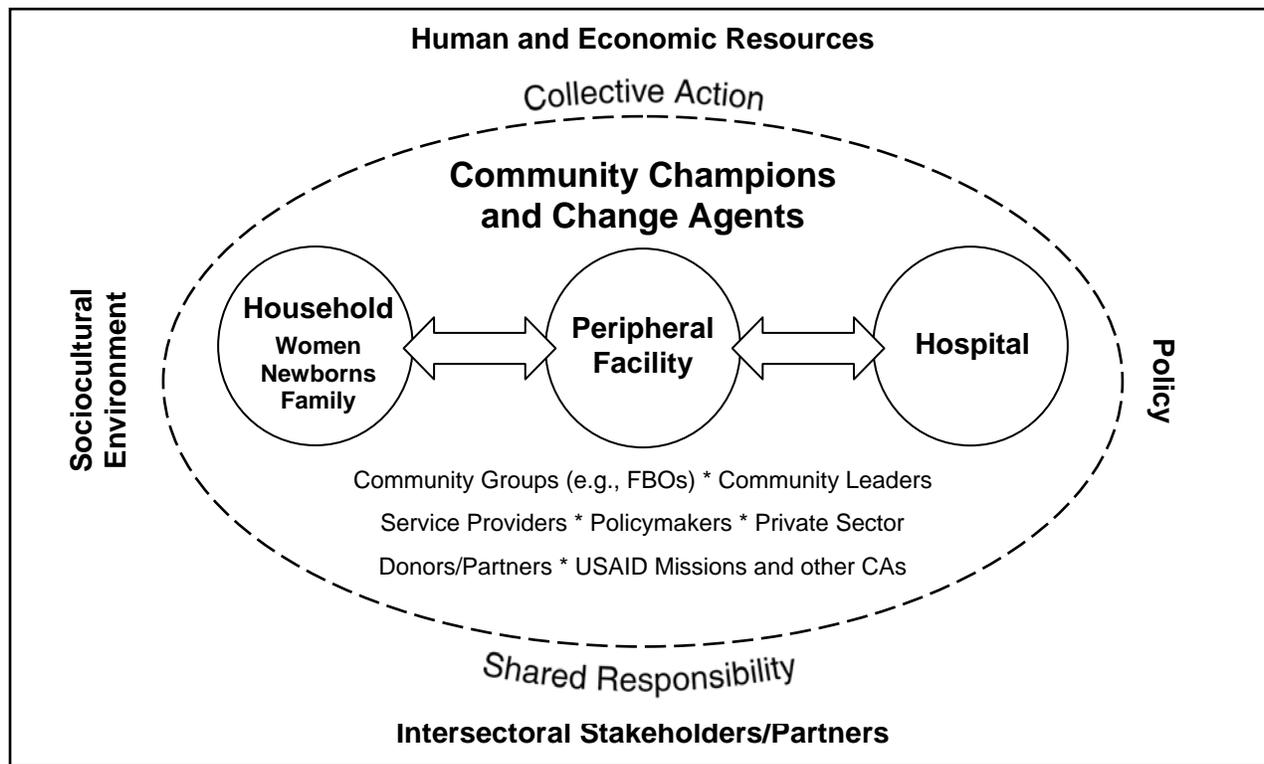
STRATEGIC APPROACH—ACHIEVING IMPACT AT SCALE USING A HOUSEHOLD-TO-HOSPITAL CONTINUUM OF CARE

Household-to-Hospital Continuum of Care. ACCESS aims to bring essential maternal and neonatal services and interventions as close to the family as possible. Accordingly, the Program’s strategy has at its center a community-centered model for maternal and newborn care that supports the continuum of care from household to hospital and mobilizes the community as the vital link between families and the care they need (Figure 1). 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.

ACCESS will work with local governments in ACCESS countries to support interventions that strengthen and expand facility-based care for those who are using these services, while strengthening linkages from the facility to the home and community. Building the capacity of community-based providers and facilities and households to manage normal care, prevent newborn problems, address gender barriers and seek prompt additional care when required will increase household access to culturally appropriate care, expand coverage of this care to marginalized and difficult to reach populations, and ultimately, result in improved maternal and newborn outcomes.

Shared Responsibility and Collective Action. The Household-to-Hospital Continuum of Care model recognizes that the social network around the woman and newborn and the health system can contribute to improved behavior and practices for maternal and newborn care in the home and community and planning for pregnancy and delivery, community-responsive peripheral health facilities with basic essential obstetric/newborn care or some life-saving capacity, and communications and transportation links for referral when complications arise. Key to the success of this approach is the engagement of community groups and members acting as a support system for the household and the community facility. The ACCESS Program will promote collective action and shared responsibility through increased collaboration among a wide range of stakeholders—women, families, communities, policymakers, and health providers—together to improve maternal and newborn health.

Figure 1. Community-Centered Household-to-Hospital Continuum of Care Model



To improve the enabling environment for EMNC and other key reproductive health services, as well as to spark collective action and shared responsibility at the global and country levels, ACCESS will build strategic partnerships, foster program collaboration, and work with key stakeholders to improve country-level policy and community sociocultural norms. In doing so, ACCESS will work toward ensuring that adequate financial, human and material resources are available for maternal and newborn health. Evidence-based practices will guide the development of EMNC policy, clinical standards and norms, and behavior change communication strategies and will contribute to promoting a sense of shared responsibility for the welfare of women and their families and ensure increased quality and use of improved EMNC services.

Technical Components. To implement the household-to-hospital continuum of care model, the ACCESS Partnership will use a comprehensive technical approach that includes:

- community mobilization and behavior change strategies;
- strengthening of facility and provider performance; and
- human resource management.

Global Leadership and Policy Support. Through global and local alliances, the Program will provide leadership in shifting international, national, and subnational 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. In addition, the Program will influence policy, guidelines, and the content of national systems that contribute to the delivery of key maternal and newborn health program interventions. This will include, for example, improving the essential maternal and neonatal care 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 that are the focus of this effort; ensuring that essential EMNC equipment and supplies are included in procurement plans, budgets, and commodity distribution plans; addressing policy barriers, such as limits on which personnel can provide EMNC services; integrating maternal and newborn health messages into behavior change communication strategies and plans; ensuring that key maternal and newborn health indicators are included in routine information systems and periodic national sample surveys; and educating and advocating with donors and stakeholders to make maternal and newborn health a high priority.

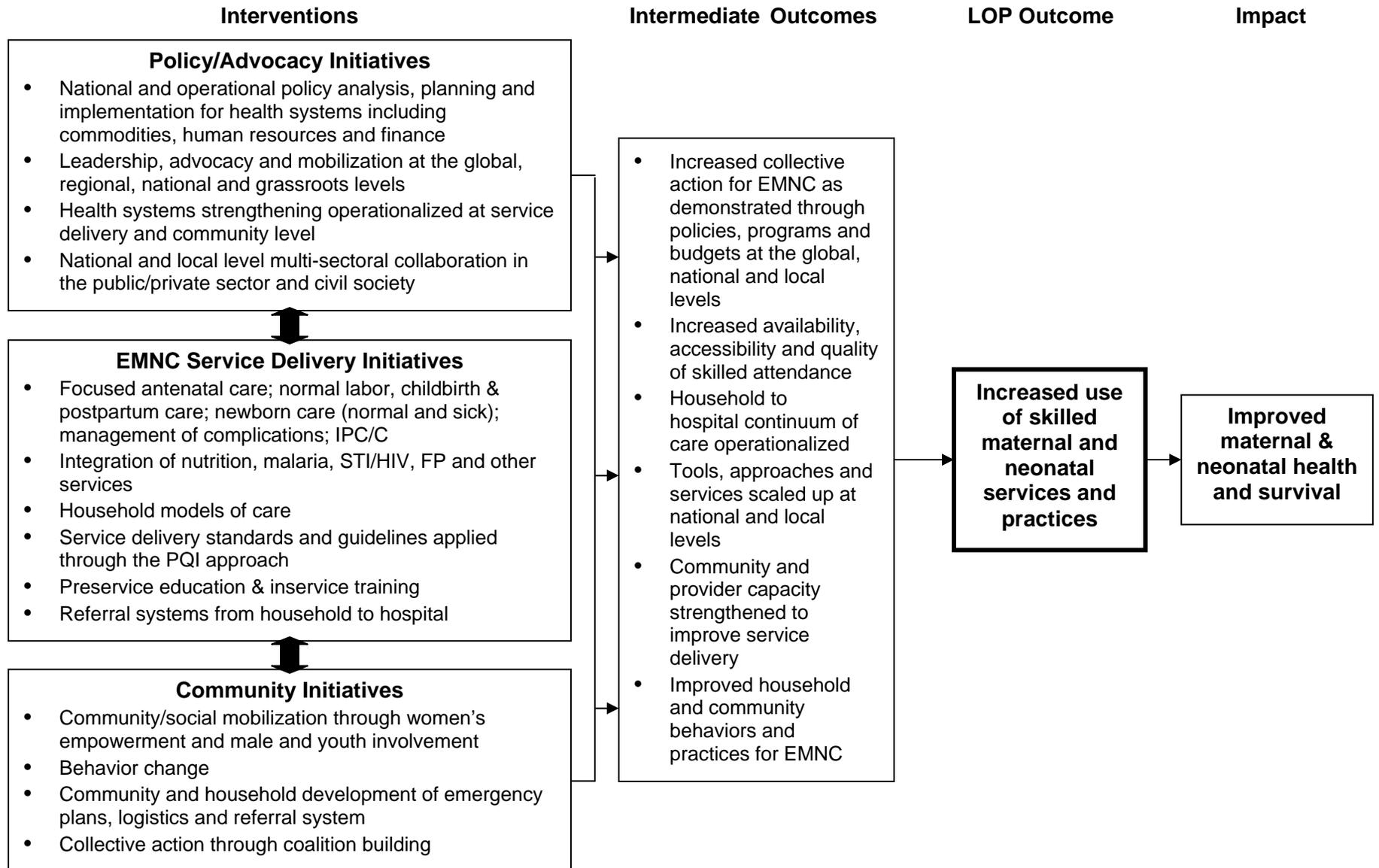
Country Approach. Scale-up of proven interventions is central to expanded coverage and use of critical services by women and their families. The appropriate course for scale-up will be determined by the country context. ACCESS will work with national governments and USAID missions to identify opportunities to build on existing programs, including USAID bilateral programs, to improve EMNC services. In countries where there is limited programming for maternal and newborn health, resources may be used to build stakeholder buy-in, promote standardization of EMNC practices through policy and curriculum revision, promote improved household practices for maternal and newborn care, promote family planning, and initiate alliances to help raise awareness and build momentum for change. Where there already exists demonstrated government commitment, core resources may be used to support special initiatives and programming for EMNC. Across ACCESS countries, ACCESS will leverage support from host-country governments, the private sector, foundations, and other donors. ACCESS will also collaborate with faith-based organizations and nongovernmental organizations to expand EMNC interventions through their program networks.

CONCEPTUAL FRAMEWORK

The ACCESS conceptual framework integrates policy, EMNC service delivery, and community-based interventions and behavior change to improve maternal and neonatal health outcomes. At the policy level the ACCESS Program seeks to inform policy makers *why* it is essential to improve maternal and newborn health, *what* can be done affordably and sustainably, and *how* to integrate EMNC into existing programs. The challenge is to transfer knowledge and funds from global and national levels to the home and community. ACCESS can contribute to this by improving what we do and applying what we already know in health programs. We also need to concentrate our efforts on those who are best placed to make the greatest contribution: women, family members, caregivers, community health workers and health providers. ACCESS will work quickly to ensure proven interventions are implemented in the widest possible scale.

The conceptual framework lays out key technical components and their relationship to intermediate outcomes, and ultimately, increased use of skilled maternal and neonatal services and practices. **See Figure 2.**

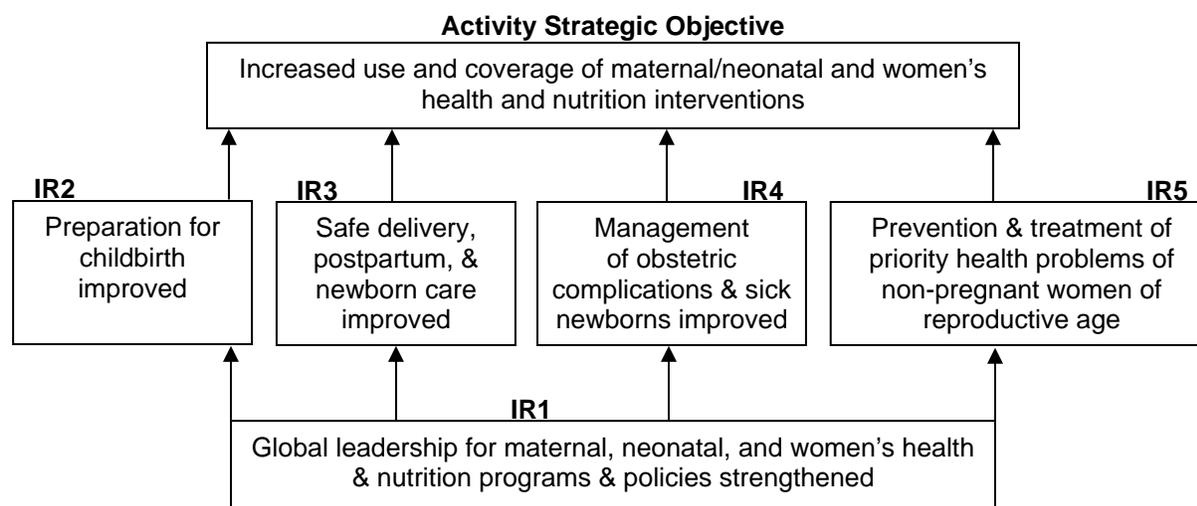
Figure 2. Conceptual Framework



MONITORING AND EVALUATION

M&E information will measure progress towards achieving the Strategic Objective (SO) and five Intermediate Results (IRs) for ACCESS (**Figure 3**), through benchmarks and indicators linked to the IRs and targeted sub-Intermediate Results (sub-IRs) as appropriate to program design and component activities. Benchmarks and performance outputs are discussed along with the activities detailed in this workplan, and indicator details are included in the Performance Monitoring Plan (PMP), which is included at the end of this workplan (see Appendix).

Figure 3. ACCESS Strategic Framework



The ACCESS M&E system covers global activities and country programs.¹ The strategic framework above captures the results the ACCESS Program aims to achieve, while each significant country-level program has an individually tailored results framework and indicators, agreed with the country USAID Mission and linked to the respective USAID Mission's strategic framework.² 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.

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, core priority countries, and elsewhere as relevant

¹ 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.

² Minimum threshold for a separate M&E plan for ACCESS country-level activities is a funding level of at least \$200K. Other criteria may affect the decision regarding whether or not a country-level plan is necessary.

Results and Performance Indicators

The Partnership is committed to achieving a range of results in ACCESS countries and through the global agenda. Five-year LOP results are stated as:

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 essential maternal and newborn care (EMNC) in ACCESS countries
3. Improved policies, programs, and investments at national and local levels to operationalize the household to hospital continuum of care approach in ACCESS countries
4. Strengthened community, provider, and health systems capacity for essential maternal and newborn care (EMNC) service delivery in ACCESS countries
5. Increased use of quality household, facility, and community practices including skilled attendance at birth in ACCESS countries

The ACCESS Program and USAID/Washington recommend that all countries with maternal, newborn, and women's health concerns establish systems to track at least 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 impact, or population/national level, in any country, unless specifically tasked and fully funded by the appropriate USAID Mission to do so. Therefore, the Mission and local Government should collaborate to ensure appropriate collection of valid and reliable data to meet decision-making and other information needs. The ACCESS Program may, if requested, accept tasks and funding to participate in collaborative system design to ensure that information appropriate to safe motherhood and newborn health will be collected and appropriately analyzed or interpreted. 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.

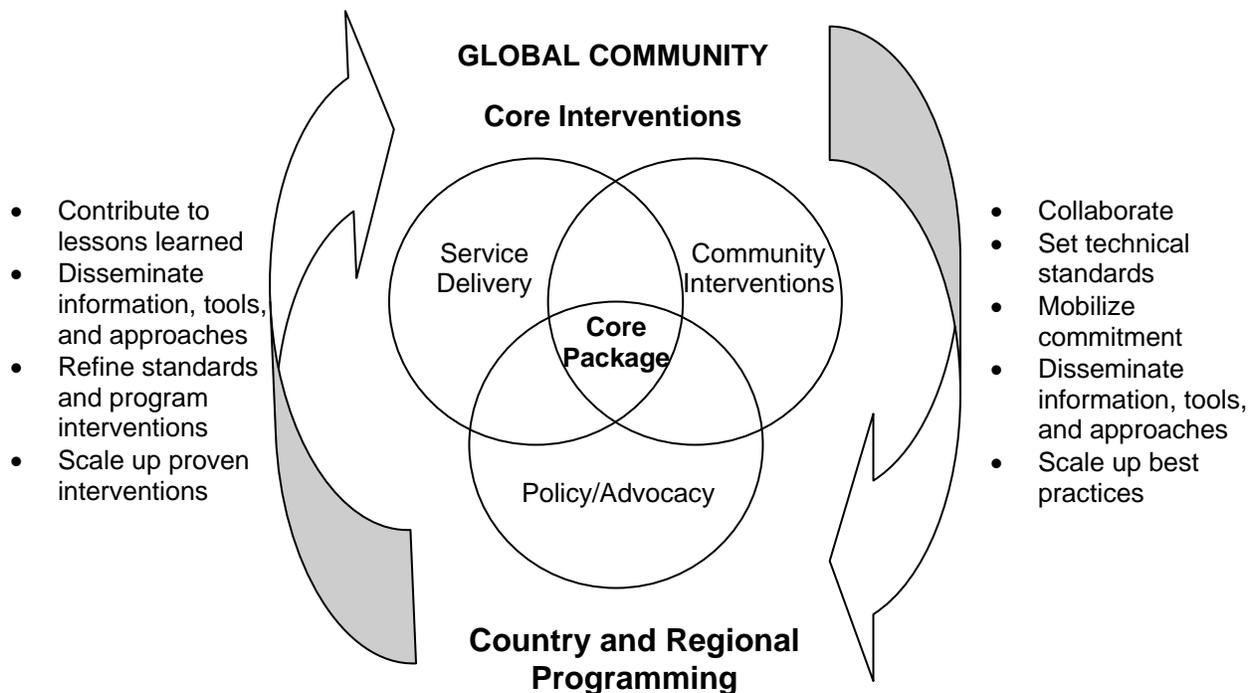
I. CORE WORKPLAN

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

Strategic Approach

ACCESS will foster global leadership; increase international and governmental political and financial 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 will strengthen local networks and alliances, and link them to global coalitions to help mobilize interagency collaboration to take EMNC to scale. The interplay between work at the global and country levels is illustrated in **Figure 4**.

Figure 4. ACCESS Program Global Leadership Role



First, ACCESS will leverage global and national commitment to the household-to-hospital continuum of care to advance integrated and community-based programming for maternal and newborn health. The Program will convene and stimulate discussion at the global level regarding the following topics: home-based models of care; shared responsibility/collective action; repositioning family planning through integration with essential maternal and newborn care services; facility-based performance and quality improvement in collaboration with the community; and the role of community-based providers and linkages with the formal health care system. ACCESS will work with WHO, the Partnership for Safe Motherhood and Newborn Health, the White Ribbon Alliance for Safe Motherhood (WRA), the International Confederation of Midwives (ICM), the Healthy Newborn Partnership, the Malaria in Pregnancy Working Group; and other key organizations including faith-based organizations to advance the global agenda for safe motherhood and newborn health.

Intermediate Result 1

Second, the ACCESS Program will work to support policy analysis, enhance decision-making and planning via models such as The Maternal and Neonatal Program Index (MNPI), ALLOCATE, Safe Motherhood, and REDUCE and ALIVE to identify problems, increase understanding, fuel advocacy, action, and awareness, assist stakeholders with developing effective plans and priorities, and spell out complementary roles for the public and private sectors. The Program will ensure that services and financing systems are tailored to the needs of the most vulnerable women and families in urban and rural areas. The program will incorporate estimates of public and private resources into initial country assessments, evaluate the impact on users of services, and ensure that operational strategies, financing schemes, and M&E approaches result in positive outcomes. As part of ACCESS's work on policy and systems, IMA will coordinate work to mobilize the FBO service delivery network and to secure the availability of health commodities.

IR 1 Activities

1.1 Global Networking and Partnerships

- 1.1.a The Partnership for Safe Motherhood and Newborn Health (PSMNH), the Healthy Newborn Partnership (HNP)
- 1.1.b The Africa Road Map for Safe Motherhood and Newborn Health
- 1.1.c International Confederation of Midwives
- 1.1.d The White Ribbon Alliance
- 1.1.e Partner Coordination and Collaboration
- 1.1.f Country Level Advocacy for Lancet Series on Neonatal Health

1.2 Health Care Financing and Policy

- 1.2.a Policy Tools Adapted and Used

1.3 Dissemination of ACCESS Program materials and resources

- 1.3.a Website development and use
- 1.3.b Material disseminated to Partnerships and Alliances, donors, country level stakeholders, and USAID Cooperating Agencies/Bilaterals/Task Orders working in maternal and newborn health
- 1.3.c Participation in Development of Global Health Fundamentals E-Learning Course (sponsored by USAID) through formulation of an on-line mini-course on a topic related to essential maternal and newborn care

1.4 Small Grants

1.5 Technical Assistance

Y1 Benchmarks for IR1

- National policies, strategies, and guidelines reviewed and assessed for adherence to international evidence-based standards in maternal/newborn health in ACCESS countries
- International evidence-based guidelines for maternal/newborn care, including nutrition, PMTCT, and MIP where appropriate, introduced in ACCESS countries
- Linkages with global partners & stakeholders initiated and dialogue begun toward advocacy of increased access to quality maternal and newborn health services in ACCESS countries

Y2 Illustrative Benchmarks for IR1 Dependent on funding and subsequent workplanning

- Capacity-building advocacy initiated toward developing improved strategies, and guidelines adhering to international evidence-based standards in maternal/newborn health in Y1 ACCESS countries
- International evidence-based guidelines for maternal/newborn care, including nutrition, PMTCT, and MIP where appropriate, introduced in new (Y2) ACCESS countries and at least 5 additional non-ACCESS countries
- Advocacy of increased access to quality MNH services in ACCESS countries expanded and TA provided in support

Y3 Illustrative Benchmarks for IR1 Dependent on funding and subsequent workplanning

- Maternal/newborn health strategies and guidelines improved to adhere to international evidence-based standards in Y1 ACCESS countries
- International evidence-based guidelines for maternal/newborn care, including nutrition, PMTCT, and MIP where appropriate, fully implemented in Y1 and Y2 ACCESS countries and targeted non-ACCESS countries
- Access to quality MNH services in ACCESS countries expanded with ongoing ACCESS TA and support

IR1 SubIRs

- 1.1.1 Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved
- 1.1.2 Clinical care, service delivery and management standards established & implemented
- 1.1.3 Alliances and partnerships among donors & implementing agencies facilitated and supported
- 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field

IR 1: YEAR ONE RESULTS

- National policies, strategies, and guidelines reviewed and assessed for adherence to international evidence-based standards in maternal/newborn health in ACCESS countries
- International evidence-based guidelines for maternal/newborn care, including nutrition, PMTCT, and MIP where appropriate, introduced in ACCESS countries and at least 5 non-ACCESS countries
- Linkages with global partners and stakeholders initiated and dialogue begun toward advocacy of increased access to quality maternal and newborn health services in ACCESS countries

Intermediate Result 1

Intermediate Result 1		
ACTIVITY 1.1: GLOBAL NETWORKING AND PARTNERSHIPS		
Activity Lead: Director/Deputy Director	Funding Sources: SO 2 core SO 2 Newborn	Activity Cost: \$299,602
ACCESS Activity Partners: JHPIEGO, Save the Children, Futures Group, ACNM, AED, IMA		
Other Collaborating Organizations: Partnership for Safe Motherhood and Newborn Health (PSMNH), Healthy Newborn Partnership, White Ribbon Alliance, WHO/AFRO, USAID, USAID cooperating partners and programs		

Program Approach and Background

Using SO2 core funding, the ACCESS Program will build and enhance strategic relationships with global, regional and country-level partners working in safe motherhood and newborn health. USAID's presence in international forum such as the Roll Back Malaria Working Group for Malaria in Pregnancy, the WHO Reproductive Health Task Force and the recently-formed Partnership for Safe Motherhood and Newborn Health contributes to global learning, priority setting, the mobilization of resources and ensures the expansion of the US Government's investment in safe motherhood. Building on the MNH Program and other partner presence, ACCESS will be an active member of these alliances and will engage with them to set the future agenda, share lessons learned, tools and approaches and technical resource materials to expand state-of-the art programming in countries well beyond the Program's portfolio. ACCESS will also work with USAID cooperating partners and bilateral projects at the global and country level to disseminate important program materials and resources and to share key lessons learned and approaches, and collaborate with these partners to scale up EMNC services.

Contributes toward IR1 through subIRs 1.1.1 Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved, 1.1.3 Alliances and partnerships among donors & implementing agencies facilitated and supported, 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field

- 1.1.a Output1: PSMNH and HNP utilize ACCESS collaboration and leadership to improve technical quality and effectiveness of task forces, publications, and special topics meetings
- 1.1.b Output2: Africa Road Map implementation actions facilitated through ACCESS participation and technical assistance
- 1.1.c Output3: Small grants mechanism and utility enhanced through collaboration with ICM
- 1.1.d Output4: WRA implementation, advocacy, and monitoring skills and tools developed through ACCESS support and technical assistance
- 1.1.e Output5: Faith-based community and organizational strategy developed for operationalization at the global, regional, sub-regional, and country levels in Years 2 through 5
- 1.1.f Output 6: Advocacy related to the Lancet Series on neonatal health increases awareness of neonatal survival as a priority within the context of maternal and child survival

SUB ACTIVITY**IR 1.1.a****The Partnership for Safe Motherhood and Newborn Health (PSMNH) and the Healthy Newborn Partnership (HNP)**

ACCESS will centralize efforts for global leadership through the Partnership for Safe Motherhood and Newborn Health and the Healthy Newborn Partnership given their global leadership role and the centrality of their work to other key stakeholders, alliances and partnerships.

Sub Activity Lead: Director

Sub Activity ACCESS Partners: JHPIEGO, Save the Children

Sub Activity Location: Global

Specific Tasks**Completion Date**

Task 1: Participate in two PSMNH task forces that meet biannually: the Country Level Task Force and the Effective Interventions Task Force.

Ongoing

Task 2: *Global Meeting for Safe Motherhood and Newborn Health.* PSMNH is working with WHO, UNICEF, and others to launch the World Health Report on World Health Day in India on 7 April 2005, which will be on safe motherhood and newborn health in the context of the Millennium Development Goals. Themes will include national budget allocations, health systems, family and community practices, and resource mobilization. ACCESS will support two teams to attend the meeting. Countries will be selected as per dialogue with the PSMNH Executive Director and identified needs.

April 2005

Task 3: Participate in annual meetings of the HNP and by collaborating with them to hold special technical meetings on topics such as models for newborn care.

Ongoing

SUB ACTIVITY**IR 1.1.b****Africa Road Map for Safe Motherhood and Newborn Health**

In partnership with WHO/AFRO and other key stakeholders, ACCESS will support implementation of the Africa Road Map to reduce maternal and neonatal mortality through attendance during pregnancy, childbirth, and the postnatal/postpartum period, at all levels of the health care delivery system, and to strengthen the capacity of individuals, families, and communities to improve maternal and newborn health.

Sub Activity Lead: Petra Reyes

Sub Activity ACCESS Partners: AED

Sub Activity Location: West Africa, East and Southern Africa

Specific Tasks**Completion Date**

Task 1: ACCESS will support the implementation of the Africa Road Map for Safe Motherhood and Newborn Health through dialogue with WHO/AFRO,

Ongoing

Intermediate Result 1

technical support at the country and sub-regional level and participation in the WHO/AFRO Reproductive Health Task Force meetings.

Task 2: Support country stakeholders' meetings in 2 priority countries, followed by development of a national task force to adapt the Road Map to the country's needs and adopt as a national document to reduce maternal and newborn morbidity and mortality. **September 2005**

Task 3: Train *Road Map* facilitators in several Anglophone African countries to influence programming in key countries in partnership with WHO/AFRO and the USAID-funded SARA project. **September 2005**

SUB ACTIVITY

IR 1.1.c

International Confederation of Midwives

The ACCESS Program will collaborate with ICM in support of the objective of decreasing maternal morbidity and mortality by strengthening midwifery associations.

Sub Activity Lead: Annie Clark

Sub Activity ACCESS Partners: ACNM

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: Two ACNM staff will attend the ICM 27th Triennial Congress in Brisbane, Australia from July 24-28, 2005 themed "Midwifery: Pathways to a Healthy Nation". The two ACNM staff will present at a concurrent session entitled Community Partnerships for Safe Motherhood and the Life Saving Skills Continuum. The ACCESS Program and opportunities for midwifery association strengthening through the ACCESS small grants mechanism will be discussed during the concurrent session. Contact information will be obtained from interested midwifery association leaders.

July 2005

SUB ACTIVITY

IR 1.1.d

The White Ribbon Alliance

Through the WRA's grassroots membership, the ACCESS Project will work with the WRA on the following themes: PPH, skilled attendance, HIV/AIDS/PMTCT, birth preparedness and complication readiness, obstetric fistula and assist in moving these themes into activities that WRA members can implement and measure using indicators that will be tracked by the WRA monitoring tool.

Sub Activity Lead: Nancy Russell

Sub Activity ACCESS Partners: Futures Group

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: The ACCESS Program will participate in the WRA Asia "*Strengthening Regional White Ribbon Alliance Capacity and Partnership for Safe Motherhood*" regional

August 2005

workshop by supporting 10 participants from four priority countries (possibly Afghanistan, Bangladesh, India, and Nepal) and 2 from the WRA Global Secretariat. The objective of the workshop is to improve the skills to implement and monitor policy, advocacy and community-based interventions through technical updates and skills-building workshops.

Task 2: ACCESS will support the Global Secretariat by participating on the WRA’s Decision-Making Committee and leading the Adolescent and Safe Motherhood Sub-Committee in developing an advocacy tool highlighting the links between safe motherhood and adolescents. **September 2005**

SUB ACTIVITY

IR 1.1.e

Partner Coordination and Collaboration

USAID cooperating partners and projects working at the country level provide an excellent platform for the dissemination and uptake of key Program tools, resources and approaches. Faith-based organizations (FBOs) are central to the mobilization of a full range of stakeholders for improved maternal and newborn care. FBOs offer a platform for action that is far-reaching and sustainable. ACCESS will work with the USAID and FBO community of partners to ensure that they have the latest evidence for effective programming in maternal and newborn care.

Sub Activity Lead: FBO coordinator

Sub Activity ACCESS Partners: JHPIEGO, IMA

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: ACCESS will work with USAID/Washington to identify USAID CAs and projects working in maternal and newborn health globally and at the field level. ACCESS will share the latest evidence, tools and approaches with partners to enhance their programming for maternal and newborn care. **March 2005**

Task 2: In Year One, IMA will develop a strategy that outlines how the faith-based community and organizations can be effectively mobilized to advance the agenda for maternal and newborn care at the global, regional, sub-regional and country levels. The strategy will identify key FBOs to target and outline key activities and areas of support. The strategy will be implemented in Years 2–5. **June 2005**

SUB ACTIVITY

IR 1.1.f

Country Level Advocacy to Support Lancet Series on Neonatal Health

The Lancet Journal will publish a series on neonatal health in March 2005, with a press launch in London and Washington. This will include a series of four papers: (1) epidemiology of neonatal deaths; (2) a discussion of evidence-based interventions; (3) constraints to implementation; and (4) recommendations for scale up. The goal of this Lancet series is to place neonatal survival as a priority within the context of maternal and child survival. Several of the ACCESS global partners are involved in this work and the global and country level dissemination and related advocacy. ACCESS

Intermediate Result 1

has been asked to support the dissemination and related advocacy for the Lancet neonatal series in at least two countries.³

Sub Activity Lead: Pat Daly

Sub Activity ACCESS Partners: Save the Children, Futures, JHPIEGO

Sub Activity Location: Country level (Nepal, Tanzania, Indonesia)

Specific Tasks

Completion Date

Task 1: ACCESS will work with USAID Nepal, Save the Children/SNL Nepal and USAID/Washington to identify and prepare an advocacy and dissemination strategy for the Lancet neonatal health series in Nepal. To the extent possible, this work will be linked with a planned forum on neonatal health by SNL and the MOH and the WHO World Health Day in Nepal. ACCESS will share the global materials, i.e. press releases package, issues papers, as well as supporting the development of country specific neonatal health work through SNL Nepal. SNL Nepal will handle the media strategy for the Nepal country level activities.

July 2005

Task 2: ACCESS is working with USAID/Tanzania on the implementation of a PMTCT /ANC program. In Tanzania, limited attention has been given to neonatal health care. ACCESS will work through partners, such as the White Ribbon Alliance and others, to assess the neonatal health issues and opportunities in Tanzania. This work and advocacy related to the Lancet series on neonatal health will serve as a platform to increase awareness on neonatal health in Tanzania.

September 2005

Task 3: In Indonesia, the MOH with support of SC's Saving Newborn Lives initiative is developing a neonatal health strategy. ACCESS will collaborate with the MOH and SC to support advocacy work linking the neonatal health strategy and the Lancet series on neonatal health.

September 2005

³ In addition to \$30,000 core funds, this activity will be funded with \$30,000 from ANE and \$40,000 from small grants as noted in activity 1.4.

Intermediate Result 1		
ACTIVITY 1.2: HEALTH CARE FINANCING AND POLICY		
Activity Lead: Joe Deering	Funding Sources: SO 2 core	Activity Cost: \$147,275
ACCESS Activity Partners: Futures Group		
Other Collaborating Organizations:		

Program Approach and Background

The use of selected policy/advocacy tools, the Safe Motherhood Model (SMM) in particular, will effectively improve policies, program and investments at national and local levels. The SMM is a tool that can be used to improve the understanding of how changes in maternal health services can avoid maternal deaths. It enables decision-makers and advocates to answer key questions: Where should effort be focused to yield the greatest reduction in maternal mortality? How much would it cost to reach a certain level of maternal mortality? How much of a reduction in maternal mortality is feasible in the next few years? Application of the SMM will permit a specific country to assess its own performance, determine how improvements could be made, and assist ACCESS and its partners and alliances, globally, nationally and locally, in building capacity for rationalizing maternal health programs and advocating for improved allocation of resources and increased investments.

Contributes toward IR1 through subIRs 1.1.1 Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved; 1.1.2 Clinical care, service delivery and management standards established & implemented; 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field

1.2.a Output1: Safe Motherhood Model fully implemented in priority country, in collaboration with key stakeholders and experts, toward enhancing evidence-based country action planning

SUB ACTIVITY IR 1.2.a

Policy Tools Adapted and Used

Sub Activity Lead: Emily Sonneveldt

Sub Activity ACCESS Partners: Futures Group, AED

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: Conduct meeting in country selected to introduce SMM with participation of key stakeholders and experts to enhance knowledge about SMM application and its utility.

March 2005

Task 2: Collect data in-country.

April 2005

Task 3: Clean data, enter into model, and perform analysis.

May 2005

Task 4: Present findings in dissemination workshops and collaborate in discussions about way forward in-country.

September 2005

Intermediate Result 1

Intermediate Result 1		
ACTIVITY 1.3: DISSEMINATION OF ACCESS PROGRAM MATERIALS AND RESOURCES		
Activity Lead: Sandra Crump	Funding Sources: SO 2 core	Activity Cost: \$86,195
ACCESS Activity Partners: JHPIEGO		
Other Collaborating Organizations: ACCESS Partners, Partnerships and Alliances, Donors, USAID and USAID Cas		

Program Approach and Background

To facilitate the dissemination of key essential maternal and newborn care practices, tools, and approaches, ACCESS will distribute information about these practices, tools, and approaches electronically via the Program's website and in hard copy at international meetings, at the country program level, and to USAID cooperating partners, local NGOs and other stakeholders and alliances who are not using ACCESS but who are programming in maternal and newborn health. ACCESS will also support USAID's E Learning course related to maternal and newborn health.

Contributes toward IR1 through subIRs 1.1.1 Global and national advocacy for policy change or development that contributes to expanding proven interventions' use and coverage improved; 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field

1.3.a Output1: Website developed, launched, and regularly updated

1.3.b Output2: Technical documents and briefs compiled or developed, announced, and disseminated to appropriate audiences

1.3.c Output3: E Learning component on EMNC developed for USAID

SUB ACTIVITY

IR 1.3a

Website Development and Use

Sub Activity Lead: Deborah Raynor

Sub Activity ACCESS Partners: JHPIEGO

Sub Activity Location: ACCESS Headquarters

Specific Tasks

Completion Date

Task 1: Develop preliminary website structure and design; and obtain partnership approval. **December 2004**

Task 2: Revise design based on partner input and launch website. **February 2005**

Task 3: Develop content about ACCESS as needed for structure. **January 2005**

Task 4: Compile and post and/or link to electronic versions of core ACCESS technical documents. **February 2005**

Task 5: Announce launch of new ACCESS website. **February 2005**

Task 6: Post communications/news or new information monthly.

February and ongoing

SUB ACTIVITY

IR 1.3b

Materials Disseminated to Partnerships and Alliances, Donors, Country Level Stakeholders, and USAID Cooperating Agencies, Bilaterals and other Stakeholders Working in Maternal and Newborn Health

Sub Activity Lead: Sandra Crump

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

Sub Activity Location: ACCESS Headquarters

Specific Tasks	Completion Date
Task 1: Solicit and compile core technical documents from ACCESS partners	January 2005
Task 2: Compile mailing list of names and addresses (and contact persons) of organizations and country teams that should receive package of ACCESS materials	February 2005
Task 3: Conduct mailing and shipping of materials	March 2005 and ongoing
Task 4: Identify international meetings and ACCESS program staff who will attend them, so they can distribute package of ACCESS materials at meetings	January 2005 and ongoing
Task 5: Write announcements about the availability of core technical documents and new ACCESS documents and send to each partner's communications staff for distribution via partner newsletters	July 2005
Task 6: Post announcements on ACCESS website and on appropriate listservs and other websites, including INFO Project	April 2005
Task 7: Determine with partners new topics and target audiences for program briefs	February 2005
Task 8: Develop at least 6 technical program briefs outlining the ACCESS program's combined technical approaches, based on technical workshops (e.g., Home based EMNC care; HBLSS, PQI for EMNC, community mobilization/BCI, role of FBOs, policy approach, and EMNC systems support)	September 2005
Task 9: Distribute program briefs via partner newsletters	September 2005
Task 10: Establish links for dissemination via other USAID working groups and projects, such as HIPNet and INFO Project, including attendance at 2 meetings	September 2005
Task 11: Display ACCESS booth at the ACNM annual meeting	June 2005

Intermediate Result 1

Task 12: WHO/AFRO is pursuing the dissemination of best practices in maternal and newborn health care with an emphasis on effective community-based approaches. ACCESS will contribute to this effort by documenting best practices used by the MNH Program and other ACCESS partners. These will be shared with WHO/AFRO and included in their distribution.

September 2005

SUB ACTIVITY

IR 1.3c

Participation in Global Health Fundamentals E-Learning Course (sponsored by USAID) through formulation of an online mini-course on a topic related to essential maternal and newborn care

USAID has asked ACCESS to develop a component on maternal and newborn care that is part of the E Learning course for USAID PHN officers, including FSNs. This will focus on important maternal and newborn care knowledge for field application and will maximize learners' engagement and adult learning principles.

Sub Activity Lead: Patricia Gomez

Sub Activity ACCESS Partners: JHPIEGO, Save the Children, AED, Futures Group, IMA

Sub Activity Location: ACCESS Headquarters

Specific Tasks

Completion Date

Task 1: With ACCESS CTO, identify appropriate mini-course.

February 2005

Task 2: Identify appropriate JHPIEGO and partners subject matter expert to initiate contact with USAID and INFO Project resources to ascertain level of effort and plan timeline.

March 2005

Task 3: Development of online mini-course by ACCESS subject matter expert in concert with USAID and INFO Project resources.

June 2005

Intermediate Result 1		
ACTIVITY 1.4: SMALL GRANTS		
Activity Lead: Joe Deering	Funding Sources: SO 2 core	Activity Cost: \$88,365
ACCESS Activity Partners: JHPIEGO, Save the Children, AED, ACNM, Futures Group, IMA		
Other Collaborating Organizations: ACCESS Partners, Partnerships and Alliances, Donors, USAID and USAID CAs		

Program Approach and Background

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

Intermediate Result 1

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. Potential opportunities among others include small grants to local NGOs working to prevent and treat obstetric fistula, WRA, and faith based organizations. Futures Group will provide an administrative support and develop criteria for the small grants program.

Contributes toward IR1 through subIRs 1.1.2 Clinical care, service delivery and management standards established & implemented; 1.1.3 Alliances and partnerships among donors & implementing agencies facilitated and supported

1.4.a Output1: Select small grants provided to support country level work on obstetric fistula.

Intermediate Result 1		
ACTIVITY 1.5: TECHNICAL ASSISTANCE TO STRENGTHEN MATERNAL, NEWBORN AND WOMEN’S HEALTH SERVICES = TARGETS OF OPPORTUNITY		
Activity Lead: Pat Daly	Funding Sources: SO 2 core	Activity Cost: \$90,000
ACCESS Activity Partners: JHPIEGO, Save the Children, AED, ACNM, Futures Group, IMA		
Other Collaborating Organizations: ACCESS Partners, Partnerships and Alliances, Donors, USAID and USAID CAs		

Program Approach and Background

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. Potential opportunities include collaborating with global partnerships to strengthen national policies and program efforts in targeted countries. ACCESS will share requests for TA with all partners and selection will be based on criteria aimed at matching skills with partner needs.

Contributes toward IR1 through subIRs 1.1.2 Clinical care, service delivery and management standards established & implemented; 1.1.4 Programmatic lessons learned synthesized and applied at the global level and in the field

1.5.a Output1: ACCESS responsiveness demonstrated to TA requests for technical assistance with respect to identified targets of opportunity in maternal and newborn health

Specific Tasks

Completion Date

Intermediate Result 1

Task 1: ACCESS will respond to requests from national governments and other organizations and global partnerships to provide TA in maternal and newborn health

Ongoing

IR 2: PREPARATION FOR CHILDBIRTH IMPROVED**Strategic Approach**

Antenatal care improves the health of women and newborns, ensuring that pregnant women are adequately nourished, free from infections, immunized against tetanus, and counseled on BP/CR and breastfeeding. To improve care seeking for ANC, home care (including nutrition) in the antenatal period, and birth planning, the Program will build on lessons learned from programs that have implemented community approaches to behavior change at scale. At the same time, the Program will improve ANC by strengthening and implementing standards and guidelines, improving human resource development, and using a Performance and Quality Improvement (PQI), Performance Defined Quality (PDQ) approach to strengthen service delivery that will encourage use by community members. PQI will be used to ensure that providers are offering comprehensive, high-quality focused ANC services. In addition, the Program will increase the availability of high-quality care through training for community health workers who can identify women in their locales and take health messages and counseling to them in their homes. Birth planning for women, especially in areas where they cannot easily reach a skilled provider, will promote family preparedness for clean and safe birth and support innovations such as the distribution of birth kits and misoprostol by community health workers.

The ACCESS Program will implement interventions to strengthen social and community mobilization focused on shared responsibility and collective action for improved household and community EMNC care and adoption of preventive and protective practices including ANC and PNC attendance, delivery by skilled birth attendants, and prompt referral and care for maternal and newborn complications. To ensure community involvement in the planning and implementation of maternal and newborn services, the ACCESS Program will use PQI/PDQ, other quality assurance tools, and social and community mobilization as well as other proven household level-level behavior change strategies. The emphasis will be on using participatory learning methods to promote locally defined household-to-hospital EMNC service needs, and to facilitate individual, household, and community-led solutions to improved service utilization and adoption of preventive and protective EMNC practices. The ACCESS Program will build the capacity of existing government and community groups at local, district and national levels to increase active engagement between all stakeholders, including policymakers, planners and service providers.

IR 2 Activities

- 2.1 Define the ACCESS Program Household-to-Hospital Package of Maternal and Newborn Care Interventions**
- 2.2 Integration of EMNC and PMTCT interventions strengthened in at least three countries**
 - 2.2.a** Develop and evaluate integrated EMNC and PMTCT through health system in Tanzania
 - 2.2.b** Conduct workshops on integration of EMNC and PMTCT in Tanzania with local partners, including WRA, faith based organizations, and others. This will be done in collaboration with ACCESS fieldwork in Tanzania.
 - 2.2.c** Develop and evaluate integrated EMNC and PMTCT activities in health programs in Kenya

Intermediate Result 2

2.3 Implementation of “Home Based Mother and Baby Care”

2.3.a Develop and adapt the ACCESS home-based model of care and document the process for implementation of a scaled-up program

2.4 Implementation of social and community mobilization and advocacy

2.5 Malaria Action Coalition activities

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

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

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

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

2.5.e Support regional workshop in ESA for faith-based and other private service delivery organizations and MOH representatives to update knowledge on essential maternal and newborn care (EMNC), including malaria during pregnancy and prevention of mother-to-child transmission (PMTCT).

2.5.f Expand the Safe Motherhood Model to include malaria

2.5.g Mali malaria insecticide treated nets advisor

Y1 Benchmarks for IR2

- Partnerships initiated towards increasing community support for birth planning in ACCESS countries
- Existing home-based models of care reviewed and guidelines developed
- National pre-service/in-service curricula and actual practice (core competencies) reviewed and assessed for compliance with international standards in at least two ACCESS countries
- Community and social mobilization approach operationalized to incorporate all stakeholders in the enabling environment more explicitly and completely (policymakers, providers, facilities, communities, families, and individuals), and implemented in at least one ACCESS country
- Regional and national networks and technical support strengthened for malaria prevention and control during pregnancy in ACCESS/MAC countries
- Technical support provided for EMNC/PMTCT integration in at least two ACCESS countries

Y2 Illustrative Benchmarks for IR2 Dependent on funding and subsequent workplanning

- Community support for birth planning increased through partnerships in Y1 ACCESS countries
- ACCESS home-based model of care with EMNC implemented in ACCESS countries
- EMNC/PMTCT integration strengthened in Y1 ACCESS countries
- National pre-service/in-service curricula and actual practice (core competencies) revised to comply with international standards in at least two ACCESS countries

Intermediate Result 2

- Community and social mobilization approach implemented in ACCESS countries
- Malaria prevention and control during pregnancy improved in Y1 ACCESS/MAC countries

Y3 Illustrative Benchmarks for IR2 Dependent on funding and subsequent workplanning

- Birth planning improved through partnerships and ACCESS home-based model of care with EMNC in Y1 ACCESS countries
- Provider performance compliance with international standards improved in Y1 ACCESS countries
- Sustainability of EMNC/PMTCT integration strengthened in Y1 ACCESS countries
- Community and social mobilization approach for improved EMNC implemented in ACCESS countries
- Malaria prevention and control during pregnancy improved in ACCESS/MAC countries

IR2 SubIRs

- 1.2.1 Community knowledge of and mobilization for improved maternal & neonatal health services and self-care increased
- 1.2.2 Quality and availability of ANC improved
- 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action

IR 2: YEAR ONE RESULTS

- Partnerships initiated towards increasing community support for birth planning in ACCESS countries
- Existing home-based models of care reviewed and adapted for EMNC
- National pre-service/in-service curricula and actual practice (core competencies) reviewed and assessed for compliance with international standards in at least two ACCESS countries
- Community and social mobilization approach operationalized to incorporate all stakeholders in the enabling environment more explicitly and completely (policymakers, providers, facilities, communities, families, and individuals), and implemented in at least one ACCESS country
- Regional and national networks and technical support strengthened for malaria prevention and control during pregnancy in ACCESS/MAC countries

Intermediate Result 2

Intermediate Result 2		
ACTIVITY 2.1: DEFINE THE ACCESS PROGRAM HOUSEHOLD-TO-HOSPITAL PACKAGE OF ESSENTIAL MATERNAL AND NEWBORN CARE INTERVENTIONS		
Activity Lead: Joseph de Graft-Johnson	Funding Sources: SO 2 core	Activity Cost: \$35,304
ACCESS Activity Partners: Save the Children, JHPIEGO, Futures Group, ACNM, AED, IMA		
Other Collaborating Organizations: BASICS, WHO		

Program Approach and Background

ACCESS will promote and support the implementation of a comprehensive household-to-hospital continuum of care for mothers and their babies with clearly defined service package for each level of care along the continuum. ACCESS will promote and support the implementation of a comprehensive household-to-hospital continuum of care for mothers and their babies with clearly defined service package for each level of care along the continuum. Using SO2 core funding, ACCESS will review the proposed key elements of the maternal and newborn care interventions that would be implemented along the household-to-hospital continuum and standardize the package for each level of care. An information sheet identifying the ACCESS Program's household-to-hospital standardized service package will be developed for use within the program and to recommend to other partners and organizations. The information sheet will be used to share ACCESS's approach to EMNC services with global, regional and country-level partners working in maternal and newborn including USAID country missions, WHO and other UN organizations field offices. It will also be used to promote comprehensive EMNC programming in both ACCESS and non-ACCESS countries.

Contributes toward IR2 through subIRs 1.2.1 Community knowledge of and mobilization for improved maternal & neonatal health services and self-care increased; 1.2.2 Quality and availability of ANC improved; 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action

2.1.a Output1: ACCESS unified household-to-hospital continuum of care approach produced and disseminated to target audiences

Specific Tasks

	Completion Date
Task 1: Establish an internal ACCESS working group to review and finalize the proposed elements of ACCESS's household-to-hospital continuum.	January 2005
Task 2: Design layout for household-to-hospital information sheet based on the elements identified by the working group.	January 2005
Task 3: Review and revise information sheet.	February 2005
Task 4: Translate information sheet into French and Spanish	February 2005
Task 5: Print household-to-hospital information sheet	March 2005
Task 6: Disseminate household-to-hospital information sheet	Ongoing 2005

Intermediate Result 2		
ACTIVITY 2.2: PROMOTE THE INTEGRATION OF ESSENTIAL MATERNAL AND NEWBORN CARE AND PMTCT		
Activity Lead: Patricia Gomez Activity Co-Lead: Joseph de Graft-Johnson	Funding Sources: SO 2 core	Activity Cost: \$203,724
ACCESS Activity Partners: JHPIEGO, Save the Children, IMA, AED, ACNM, Futures Group		
Other Collaborating Organizations: USAID Missions in Kenya and Tanzania; HARP/CRA, QAP, WHO/AFRO, Elizabeth Glazer Foundation		

Program Approach and Background

Using SO3 newborn funding, ACCESS will support the linkages between essential maternal and neonatal health interventions with PMTCT programs. ACCESS will build on on-going programs in Mozambique, Tanzania and perhaps, Kenya or Ethiopia, to demonstrate the feasibility and effectiveness of providing integrated EMNC and PMTCT services through facility and community-based approaches. This will be done in collaboration with USAID Missions, REDSO, and RHAP and local partners. ACCESS will provide targeted technical assistance to strengthen the integration and provide program support for the integration. ACCESS will collaborate with HARP/CRA to develop and evaluate the projects.

Contributes toward IR2 through subIRs 1.2.2 Quality and availability of ANC improved; 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action

2.2.a Output1: Health programs identified and technical assistance provided to meet needs and address integration opportunities for PMTCT with ANC

SUB ACTIVITY

IR 2.2.a

Develop and evaluate integrated EMNC and PMTCT through health system in Tanzania

In partnership with USAID/Tanzania and the government of Tanzania, ACCESS will provide technical assistance and support implementation of the integration of EMNC and PMTCT into the maternal and child health activities in Tanzania.

Sub Activity Lead: JHPIEGO

Sub Activity ACCESS Partners: HARP/CRA, QAP

Sub Activity Location: Tanzania

Specific Tasks

Task 1: ACCESS will assess the maternal and child health activities in Tanzania to determine where the integration opportunities are and collaborate with partners to determine technical assistance needs, develop a workplan,

Completion Date

April 2005

Intermediate Result 2

and determine the evaluation process.

Task 2: Provide TA to Tanzania.

July 2005

SUB ACTIVITY

IR 2.2.b

Conduct Workshop on Integration of EMNC and PMTCT in Tanzania with Local Partners, including WRA, Faith Based Organizations, and Others

This will be done in collaboration with ACCESS fieldwork in Tanzania

Sub Activity Lead: JHPIEGO

Sub Activity ACCESS Partners: AED, Futures Group, IMA

Sub Activity Location: Tanzania

Specific Tasks

Completion Date

Task 1: Organize and conduct workshop on EMNC and PMTCT.

December 2004

SUB ACTIVITY

IR 2.2.c

Develop and Evaluate Integrated EMNC and PMTCT Activities in Health Programs in Kenya

In partnership with USAID missions, REDSO, the governments of Kenya, and local partners, including AMKENI, ACCESS will provide technical assistance and support implementation of the integration of EMNC and PMTCT into ongoing health programs in these countries.

Sub Activity Lead: JHPIEGO

Sub Activity ACCESS Partners: HARP/CRA, IMA, ACNM, Save the Children

Sub Activity Location: Kenya

Specific Tasks

Completion Date

Task 1: ACCESS will conduct preliminary meetings with USAID missions and local partners in Kenya to determine opportunities for integration and define technical assistance needs. These meetings will inform the design of the program.

July 2005

Task 2: Supported targeted TA to Kenya in Year One

September 2005

Intermediate Result 2		
ACTIVITY 2.3: IMPLEMENTATION OF “HOME BASED MOTHER AND BABY CARE” MODEL		
Activity Lead: Joseph de Graft-Johnson	Funding Sources: SO 2 core	Activity Cost: \$253,902
ACCESS Activity Partners: ACNM, Save the Children, JHPIEGO, AED		
Other Collaborating Organizations: SEARCH, HARP		

Program Approach and Background

Preventive and emergency care in the household and community is a critical anchor of ACCESS’s household to hospital continuum of care model. We know that in many ACCESS countries the majority of births occur at home where emergency care may be extremely difficult to reach. We also know that the occurrence of complications are unpredictable everywhere. In order to increase access to preventive and emergency care within the home and facilitate referral, ACCESS will support a promising new approach. This approach will focus on “Home Based Mother and Baby Care” and will include preventive and emergency care during the antenatal, delivery and postpartum periods.

A number of community and home-based programs have been developed and are being tested. ACCESS will review these programs, their effectiveness and sustainability, and recommend the approach (or approaches) that will be applied in ACCESS countries. This will be done through a series of meetings where expert participants will review literature and experiences on home-based models of maternal and newborn care. Recommendations from these meetings will:

- Define the critical elements of the ACCESS home-based EMNC model;
- Provide guidance for programming and tools that would aid the implementation and documentation of the recommended model; and,
- Define the process for implementation of a scaled-up program.

Based on the recommendations, ACCESS will work with MOH counterparts and key stakeholders to adapt these models and develop a process to determine feasibility, acceptability, etc. and develop a training package.

Contributes toward IR2 through subIRs 1.2.1 Community knowledge of and mobilization for improved maternal & neonatal health services and self-care increased; 1.2.2 Quality and availability of ANC improved; 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action

2.3.a Output1: Home-based models of care and program experience documented for replication and implementation (including scale-up)

Intermediate Result 2

SUB ACTIVITY

IR 2.3.a

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

ACCESS will improve preventive and emergency care management for mothers and newborns in the household and community by adapting and implementing competency and evidence-based models of EMNC care.

Sub Activity Lead: Joseph de Graft-Johnson

Sub Activity ACCESS Partners: ACNM, SC, JHPIEGO, AED

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: Identify appropriate members for working group

January 2005

Task 2: ACNM will be responsible for the full literature review on home-based models of preventive and emergency maternal and newborn care.

January 2005

Task 3: Convene working group meetings to review literature and program experience on home-based models of care, provide guidance on the adaptation of manuals and tools and define the process for implementation to replicate a scale up program.

April 2005

Task 4: ACCESS will develop home based care model, the program manual, and tools as determined by the working group, and document the process for implementation of a scaled-up program.

January 2005

Task 5: Draft adapted home-based model care training program guidance and tools.

June 2005

In Year 2, the EMNC home based model will be adapted into field based program activities. Results will be adapted and lessons learned on scaling up will be disseminated.

Intermediate Result 2		
ACTIVITY 2.4: IMPLEMENTATION OF SOCIAL AND COMMUNITY MOBILIZATION AND ADVOCACY		
Activity Lead: Joseph de Graft-Johnson	Funding Sources: SO 2 core	Activity Cost: \$125,777
ACCESS Activity Partners: Futures Group, JHPIEGO, IMA, Save the Children		
Other Collaborating Organizations: HCP		

Program Approach and Background

ACCESS will build the capacity of NGOs, FBOs, MOH and other national government organizations by sharing social mobilization knowledge and skills to generate public and private sector dialogue that would lead to effective community-driven solutions to improved EMNC service

Intermediate Result 2

utilization and adoption of preventative and protective practices. Using and adapting the “Community Action Cycle” showcased in the generic community mobilization training manual developed by SC under JHU/CCP’s Health Communication Partnership (HCP) along with the “Igniting Change Capacity Building tools” produced by MNH Program, various stakeholders (politicians, policy makers, service providers, communities, and families) at multiple levels (national, district, sub-district and village) will be engaged in focused action and advocacy that will contribute to improved maternal and newborn health.

The CAC manual is a social mobilization training tool that lacks the necessary specific guidance for facilitating individual and collective action on EMNC services. ACCESS will review and adapt facilitation guides from successful EMNC projects such as the UK’s Institute for Child Health’s (ICH) Makwanpur project in Nepal. Other documents to be reviewed will include materials developed under Mothercare and projects that have used MNH’s Birth Preparedness/Complication Readiness framework to mobilize communities and other stakeholders to improve EMNC services. Public and private organizations including NGOs and FBOs will be trained to use the facilitator’s guide within the CAC process help politicians, policy makers, service providers, communities, and families to become champions for change, promoting collective action that will facilitate the changes needed at individual, community, facility and policy levels to ensure that quality EMNC services are available and accessible for women and newborns, and an enabling environment created to support the adoption of preventive and protective EMNC practices. Using field support funds, ACCESS will use the EMNC facilitation guide to initiate dialogue and development of action plans at national, district and community levels around EMNC services and practices in Haiti. Lessons learned will be documented and the guides revised, if necessary.

ACCESS will collaborate with USAID programs such as HCP in the production of communication and behavior change materials associated with the CAC process (e.g., IEC materials, counseling cards, and home health booklets). Specific individual behavior change methods and tools, such as positive deviance inquiry (PDI) and trials of improved practices (TIPS), will be adapted during in-country program design and funded with field support funds.

Contributes toward IR2 through subIRs 1.2.1 Community knowledge of and mobilization for improved maternal & neonatal health services and self-care increased; 1.2.2 Quality and availability of ANC improved; 1.2.3 Partnerships with community-level implementing organizations enhanced for results-oriented action

2.4.a Output1: EMNC facilitation for implementing the CAC process developed, piloted, and revised, including an action plan for rolling out the process through a health system

Specific Tasks

Completion Date

Task 1: Establish an internal ACCESS working group to review existing facilitators’ guides for community mobilization around EMNC and develop a companion EMNC facilitator’s guide for implementing the CAC process.

February 2005

Task 2: Develop a monitoring and documentation system to capture lessons learned from the implementation of the facilitator’s guide.

February 2005

Task 3: Monitor and document lessons learned from the implementation of the facilitator’s guide.

July 2005

Task 4: Review and revise the facilitator’s guide based on documented lessons

September 2005

Intermediate Result 2

learned and develop a plan for roll out through a health systems approach.

Intermediate Result 2		
ACTIVITY 2.5: MALARIA ACTION COALITION (MAC)		
Activity Lead: Elaine Roman	Funding Sources: SO 5 Infectious Diseases	Activity Cost: \$1,020,000
ACCESS Activity Partners: JHPIEGO, IMA, Futures Group		
Other Collaborating Organizations: WHO/Geneva; Roll Back Malaria (RBM) Partnership/Malaria in Pregnancy Working Group (MPWG); WHO/AFRO; CDC; Rational Pharmaceutical Management (RPM) Plus		

Program Approach and Background

Using SO5 Infectious Diseases funds, ACCESS will participate with its MAC partners as an integral part of the Roll Back Malaria (RBM) partnership for Africa. MAC will collaborate with USAID missions, regional coalitions and networks, national governments and other organizations to strengthen malaria prevention and control strategies. The ACCESS Program, through the MAC, will provide technical assistance leading to the achievement of Abuja targets; namely, *access of pregnant women to intermittent preventive treatment (IPT) as part of a package of antenatal malaria interventions*. Linking prevention and treatment of malaria with focused antenatal care is key to improved maternal and newborn outcomes in malaria endemic areas. The ACCESS Program will offer technical assistance to countries aiming towards strengthened antenatal care services including IPT, the promotion of insecticide treated nets (ITNs) and correct case-management. The ACCESS Program approach will build on the success of the MNH Program and target inservice training, preservice education, policy support, bridging communities to health facilities, and improved models of safe motherhood that integrate malaria.

Contributes toward IR2 through subIR 1.2.2 Quality and availability of ANC improved

- 2.5.a Output1: MIP survey data collected, analyzed, documented, and findings disseminated for incorporation into MIP policy revisions
- 2.5.b Output1: RBM partnership, MPWG, the MIPESA plan of action, the RAOPAG plan of action, EARN and WARN MIP supported through administrative facilitation, follow-up, and technical participation
- 2.5.d Output1: PQI enhanced to target integrated ANC
- 2.5.f Output1: SMM malaria components developed, tested, and disseminated for use
- 2.5.g Output1: Mali advisor supported

SUB ACTIVITY

IR 2.5.a

Burkina Faso followup survey on malaria in pregnancy (MIP) and dissemination of results to key stakeholders

ACCESS will support the evaluation and dissemination of results of the pilot study conducted in one district of Burkina Faso on introducing intermittent presumptive treatment (IPT) with sulfadoxine pyrimethamine (SP) to prevent malaria infection in pregnant women.

Sub Activity Lead: Rebecca Dineen
Sub Activity ACCESS Partners: JHPIEGO
Sub Activity Location: Burkina Faso

Specific Tasks	Completion Date
Task 1: Collect and enter data into statistical assessment tool.	November 2004
Task 2: Conduct data analysis.	December 2004
Task 3: Write report on study results.	February 2005
Task 4: Conduct national-level meeting in Burkina Faso to disseminate study results to key stakeholders and discuss implications for revisions of Burkina Faso's malaria in pregnancy policy.	March 2005

SUB ACTIVITY **IR 2.5.b**

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

Through participation and as Secretariat in the MPWG, ACCESS will support the RBM agenda towards scale up and sustainability for the prevention and control of malaria during pregnancy.

Sub Activity Lead: Elaine Roman
Sub Activity ACCESS Partners: JHPIEGO
Sub Activity Location: West Africa, East and Southern Africa

Specific Tasks	Completion Date
Task 1: Support the development of MPWG meeting agendas and minutes and followup for workplan action items.	Ongoing
Task 2: Participate in the annual MPWG meeting.	May 2005

SUB ACTIVITY **IR 2.5.c**

Technical Support to the RBM Partnership and other malaria coalitions

ACCESS will participate in meetings of regional malaria networks and coalitions, providing technical guidance to countries and RBM partners during these meetings. Through the multiple networks (e.g., RAOPAG, MIPESA, EARN, WARN), ACCESS will provide targeted technical assistance as country gaps are identified. These efforts will lead to the prevention and control of malaria during pregnancy throughout Africa.

Sub Activity Lead: Elaine Roman
Sub Activity ACCESS Partners: JHPIEGO
Sub Activity Location: West Africa, East and Southern Africa

Specific Tasks	Completion Date
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Intermediate Result 2

Task 1: Participate in the annual meeting of the Coalition for the Prevention and Management of Malaria in Pregnancy in East and Southern Africa (MIPESA) and provide technical assistance to the MIPESA Plan of Action.	September 2005
Task 2: Participate in the annual meeting of the West Africa Network for the Prevention of Malaria during Pregnancy (RAOPAG) and provide technical assistance to the RAOPAG Plan of Action.	March 2005
Task 3: Participate in the annual East Africa RBM Network (EARN) meeting and provide ongoing technical guidance and support to EARN efforts targeting malaria during pregnancy.	November 2005
Task 4: Provide technical guidance and support to West Africa RBM Network (WARN) efforts targeting malaria during pregnancy.	Ongoing
Task 5: Conduct technical reviews and provide feedback to RBM partners for documents and reports.	Ongoing
Task 6: Develop technical resources to fill gaps in knowledge as identified.	Ongoing
Task 7: Through participation in regional networks and coalitions, identify targets of opportunity for technical support to selected countries.	Ongoing
Task 8: Publish and disseminate technical resource materials, including peer-reviewed journal articles.	Ongoing
Task 9: Identify and document best practices.	Ongoing

SUB ACTIVITY

IR 2.5.d

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

Antenatal care services are the entry point for the delivery of all essential health services for the pregnant woman including malaria during pregnancy. As malaria during pregnancy is integrated into ANC, it is essential to target improved and strengthened service delivery. ACCESS will adapt existing performance and quality improvement materials to include malaria during pregnancy and PMTCT. This will result in country tools that can be utilized by providers, supervisors and managers to improve ANC services through an innovative, simple, and targeted approach. The approach will allow key stakeholders to defining desired performance and a plan of action to reach that desired performance.

Sub Activity Lead: Elaine Roman

Sub Activity ACCESS Partners: JHPIEGO

Sub Activity Location: Global

Specific Tasks

Task 1: Discuss with technical team MIP component.

Task 2: Revision/update of PQI tool.

Task 3: Finalization of PQI tool.

Completion Date

December 2004

February 2005

March 2005

SUB ACTIVITY**IR 2.5.e****Support regional workshop in ESA for faith-based and other private service delivery organizations and MOH representatives to update knowledge on essential maternal and newborn care (EMNC), including malaria during pregnancy and prevention of mother-to-child transmission (PMTCT)**

Recognizing the private/FBO sectors' contributions to health care services, the need to strengthen provider knowledge and skills around EMNC including malaria during pregnancy and PMTCT is essential to scale up and sustainability of country efforts. This workshop will update providers (e.g., nurse-midwives; nurses) on the latest evidence based/best practices in EMNC, including malaria and HIV. It is expected that these providers will go back to their respective countries as champions for change for improved EMNC practices and strengthened linkages to their communities.

Sub Activity Lead: Daniel Aukerman

Sub Activity ACCESS Partners: IMA

Sub Activity Location: East and Southern Africa

Specific Tasks**Completion Date**

Task 1: Organize and pay for all aspects of the workshop including arrangements for facilitators, participants, materials and venue, and produce a workshop report on findings and recommendations.

August 2005

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

ACCESS will expand the Safe Motherhood model to include issues related to malaria, including use of ITNs and IPT. The model will address the direct impacts of such programs and the indirect impacts that a mother's health will have on the health of her new child. The model will also be expanded to investigate the inputs needed to implement such interventions and their cost implications.

Sub Activity Lead: Lori Bollinger

Sub Activity ACCESS Partners: Futures Group

Sub Activity Location: Global

Specific Tasks**Completion Date**

Task 1: Construct component for SMM to include issues such as use of bednets and intermittent preventive treatment.

April 2005

Task 2: Test component with use of secondary data from selected countries.

June 2005

Intermediate Result 2

SUB ACTIVITY

IR 2.5.g

Mali malaria insecticide treated nets advisor

USAID/Washington Bureau for Global Health has designated certain funds for the support of malaria programs particularly related to Malaria in Pregnancy, being conducted at specified missions in Africa. USAID/Mali's malaria program has provided funds to ACCESS for improved collaboration by stakeholders, governmental and other agencies, NGOs, CAs and other organizations for subsidized distribution of ITNs, particularly to pregnant women, and to promote their use over a nearly three-year period beginning January 2005.

Sub Activity Lead: Modibo Maïga

Sub Activity ACCESS Partners: Futures Group

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: Establish mechanism for maintaining close contact with USAID/Mali PHN team, the PNLP, and the identified USAID implementing partners

February 2005

Task 2: 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.

Ongoing

Task 3: 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.

Ongoing

Task 4: Serving as a repository and distribution point for ITN-related reports, IEC materials, resource documents and other informational materials related to ITNs and ITN programs, including such materials produced by the USAID implementing partners as well as those from other sources deemed useful to the USAID implementing partners, or the PNLP

Ongoing

Task 5: Perform other duties related to ITNs and the USAID malaria program as designated by the PHN team.

Ongoing

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

Strategic Approach

To expand coverage of, access to, and use of high-quality maternal and newborn care at the time of birth and postpartum, the ACCESS Program will work with countries to identify where and how labor/childbirth, postpartum and newborn care, emergency obstetric care (EMOC), and others women's and newborns' healthcare can be strengthened.

Identifying program attributes and building on existing programs and opportunities will be critical to ACCESS's ability to move quickly to operationalize essential maternal and newborn care (EMNC) activities at the country level. ACCESS will work closely with the USAID Missions and the USAID-funded bilaterals to strengthen the maternal and neonatal health components, as needed. The Program's approach is to promote more effective ways to implement proven interventions at scale. This involves the implementation of maternal and neonatal care interventions at both in the community and at the facility level.

IR 3 Activities

3.1 Prevention of postpartum hemorrhage

3.1.a Dissemination of resource materials and program tools

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

3.2 Strengthening skilled attendance through performance and quality improvement

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

Y1 Benchmarks for IR3

- Innovative prevention of PPH interventions initiated or collaboratively developed in at least two countries
- PQI approach and other performance improvement models reviewed and adapted for new implementation in at least two ACCESS countries
- Draft manual reviewed and approaches to establishing facility-based Kangaroo Mother Care adapted to advance innovative practices in EMNC

Y2 Illustrative Benchmarks for IR3 Dependent on funding and subsequent workplanning

- Prevention of PPH innovations implemented in at least two countries
- New implementation of ACCESS unified performance improvement model in ACCESS countries
- Kangaroo Mother Care manual used to advance innovative practices in EMNC in ACCESS countries

Intermediate Result 3

Y3 Illustrative Benchmarks for IR3 Dependent on funding and subsequent workplanning

- PPH preventive capacities improved through innovative PPH implementation in ACCESS countries
- Facility-based care improved in ACCESS countries through ACCESS unified performance improvement technical assistance
- Innovative EMNC practices, including Kangaroo Mother Care, utilized in ACCESS countries

IR3 SubIRs

- 1.3.1 Informed demand for improved delivery, postpartum & newborn health care increased
- 1.3.2 Access to skilled attendants for delivery, early postpartum and newborn care increased
- 1.3.3 Quality of delivery, early postpartum and newborn care in homes and health facilities improved

IR 3: YEAR ONE RESULTS

- Innovative prevention of PPH interventions initiated or collaboratively developed in at least two countries
- PQI approach and other performance improvement models reviewed and adapted for new implementation in at least two ACCESS countries
- Draft manual reviewed and approaches to establishing facility-based Kangaroo Mother Care adapted to advance innovative practices in EMNC

Intermediate Result 3		
ACTIVITY 3.1: PREVENTION OF POSTPARTUM HEMORRHAGE		
Activity Lead: Patricia Gomez	Funding Sources: PPH earmark, SO 2 core	Activity Cost: \$193,995
ACCESS Activity Partners: JHPIEGO		
Other Collaborating Organizations: Prevention of Postpartum Hemorrhage Initiative (POPPHI)		

Program Approach and Background

The Prevention of Postpartum Hemorrhage Initiative is USAID's special initiative to reduce postpartum hemorrhage through expanded use of Active Management of Third Stage of Labor (AMTSL) and the use of innovative approaches to care such as home-based distribution and use of misoprostol in settings where women deliver without a skilled provider or access to service delivery sites. ACCESS will closely coordinate with USAID and the Prevention of Postpartum Hemorrhage Initiative (POPPHI) and other key partners such as ICM, WHO and FIGO to promote the use of AMTSL in facilities and in the community and the expansion of innovative approaches

Contributes toward IR3 through subIRs 1.3.1 Informed demand for improved delivery, postpartum & newborn health care increased; 1.3.2 Access to skilled attendants for delivery, early postpartum and newborn care increased; 1.3.3 Quality of delivery, early postpartum and newborn care in homes and health facilities improved

3.1.a Output1: CD-Rom PPH learning guide and misoprostol materials finalized and disseminated

3.1.b Output2: Technical assistance provided in roll-out and/or scale-up of misoprostol programs as warranted

SUB ACTIVITY

IR 3.1.a

Dissemination of resource materials and program tools

Sub Activity Lead: Patricia Gomez

Sub Activity ACCESS Partners: JHPIEGO

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: ACCESS will finalize production of the CD-Rom learning guide for inclusion in the *Preventing Postpartum Hemorrhage: A Toolkit for Providers*.

December 2004

Task 2: ACCESS will work with the POPPHI to disseminate the *Preventing Postpartum Hemorrhage: A Toolkit for Providers* to decision makers at the policy level, professional associations and midwifery and medical schools in order to increase awareness of the importance of active management of the third stage of labor in preventing a major cause of maternal morbidity and mortality.

Ongoing

Task 3: ACCESS will participate in the POPPHI coordination meetings and

Ongoing

Intermediate Result 3

in the Technical Working Group meeting.

Task 4: ACCESS will finalize and disseminate the MNH Program Misoprostol Technical Report and the Misoprostol Training Package and Implementation Guide **February 2005**

SUB ACTIVITY

IR 3.1.b

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

Sub Activity Lead: Patricia Gomez

Sub Activity ACCESS Partners: JHPIEGO

Sub Activity Location: Bangladesh, Afghanistan, and Nepal

Specific Tasks

Completion Date

Task 1: Building on momentum gained from the MNH Program, PPH meeting held in Bangkok in January 2004, in Year One, ACCESS will convene teams from Bangladesh, Afghanistan and Nepal to review their action plans for introducing misoprostol and other preventative interventions in these countries.

July 2005

Task 2: From the action plans, ACCESS will provide limited technical assistance to these countries to initiate their processes for the introduction of misoprostol.

September 2005

Intermediate Result 3		
ACTIVITY 3.2: STRENGTHENING SKILLED ATTENDANCE THROUGH PERFORMANCE AND QUALITY IMPROVEMENT		
Activity Lead: Patricia Gomez	Funding Sources: CORE/Field	Activity Cost: \$82,501
ACCESS Activity Partners: ACNM, Save the Children, JHPIEGO		
Other Collaborating Organizations: QAP		

Program Approach and Background

ACCESS partners will use the Performance Quality Improvement (PQI) tool and the Partnership Defined Quality (PDQ) tools and other performance improvement models to strengthen the quality of facility-based, health services, build community demand for these services, and work with local governments and communities to assure support for quality EMNC care. Improvements in maternal and neonatal outcomes are not possible without major improvements in the quality of care. ACCESS will collaborate with the QAP Project, ACCESS partners and other key stakeholders to review these tools in order to incorporate the best available quality and systems tools to EMNC.

Contributes toward IR3 through subIRs 1.3.2 Access to skilled attendants for delivery, early postpartum and newborn care increased; 1.3.3 Quality of delivery, early postpartum and newborn care in homes and health facilities improved

3.2.a Output1: PQI/PDQ/QAP tool updated/unified for application in field-funded ACCESS program interventions in EMNC facility and community care

SUB ACTIVITY

IR 3.2.a

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

Sub Activity Lead: Gloria Metcalfe

Sub Activity ACCESS Partners: ACNM, Save the Children

Sub Activity Location: Global

Specific Tasks

Completion Date

Task 1: ACCESS will review PQI, PDQ and QAP, and other quality improvement tools to define the most appropriate tool package for facility and community based EMNC. Linked with this will be the definition of reproductive health standards, including EMNC, nutrition, malaria, postpartum care, family planning, PMCTC and management of complications in both mothers and newborns. The standards will focus on improving both providers' performance and all administrative and logistical components needed to ensure and enabling environment to improve the quality of care, including linkage with the community. These will be based on international standards.

February 2005

The product will be an updated PQI/PDQ tool to inform program activities. The PQI manual will include a step-by-step guide to facilitate the developing of the process including recognition and accreditation. The recommended steps to be taken from by the decision makers and how to monitor and evaluate the process will be incorporated. This manual will include a variety of options to implement the process that can be decided by countries stakeholders according theirs local needs.

Task 2: The ACCESS PQI approach will be applied in Tanzania and Haiti using field funds.

**March–
September 2005**

Intermediate Result 4

IR 4: MANAGEMENT OF OBSTETRIC COMPLICATIONS AND SICK NEWBORNS IMPROVED

Strategic Approach

Hemorrhage, sepsis, unsafe abortion, eclampsia, and obstructed labor account for two-thirds of all maternal deaths, while birth asphyxia and birth injuries, infection, and prematurity cause 85 percent of neonatal mortality. Although use of evidence-based care during pregnancy, labor, childbirth, and the postpartum and newborn periods can prevent many complications, many women and newborns with no previously identified risk factor will develop a life-threatening complication that will require emergency intervention. In order to achieve a significant improvement in outcomes, all components of the household-to-hospital continuum of care must be prepared to manage complications through the provision of basic emergency obstetrical and newborn care. The ACCESS Program will increase the number of women and newborns attended by skilled providers at the first level of care who can identify and treat women with incomplete abortion, eclampsia, infection, and hemorrhage; and newborns with birth asphyxia, infection, and low birth-weight (LBW).

IR 4 Activities

- 4.1 Strengthening preservice midwifery education in EMNC**
 - 4.1.a Regional preservice midwifery education in selected African Anglophone countries
- 4.2 Development and application of the resource allocation model**
 - 4.2.a Enhancement of resource allocation model, ALLOCATE, to include neonatal component
- 4.3 Finalize training manual for Kangaroo Mother Care (KMC)**

Y1 Benchmarks for IR4

- Regional capacity-building initiated to strengthen emergency obstetrical and newborn service delivery
- National pre-service/in-service curricula and actual practice (core competencies) reviewed and assessed for compliance with international standards targeting essential and emergency obstetrical and newborn services in ACCESS countries
- BP/CR approach operationalized to guide stakeholders in shared responsibility and collective action addressing emergency obstetrical and newborn care, and implemented in at least one ACCESS country

Y2 Illustrative Benchmarks for IR4 Dependent on funding and subsequent workplanning

- Regional capacity for emergency obstetrical and newborn service delivery strengthened
- National pre-service/in-service curricula and actual practice (core competencies) revised for compliance with international standards targeting essential and emergency obstetrical and newborn services in Y1 ACCESS countries

Intermediate Result 4

- Stakeholders' shared responsibility and collective action, addressing emergency and normal obstetrical and newborn care, enhanced through the operationalized BP/CR approach in Y1 ACCESS country and initiated in additional ACCESS countries

Y3 Illustrative Benchmarks for IR4 Dependent on funding and subsequent workplanning

- Emergency and normal obstetrical and newborn service delivery strengthened regionally
- Compliance with international standards targeting essential and emergency obstetrical and newborn services improved in national practice (core competencies) in Y1 ACCESS countries
- Stakeholders' advocacy addressing emergency obstetrical and newborn care enhanced through the operationalized BP/CR approach in Y1/Y2 ACCESS countries

IR4 SubIRs

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

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

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

IR 4: YEAR ONE RESULTS

- Regional capacity-building initiated to strengthen emergency obstetrical and newborn service delivery
- National pre-service/in-service curricula and actual practice (core competencies) reviewed and assessed for compliance with international standards targeting essential and emergency obstetrical and newborn services in ACCESS countries
- BP/CR approach operationalized to guide stakeholders in shared responsibility and collective action addressing emergency obstetrical and newborn care, and implemented in at least one ACCESS country

Intermediate Result 4

Intermediate Result 4		
ACTIVITY 4.1: STRENGTHENING PRESERVICE MIDWIFERY EDUCATION IN EMNC		
Activity Lead: Patricia Gomez	Funding Sources: SO 2, SO 3 Newborn, WARP, AFR/SD	Activity Cost: \$97,783
ACCESS Activity Partners: JHPIEGO, ACNM, Save the Children		
Other Collaborating Organizations: WHO/AFRO, Regional Medical and Midwifery Training Institutions		

Program Approach and Background

In most of Africa, there is a critical shortage of providers skilled in basic emergency obstetric and newborn care (BEmONC), especially in rural areas. In the African region, only 42% of the deliveries are assisted by a competent health professional. The gaps for skilled health personnel are both in terms of quantity and quality and are a critical barrier to attaining the Millennium Development Goals pertaining to maternal and infant mortality. At a WHO/AFRO's regional RH Taskforce meeting in Harare in October 2004, participants agreed to integrate life saving skills into the curricula of midwives and physicians. Of particular interest in terms of increasing coverage in low-resource areas is to begin to address the quality of preservice education for midwives and ensure that future midwives are equipped with all the internationally recommended BEmONC skills. With leadership from UNICEF and WHO/AFRO, preservice midwifery education stakeholders of selected Anglophone countries came together to review the core competencies of midwives as promulgated by the International Confederation of Midwives in August 2004.

ACCESS plans to support these efforts in selected Anglophone countries, with funding from AFR/SD and SO3 monies. Final determination of whether this activity will go forward is pending approval of ACCESS use of field support funds for this initiative (and commitment for additional field support to sustain the activity over the projected 3 years of effort).

Contributes toward IR4 through subIRs 1.4.2 Access to basic EOC, PAC, and neonatal special care increased; 1.4.3 Quality of basic EOC, PAC, and neonatal special care increased

- 4.1.a Output1: Country practice, policies and actions assessed and action plan developed with stakeholders
- 4.1.a Output2: Preservice education and midwifery enrolment processes enhanced through tools, technical assistance, and national advocacy initiatives

SUB ACTIVITY

IR 4.1a

Regional preservice midwifery education in selected African Anglophone countries

This workplan year will begin a 3-year initiative jointly supported by WHO/AFRO and ACCESS (using both core and AFR/SD field support funds). In Year 1, core ACCESS funds will support the two tasks listed below, while AFR/SD funds will support the training of faculty tutors and clinical instructors from one school in each of five Anglophone countries (countries still being discussed with WHO/AFRO but tentatively include Ethiopia, Ghana, Mozambique, Nigeria and one other) as

Intermediate Result 4

well as follow up and introduction of performance and quality improvement (PQI) methods in at least one student practicum clinical facility, to ensure consistent application of EMNC service delivery standards. More detail will be available in the AFR/SD portion of the Field Support workplan. In years 2 and 3, the initiative will continue with effective teaching skills training for faculty and clinical instructors; development of a generic community component for midwifery curricula that emphasizes the midwife's role in the household-hospital continuum and in formulation of linkages with community-based health workers, traditional birth attendants (in collaboration with ACNM and Save); design of other curriculum components as needed; follow up and support to institutionalize and nationalize the new education approaches and standards.

Sub Activity Lead: Patricia Gomez

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

Sub Activity Location: 5 countries in Anglophone Africa to be determined with WHO/AFRO and AFR/SD

Specific Tasks

Completion Date

Task 1: Assessment of country policies and norms and existing curricula, teaching methods, clinical sites. Preliminary to this assessment, a 2–3 day meeting will be held with selected regional experts who will support the preservice midwifery activity. At the meeting, they will go over tools and methodologies in preparation for country-level visits assessments. As an output of the assessment, there should also be a recommendation for the one school where we would work in each country.

April 2005

Task 2: Stakeholders meeting either regional or country specific—to address the policy issues identified with clear action steps and timelines, introduce the preservice education strengthening process and tools such as the WHO Effective Teaching Skills self-study learning package, as well as the use of PQI tools and standards to measure and manage quality in both clinical settings where students practice and in classrooms/schools. Plans coming out of this meeting would be expected to include advocacy at the national level so that midwifery recruitment policies encourage enrolment of students who come from underserved areas and who are committed to returning as skilled providers.

May 2005

Intermediate Result 4

Intermediate Result 4		
ACTIVITY 4.2: DEVELOPMENT AND APPLICATION OF THE RESOURCE ALLOCATION MODEL		
Activity Lead: Lori Bollinger	Funding Sources: SO 2 core	Activity Cost: \$88,359
ACCESS Activity Partners: Futures Group, Save the Children, ACNM		
Other Collaborating Organizations:		

Program Approach and Background

The expansion of the resource allocation model, *Allocate*, to include a component of neonatal mortality will strengthen national and global leadership for neonatal health through enhanced policies, programs and resources. The *Allocate* model offers a new mechanism whereby planners can use multiple reproductive health models at the same time to examine and manipulate various assumptions and explore alternative uses of resources while developing a comprehensive Reproductive Health Action Plan.

Currently, the *Allocate* model examines the impact of patterns of resource allocation among three components of reproductive health: Safe Motherhood, Family Planning, and Post-Abortion Care. During field-testing of the model, much feedback was received about including a neonatal mortality component in the model. Neonatal mortality accounts for 36 percent of all deaths to children under five years of age, a very high proportion. Field experience, as well as the literature, suggests that high rates of maternal mortality are linked with high rates of neonatal mortality.

Adding a neonatal component to *Allocate* will allow program managers to make strategic decisions about allocating and targeting resources to yield the best results in reducing maternal and neonatal mortality and morbidity. The model will be developed through the tested process used by Futures Group to review all pertinent literature, develop a mock-up model, and review thoroughly with appropriate experts. Once the best consensus is achieved, ACCESS will test in the field in Year Two of the project, and then disseminate and make available for applications worldwide. Applications of *Allocate* that are funded by other projects will also be enhanced by the additional neonatal mortality component.

Contributes toward IR4 through subIRs 1.4.1 Informed demand for improved EOC, PAC, and neonatal special care increased; 1.4.2 Access to basic EOC, PAC, and neonatal special care increased; 1.4.3 Quality of basic EOC, PAC, and neonatal special care increased

4.2.a Output1: ALLOCATE model enhanced through expert review

SUB ACTIVITY

IR 4.2a

Enhancement of resource allocation model, ALLOCATE, to include neonatal component

Sub Activity Lead: Lori Bollinger

Sub Activity ACCESS Partners: Futures Group, Save the Children, ACNM

Intermediate Result 4

Sub Activity Location: Global

Specific Tasks	Completion Date
Task 1: Perform literature review.	February 2005
Task 2: Create spreadsheet mock-up of model.	March 2005
Task 3: Review of spreadsheet by selected experts.	April 2005
Task 4: Report summarizing literature review, process of review, and methodological additions to model	September 2005
Task 5: Develop ALLOCATE model to include neonatal health	September 2005

Intermediate Result 4		
ACTIVITY 4.3: FINALIZE TRAINING MANUAL FOR KANGAROO MOTHER CARE (KMC)		
Activity Lead: Joseph de Graft-Johnson	Funding Sources: SO 3 Newborn	Activity Cost: \$28,273
ACCESS Activity Partners: Save the Children, JHPIEGO, AED		
Other Collaborating Organizations: BASICS		

Program Approach and Background

Low birth weight is a major cause of neonatal mortality and morbidity. ACCESS will improve the knowledge and skills of service providers in health facilities to adequately care for these newborns. Using SO3 funds, ACCESS will finalize the training manual on Kangaroo Mother Care (KMC) currently in development in Malawi through Saving Newborn Lives, for use on a global level. The manual will be used to integrate KMC services into existing facility-based EMNC services through the training of staff at selected health facilities in ACCESS countries where USAID missions and national government elect to implement KMC. ACCESS will also use the manual as a resource for KMC centers of excellence in Africa, and Asia.

Contributes toward IR4 through subIR 1.4.3 Quality of basic EOC, PAC, and neonatal special care increased

4.3.a Output1: KMC manual reviewed, revised and finalized and disseminated

Specific Tasks	Completion Date
Task 1: Identify appropriate members for working group	March 2005
Task 2: Convene working group and hold a one-day meeting to outline steps and responsibilities for KMC manual review, revision and finalization	April 2005
Task 3: Revise and finalize KMC manual and disseminate	September 2005

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 Intermediate Results 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 tailored to USAID mission needs. Particular emphasis will be given to the prevention and treatment of obstetric fistula.

IR 5 Activities

- 5.1 **Support for the prevention and treatment of obstetric fistula**
 - 5.1.a Improve Ability of Health Care Providers to Prevent Obstetric Fistula

Y1 Benchmarks for IR5

- Linkages and support to international obstetric fistula networks initiated and technical assistance provided

Y2 Illustrative Benchmarks for IR5 Dependent on funding and subsequent workplanning

- Identified priority health problems for women of reproductive age in ACCESS countries identified and addressed through ACCESS programming and technical assistance

Y3 Illustrative Benchmarks for IR5 Dependent on funding and subsequent workplanning

- Identified priority health problems for women of reproductive age in ACCESS countries identified and addressed through ACCESS programming and technical assistance

IR5 SubIRs

- 1.5.1 Availability of interventions to address identified priority health problems of women of reproductive age increased
- 1.5.2 Quality of interventions to address identified priority health problems of women of reproductive age improved

IR 5: YEAR ONE RESULTS

- Linkages and support to international obstetric fistula networks initiated and technical assistance provided

Intermediate Result 5		
ACTIVITY 5.1: FISTULA PREVENTION		
Activity Lead: Patricia Gomez and Annie Clark	Funding Sources: SO 2 core	Activity Cost: \$97,801
ACCESS Activity Partners: ACNM, JHPIEGO		
Other Collaborating Organizations: UNFPA, WRA, EngenderHealth		

Program Approach and Background

In support of USAID's increasing attention to the prevention of obstetric fistula, the ACCESS Program will build linkages with key partners to ensure Program support for this important agenda. The Program will advance this agenda through global networking and partnerships and will identify opportunities to integrate fistula prevention into essential maternal and newborn care activities, such as incorporating management of prolonged labor into the pre service work outlined in IR 4 and knowledge about resources and links with where to seek support.

Contributes toward IR5 through subIRs 1.5.1 Availability of interventions to address identified priority health problems of women of reproductive age increased and 1.5.2 Quality of interventions to address identified priority health problems of women of reproductive age improved

5.1.a Output1: Obstetric fistula mapping and related activities coordinated and expanded in sub-Saharan Africa

5.1.a Output2: Obstetric fistula small grants programming strategy and mechanisms developed, publicized, and implementation initiated

SUB ACTIVITY

IR 5.1a

Improve Ability of Health Care Providers to Prevent Obstetric Fistula

Sub Activity Lead: Annie Clark

Sub Activity ACCESS Partners: ACNM, JHPIEGO

Sub Activity Location: Global

Specific Tasks

Task 1: Coordinate efforts with UNFPA, Engender Health and other key Campaign partners to expand on the obstetric fistula mapping and other activities in sub-Saharan Africa. Two ACCESS representatives, one from JHPIEGO and one from ACNM, will participate in three quarterly international videoconference meetings from the UNFPA office in New York in Year One and in subsequent quarterly meetings in Years 2–5.

Task 2: In Year One, JHPIEGO, ACNM and Futures Group staff will develop a strategy to assist local NGOs and women's organizations in sub-Saharan Africa states to utilize the ACCESS project's small grant mechanism to prevent fistula. Instructional materials will be developed, translated as needed, printed and also posted on the ACCESS web site. These local NGOs

Completion Date

Ongoing

September 2005

Intermediate Result 5

and women's organizations will receive ACCESS project staff assistance to apply for the grants in Years 2–5.

Task 3: In Year One, JHPIEGO and ACNM staff will meet with WHO AFRO staff to develop a plan to incorporate fistula prevention into pre-service curricula in sub-Saharan Africa. **September 2005**

II. APPROVED FIELD WORKPLANS

Africa/Sustainable Development Bureau
ACCESS Field Representative: N/A
US-based ACCESS Contact Person: Elizabeth Kizzier
Year 1 Funding Amount and Sources: \$200,000 (Pop: \$100,000; HIV/CSH: \$100,000) ⁴
ACCESS Partners: JHPIEGO, AED
Other Collaborating Organizations: WHO/AFRO, SARA Project

Strategic Statement

In support of the Africa Bureau's 2004-2008 Framework for Action, ACCESS will advance regional advocacy efforts and disseminate best practices in improving the quality of maternal and newborn services in close collaboration with African regional partners.

The Africa Bureau Strategic Objective on Health aims for the Adoption of Policies and Strategies for Increased Sustainability, Quality, Efficiency and Equity in Health Services. This SO is also linked to other Bureau of Global Health SOs, including SO2 for key maternal and newborn health and nutrition interventions and SO4, improving the quality of care for HIV/AIDS programs.

In the past, the Africa Bureau has supported maternal and newborn health by:

- Improving essential obstetric care through the identification and dissemination of best practices in francophone Africa.
- Developing and disseminating in francophone Africa a comprehensive obstetric care demonstration project to implement simple, effective interventions in low-resource settings.
- Developing the Economic Community of West African States (ECOWAS) country strategies for maternal and newborn health.
- Supporting a regional postabortion care (PAC) initiative in francophone Africa.
- Supporting advocacy and networking to increase attention to malaria in pregnancy.
- Developing REDUCE, an advocacy tool to raise awareness of the high cost of ignoring maternal and newborn mortality and morbidity.
- Strengthening African institutions, including WHO/AFRO, the West African Health Organization (WAHO), the Center for Training and Research in Reproductive Health (CEFOREP), the Commonwealth Regional Health Community Secretariat (CRHCS), and the Society of African Gynecologists and Obstetricians (SAGO) to develop leadership capacity for maternal and newborn health.

In 2004-2005, regional ACCESS work in Africa will support AFR/SD's Maternal and Newborn Health Framework for Action 2004-2006 (version 1 October 2004). Under this new framework, the Africa Bureau's priorities are to:

1. Support advocacy to mobilize resources and improve the policy environment for maternal and newborn care;

⁴ Note that approximately another \$200,000 of ACCESS core funds will contribute to the activities under this workplan. See activities 1.1b and 4.1a in core workplan.

Field Supported Workplan

2. Disseminate effective approaches to improve the quality of care;
3. Develop and disseminate effective community and household approaches; and
4. Strengthen African regional leadership and national capacity to implement programs.

Summary of Activities:

1. In support of Africa Bureau Priority 1—advocacy and policy for maternal and newborn care—ACCESS will support WHO/AFRO efforts to prepare and train a core group of technical experts/facilitators for the Africa Road Map for Accelerating the Attainment of MDGs for Maternal and Newborn Health. This activity will be coordinated and cost shared with WHO/AFRO. Coordination as appropriate will also occur with the SARA project.
2. In support of Africa Bureau Priority 2 and 3—disseminating effective approaches to quality of care improvement—and Priority 4—building regional and national capacity in particular to address health workforce issues—ACCESS will support a 3-year WHO/AFRO led competency-based preservice education initiative in 5 Anglophone African countries. Costs are shared with ACCESS core funds and WHO/AFRO for this activity.

Year 1 Outputs:

- A cadre of African technical experts/facilitators are trained and available to assist WHO AFRO countries to implement the Africa Road Map.
- Preservice midwifery education system, and policies and standards relating to maternal and newborn health assessed in 5 Anglophone African countries
- Stakeholders of 5 Anglophone African countries commit to 3-year preservice midwifery education maternal and newborn curriculum revision process in at least one school in their country
- Classroom faculty and clinical instructors of 5 countries trained in EMNC skills

ACTIVITY 1: TRAINING OF TECHNICAL EXPERTS/ FACILITATORS FOR THE IMPLEMENTATION OF THE AFRICA ROAD MAP

A key initiative in the Africa region is the implementation of the Road Map to Accelerate the Attainment of Millennium Development Goals for the Reduction of Maternal and Newborn Morbidity and Mortality, developed by WHO/AFRO in collaboration with the Reproductive Health Task Force.

To use the Africa Road Map for Safe Motherhood to influence programming in key countries, WHO/AFRO, in coordination with the USAID-funded SARA Project and ACCESS, will train Road Map technical experts/facilitators in USAID priority countries in Africa. ACCESS participation will allow (1) a fuller understanding by USAID of the Road Map roll-out and its in-country results, (2) the inclusion of USAID, Africa/SD priority areas in the roll out, e.g. community approaches to improving MNH, attention to the newborn, etc. (3) some contact/knowledge of other country strategy development, (follow-up of WHO/AFRO trained facilitator/trainers).

During this first year, one workshop will be held for participants from a selection of countries (based on Road Map and Africa/SD priority countries) to share advocacy methods and messages with them in order to build their capacity to advocate at the country level for this important work. Criteria will be developed for the selection of participants in the workshop and follow up support

will be provided. Additionally, ACCESS will work with WHO/AFRO and the SARA Project to identify participants from WRA secretariats as well as national-level Safe Motherhood Committees—as they are obvious linkages to advocacy work at the country level. The results of this work will be:

- a. A cadre of high-level African facilitators/consultants that WHO/AFRO can use to assist countries to adapt the Road Map to each context for consensus-building, planning, and fund-raising
- b. At least 2 countries that have adapted the Road Map with stakeholder involvement, and have implementation and advocacy plans

Activity Lead: Berengere de Negri, AED

Activity Location(s): Angola, Ethiopia, Ghana, Mozambique, Nigeria, Mali, Senegal, and Tanzania

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Support to implementation of the Africa Road Map for Safe Motherhood and Newborn Health through dialogue with WHO/AFRO, technical support to at least two countries and sub-regional level and participation in the WHO/AFRO Reproductive Health Task Force meetings.	AED	Ongoing
Task 2: Support country stakeholders' meetings in 2 priority countries (Ethiopia and Tanzania), followed by the development of a national task force to adapt the Road Map to the country's needs and develop implementation and advocacy plans for the Africa Road Map.	AED	Ongoing
Task 3: Training of Road Map facilitators in Anglophone Africa (funded through core funds and partners).	AED	September 2005

ACTIVITY 2: COMPETENCY-BASED APPROACHES AND STANDARDS-BASED MANAGEMENT APPLIED TO PRESERVICE MIDWIFERY EDUCATION IN 4-5 ANGLOPHONE AFRICAN COUNTRIES

The purpose of this activity is to support the integration of WHO IMPAC guidelines for maternal and newborn health into midwifery curricula in the East and Southern Africa region. An initial meeting took place with 12 ESA countries where participants reviewed their country's policies governing midwifery practice (e.g. whether there were any limitations imposed on midwives which prevent them from applying recommended techniques, such as active management of the third stage of labor in their practice). The meeting also reviewed the International Confederation of Midwives (ICM)'s core competencies for midwifery education. As a next step, WHO/AFRO is asking ACCESS to work with preservice institutions themselves in five of these countries to develop the essential maternal and newborn health skills of tutors and instructors and integrate the core competencies, HIV as part of EMNC, into the curricula of these schools. The manual *Effective Teaching: A Guide for Educating Healthcare Providers*, jointly developed by WHO and JHPIEGO, will provide a basis for supporting faculty in developing skills and plans for adapting them in their schools. In addition, ACCESS will encourage schools to work with clinical sites where midwives

Field Supported Workplan

practice to apply standards-based management of services and ensure that EMNC services are delivered according to the WHO IMPAC guidelines. By applying this quality improvement methodology, schools will ensure that content taught to students in the classroom is reflected in the clinical setting.

Activity Lead: Patricia Gomez

Activity Location(s): Ethiopia, Ghana, Nigeria Tanzania, and possibly Malawi.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Assessment of country-level policies and procedures with respect to midwifery practice, core competencies, and preservice education system (partly funded with ACCESS core funds).	JHPIEGO	April 2005
Task 2: Regional stakeholders meeting to address policy issues identified in assessments as well as to gain country-level commitment for a 3-year action plan for the program (partly funded with ACCESS core funds), including the use of standards-based management in school-affiliated clinical facilities.	JHPIEGO	May 2005
Task 3: Regional Technical Update/Clinical skills standardization of selected tutors and clinical instructors.	JHPIEGO	August 2005

Years 2 and 3 will include support to additional activities including:

- Follow up visits to schools/clinical facilities and application of standards-based management/performance and quality improvement methods
- Regional Effective Teaching Skills workshop and introduction of educational standards tools
- In conjunction with ACNM and Save the Children, development of a generic community component for midwifery curricula that emphasizes the midwife's role in the household-hospital continuum and in formulation of linkages with community-based health workers, traditional birth attendants, and activities that increase the likelihood that women and newborns experiencing complications will receive timely, appropriate, and high-quality care.
- Curriculum Review workshops (either at country level or regionally)
- Follow up for both teaching methodology and quality of services at affiliated clinical facilities
- Stakeholders meetings or other process to nationalize or institutionalize new preservice curriculum and approach to teaching

LINKAGES TO AFR/SD FRAMEWORK FOR ACTION RESULTS AND INDICATORS

M&E information will measure ACCESS progress towards results set out in the AFR/SD Maternal and Newborn Health Framework for Action 2004-2006.

Field Supported Workplan

Illustrative AFR/SD Indicators	ACCESS Activities	Program markers
Priority 1: Advocacy and Policy Results: <ul style="list-style-type: none"> • <i>Increased resources for maternal and newborn health programs at the country level</i> • <i>Improved strategies and plans for maternal and newborn care at the country level</i> 		
Number/% of target countries implementing the African Road Map	Training of Facilitators for implementing the Road Map	<ul style="list-style-type: none"> • Facilitators trained in Road Map • Small grants available for countries to adapt Road Map (through ACCESS core funds)
Number/% of target countries with alliances (for safe motherhood) working at the country and sub-regional levels that mobilize stakeholders and decision-makers to actively support the Africa Road Map	Linking facilitators and country stakeholders to functioning WRA secretariats where applicable	WRA secretariats aware and supportive of Road Map efforts
Priority 2: Dissemination of quality of care improvement approaches Results: <ul style="list-style-type: none"> • <i>Improved quality of integrated essential maternal and newborn care</i> 		
Number/% of target countries that used the WHO IMPAC standards and guidelines to update their midwifery curricula to reflect essential integrated maternal and newborn healthcare	Review of country policies and ability of midwives to apply IMPAC standards and guidelines	<ul style="list-style-type: none"> • Country level preservice education and policies with respect to midwife practice assessed
Number/% of target countries that are using a performance and quality improvement approach (standards based management) at service delivery points affiliated with midwifery schools	Introduction of standards-based management (performance and quality improvement) in clinical facilities used for training of midwives	<ul style="list-style-type: none"> • Service delivery points affiliated with midwifery schools using standards-based management
Number of countries with integrated EMNC training expertise	Integrated EMNC training for preservice midwifery education institutions	<ul style="list-style-type: none"> • Tutors and clinical instructors trained in integrated EMNC
Priority3: Development and dissemination of community and household approaches Results: ACCESS is not addressing this priority until Year 2.) <ul style="list-style-type: none"> • <i>Standard tools available to assess maternal and newborn health at household and community level</i> • <i>Countries use formative research for programming community based approaches</i> • <i>Skilled African researchers available to support country research</i> 		
Tools available	ACCESS will not be addressing this until Year 2	N/A
Number of countries using formative research	ACCESS is not contributing to this indicator	N/A
Number of researchers available	ACCESS is not contributing to this indicator	N/A

Field Supported Workplan

Illustrative AFR/SD Indicators	ACCESS Activities	Program markers
<p>Priority 4: African regional and national capacity to implement programs</p> <p>Results:</p> <ul style="list-style-type: none"> • <i>African institutions actively engaged in supporting the implementation of the WHO/AFRO Road Map</i> • <i>Linkages strengthened among African Institutions and networks to coordinate with each other and strengthen their leadership in MNH</i> • <i>National-level capacity to implement safe motherhood programs improved</i> 		
Number of trained African technical experts/facilitators supporting country road map planning	Training of technical experts/facilitators for implementing the Road Map	<ul style="list-style-type: none"> • Estimated 50 facilitators trained
Number of African institutions actively engaged in supporting the WHO/AFRO Road Map through participation in the implementation of guidelines and support for their distribution and use at the country level	Preservice education strengthening is a key component of the Road Map strategies. Those schools involved in this program will ultimately contribute to spreading the implementation of the Road Map (though not in Year 1)	<ul style="list-style-type: none"> • 5 preservice midwifery schools and associated MOH/MOE decision-makers involved in implementing Road Map strategy
Number/% of target countries with human resource plans being implemented that include data driven strategies for deployment and retention of midwives, nurses, auxiliary nurses and other appropriate cadres of providers to both urban and rural areas	Assessment and dialogue on preservice midwifery education policies Introduction of competency-based training approaches and quality improvement methods in preservice midwifery education	<ul style="list-style-type: none"> • 4-5 countries with action plan for applying IMPAC guidelines in preservice midwifery education and practice • 4-5 midwifery schools with trained tutors and clinical instructors for EMNC

Asia/Near East Bureau
ACCESS Field Representative: N/A
US-based ACCESS Contact Person: Liz Kizzier, Pat Daly
Year 1 Funding Amount and Sources: \$430,000 (Child Survival \$330,000; Pop: \$100,000) ⁵
ACCESS Partners: JHPIEGO, Save the Children
Other Collaborating Organizations: Community Based Postpartum Care Network (ICCDR,B) BASICS, Catalyst, JHU), WHO/SEARO, Saving Newborn Lives, POPPHI, USAID bilaterals in Asia

Strategic Statement

Asia and the Near East has 46 percent of the world's maternal deaths. The major causes of maternal deaths are post-partum hemorrhage, sepsis, obstructed labor, eclampsia, and unsafe abortion, all of which are largely preventable with known interventions. One of the most critical interventions for safe motherhood is to ensure the presence of a skilled birth attendant. In Asia, only about half (53 percent) of births are attended by skilled birth attendants.

Summary of Activities:

ACCESS will support the Asia Near East (ANE) Bureau’s efforts to implement a multi-pronged approach to maternal health, which supports integrated programs to serve women and children in the stages of pre-pregnancy, pregnancy, delivery, and early childhood, as outlined in USAID’s *Maternal and Newborn Health Strategy*. Specifically, ACCESS will coordinate with ANE/Washington and country missions to identify opportunities for strengthening maternal and newborn care in the region as outlined in the activities below.

Year 1 Outputs:

- Support 2-3 countries with implementation of community based postpartum care activities (through PPC regional network)
- Provide technical assistance to WHO/SEARO
- Launch Lancet Series in Indonesia
- Scale up prevention of PPH for homebirths in one country

ACTIVITY 1: DEVELOPMENT AND INTEGRATION OF COMMUNITY BASED POSTPARTUM CARE NETWORK IN ASIA (\$250K)

ACCESS will support the development and implementation of an integrated community based postpartum care (PPC) regional network in Asia. The purpose of the network would be 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

⁵ Note that ANE activities 3 and 4 will be cost shared with core funded activities under this workplan. See activities 1.1.f and 3.1.b in core workplan

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outcomes. ACCESS's role in the PPC regional network will be 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. ACCESS will fund activities in 2-3 countries and the selection of these countries and activities will be based on proposals coming from the postpartum care regional network meeting that will take place in Bangladesh in April 2005.

Activity Lead: Pat Daly

Activity Location(s): Potential countries include Afghanistan, Bangladesh, India, Nepal, Pakistan, Indonesia and Cambodia

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Participate in two PPC network meetings including April Bangladesh meeting (2 US-based ACCESS Staff)	JHPIEGO Save the Children	June 2005
Task 2: Provide TA and seed money to 2-3 bilaterals in Asia region <ul style="list-style-type: none"> ▪ Based on outcome of April meeting, select countries/activities to receive TA and seed money 	JHPIEGO Save the Children	September 2005

ACTIVITY 2: SUPPORT TO WHO/SEARO (\$100k)

ACCESS proposes to support WHO/SEARO to strengthen regional work in maternal and neonatal care in Asia. ACCESS will discuss with SEARO opportunities for collaboration and identify activities to support the implementation of neonatal health strategies in 1-2 countries as well as a broader agenda for strengthening maternal and neonatal linkages. Based on conversations with WHO/SEARO, ACCESS will develop a scope of work outlining technical assistance to WHO/SEARO and obtain USAID/ANE approval prior to programming implementation.

Activity Lead: Pat Daly

Activity Location(s): TBD with WHO/SEARO

ACTIVITY 3: COUNTRY LEVEL ADVOCACY FOR LANCET SERIES ON NEONATAL HEALTH (\$40k)

The Lancet Journal will publish a series on neonatal health in March 2005, with a press launch in London and Washington. This will include a series of four papers: (1) epidemiology of neonatal deaths; (2) a discussion of evidence-based interventions; (3) constraints to implementation; and (4) recommendations for scale up. The goal of this Lancet series is to place neonatal survival as a priority within the context of maternal and child survival. Several of the ACCESS global partners are involved in this work and the global and country level dissemination and related advocacy. ACCESS has been asked to support the dissemination and related advocacy for the Lancet neonatal series in several countries and proposes working with one country in Asia using ANE funds. This will

support local advocacy using both the Lancet articles and country specific information to increase awareness on neonatal health and survival.

Activity Lead: Pat Daly

Activity Location(s): Indonesia

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: ACCESS will collaborate with the MOH and SC to support advocacy work linking the neonatal health strategy launch (developed by SNL and MOH) and the Lancet series on neonatal health	Save the Children	August 2005

ACTIVITY 4: TECHNICAL SUPPORT TO SCALING UP PREVENTION OF PPH FOR HOME BIRTHS (\$40k)

The Prevention of Postpartum Hemorrhage Initiative is USAID’s special initiative to reduce postpartum hemorrhage through expanded use of Active Management of Third Stage of Labor (AMTSL) and the use of innovative approaches to care such as home-based distribution and use of misoprostol in settings where women deliver without a skilled provider or access to service delivery sites. ANE funding will provide technical support to countries (e.g. Bangladesh or Pakistan) to scale up PPH prevention in homebirths. ACCESS will closely coordinate with USAID and the Prevention of Postpartum Hemorrhage Initiative (POPPHI) and other key partners such as ICM, WHO and FIGO to promote the use of AMTSL in facilities and in the community and the expansion of innovative approaches.

Activity Lead: Patricia Gomez

Activity Location(s): TBD - Pakistan or Bangladesh

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Identify country in collaboration with ANE and missions	JHPIEGO	April 2005
Task 2: Conduct initial planning trip (2 weeks to 1 country) <ul style="list-style-type: none"> ▪ Develop implementation plan & detailed steps ▪ Create and train national implementation team ▪ Demonstrate and adapt materials ▪ Visit potential implementation sites 	JHPIEGO	July 2005

Field Supported Workplan

HAITI
ACCESS Field Representative: Dr. Lucito Jeannis
US-based ACCESS Contact Person: Amy Kleine
Year 1 Funding Amount and Sources: \$1,500,000 (\$1,350,000 Pop; \$150,000 Child Survival)
ACCESS Partners: JHPIEGO, AED
Other Collaborating Organizations: CDC, INHSAC, MSPP, MSH, PEPFAR, AOPS, I-TECH
Dates: 1 January 2005 – 31 December 2005

Strategic Statement

According to USAID/Haiti's 1999-2004 *Strategic Plan*, the health sector's strategic objective (SO3) "*healthier families of desired size*" aims to improve the health and well-being of Haiti's children and women and to address the country's rapid growth rate. The health sector SO is supported by four intermediate results (IR) of which the following two directly support the ACCESS program mandate.

IR 2: Increased use of quality reproductive health services

IR 3: Reduced transmission of selected infectious diseases

In addition to the health sector SO and IRs, substantial USG support has been provided to Haiti for the fight against HIV/AIDS. Selected as a Presidential Initiative focus country, USAID/Haiti has developed a comprehensive set of HIV/AIDS prevention and education programs and activities to provide care and support to those living with the disease. This includes voluntary counseling and testing, behavior change communication, community care and support, and HIV/AIDS policy development. USAID/Haiti's commitment to "*healthier families of desired size*" continues in a country plagued by political unrest and environment disasters when communication, programming and implementation can be difficult.

Building on both the health and HIV/AIDS sectors, and collaborating with the HS-2007 bilateral program of which JHPIEGO is part, the ACCESS Partnership in Haiti will implement a strategic program that meets the needs of USAID/Haiti, the USG team, Haiti's Ministry of Health and the women and newborn of Haiti through support of activities to prevent mother to child transmission of HIV/AIDS, improve reproductive health services, and expand postabortion care to new sites.

Summary of Activities

Building on experience and strengths of two ACCESS partners, JHPIEGO and AED, and past successes of JHPIEGO's collaboration under the MNH and TRH programs, the following activities are proposed for the period from 1 January – 31 December 2005:

1. Increase accessibility and use of Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) services, using a comprehensive approach.
2. Strengthen reproductive health services through a comprehensive package of services, including Postabortion Care, Family Planning, and Infection Prevention.
3. Assess the status of cervical cancer prevention activities in Haiti, through a needs assessment and stakeholder workshop, recognizing that reaching non-pregnant women with cervical cancer prevention services is a target of opportunity within the ACCESS mandate.

JHPIEGO will implement all activities except those related to HIV and nutrition. AED will support the PMTCT program with trainings in HIV and infant feeding, and trainings in HIV and nutrition for PMTCT service providers.

Outputs:

- Revised national standards, policies, norms, and procedures for PMTCT established for Haiti, with consensus from stakeholders and endorsement from international experts.
- PMTCT counseling and testing strengthened at Hôpital de l'Université d'Etat d'Haiti (HUEH), Port-au-Prince and Hôpital Justinien, Cap Haïtien.
- Nutrition and infant feeding component of PMTCT training and services strengthened.
- Recommendations made for introducing PMTCT training into pre-service curriculum at L'École des Infermières Sages Femmes.
- Up to 15 trainers updated in new infection prevention practices and curriculum.
- Four sites strengthened in Essential Maternal and Newborn Care (EMNC).
- Eight providers trained in EMNC.
- Standards based management for PAC introduced and developed in twelve (12) sites.
- On-the-job training program for PAC initiated with training of trainers at four (4) sites.
- Providers at 15 health facilities (1 departmental hospital and 14 secondary facilities) trained in PAC.
- Program for Agent/Matrone training at Hôpital Pignon reviewed and recommendations made.
- Situational analysis documenting current and potential cervical cancer prevention activities in Haiti.

Subsequent to successful implementation of activities proposed herein, the ACCESS program hopes to expand its reach to additional sites throughout Haiti, as determined by USAID/Haiti, the USG team, and the Ministry of Health. Sample future activities are:

- Expand integrated PMTCT, EMNC, and PAC programs to additional sites.
- Integrate PMTCT curriculum in l'École des Sages Femmes training courses.
- Continue the Standards Based Management (SBM) process in EMNC and PAC sites, to monitor quality improvement over time.
- Apply the SBM process to new EMNC, PAC and PMTCT sites.
- Improve infection prevention practices at both reference and secondary hospitals.
- Introduce on the job training for PAC at secondary hospitals.
- Establish a pilot cervical cancer prevention program.

Implementation Assumptions:

The activities outlined in this workplan can only be conducted under the following conditions:

- The socio-political situation is such that consultants and staff can safely travel throughout Haiti.
- The institutions in which JHPIEGO plans to work are operational, amenable, and have the appropriate human resources to support the proposed interventions.
- JHPIEGO is able to partner with organizations with sufficient resources available to equip PMTCT sites with appropriate infrastructure, such as testing kits, ARVs, and laboratory supplies.

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ACTIVITY 1: INCREASE ACCESSIBILITY AND USE OF PMTCT SERVICES IN SELECTED SITES

Activity Location(s): Hôpital de l'Université d'Etat d'Haiti (HUEH), Port-au-Prince and Hôpital Justinien (HJ), Cap Haïtian

The USG has requested that JHPIEGO introduce an integrated model of PMTCT services to ensure that women are offered testing and care for HIV in the context of their pregnancy, and that vertical transmission of HIV is prevented whenever possible. Providers at the antenatal care clinic, labor and delivery rooms, and postnatal clinics will be trained to include PMTCT activities in the packages of services already provided. Sites will be assessed to determine how they must be strengthened and reorganized prior to introducing services. Further, JHPIEGO will participate in a workshop to review and revise the national strategy, policies, norms, and procedures (PNP) for PMTCT service delivery in Haiti, in collaboration with the USG, GHESKIO, and the MSPP. Once agreed upon, JHPIEGO will adapt its programs and materials to comply with these PNP.

In addition to strengthening PMTCT services at HUEH and Hôpital Justinien, JHPIEGO will work with L'École des Infermières Sages Femmes to integrate PMTCT training into the curriculum, thus ensuring that all nurses graduating from the school will be prepared to provide PMTCT services wherever they are posted.

JHPIEGO will use tools and curriculum developed for PMTCT and VCT programs implemented in other countries, including the training materials adapted from the WHO/CDC approved package that JHPIEGO collaborated to develop. JHPIEGO will use a standards-based approach to assessments and training, with the support of a tool developed specifically to measure standards in the delivery of PMTCT services. JHPIEGO will also work with AED/LINKAGES under the ACCESS partnership to integrate infant feeding and nutrition trainings into the program.

JHPIEGO is also charged with supporting PMTCT services within both the HS-2007 bilateral agreement and the PEPFAR program. The activities in the ACCESS workplan will complement those of HS-2007 and PEPFAR by allowing JHPIEGO to model the PMTCT program in two important institutions, and then expand services to other institutions. Of those sites where JHPIEGO will introduce PMTCT under the ACCESS and PEPFAR programs, four were not strengthened under the MNH program. Therefore, EMNC training and site strengthening are proposed in the context of this PMTCT program.

Specific Tasks	Completion Date
TASK 1: PROVIDE TECHNICAL ASSISTANCE TO REVISE NATIONAL STANDARDS, POLICIES, NORMS, AND PROCEDURES FOR PMTCT SERVICES. <ul style="list-style-type: none">▪ Attend weekly workshop planning meetings. (January – March)▪ Conduct workshop with key partners and international experts. (April)	April 2005

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<p>TASK 2: PREPARE SELECTED SITES FOR PMTCT SERVICES.</p> <ul style="list-style-type: none"> ▪ CONDUCT FACILITY ASSESSMENTS AT HUEH AND HJ, AND NATIONAL POLICY AND GUIDELINES ASSESSMENT (MARCH) ▪ Adapt PMTCT Course Materials (March) ▪ Site Strengthening at HUEH and HJ⁶ (March – Ongoing) ▪ Develop PMTCT Training Plans for HUEH, HJ, and L'École des Sages Femmes (April) 	<p>April 2005</p>
<p>Task 3: Strengthen EMNC services in four (4) sites to establish platform for quality PMTCT services (HUEH, Hôpital de Miragoane, Hôpital des Gonaïves, and Hôpital de Port de Paix):</p> <ul style="list-style-type: none"> ▪ Site Strengthening at HUEH using Burkina Faso-based consultant (May) ▪ Knowledge Update Workshop (June) ▪ Clinical Skills Standardization (CSS) Training (July) ▪ CSS Coaching (August - ongoing) 	<p>September 2005</p>
<p>Task 4: Conduct PMTCT Training at HUEH and HJ</p> <ul style="list-style-type: none"> ▪ Conduct a PMTCT Training in Port-au-Prince (first of two groups with participants combined from 2 sites and l'ESF) (May) ▪ Conduct a PMTCT Training in Cap Haitian (second of two groups with participants combined from 2 sites and l'ESF) (June) ▪ Conduct ½ day orientations at HUEH and HJ about PMTCT services (May/June) ▪ Provide Coaching and Follow Up Visits at HUEH and HJ (April-Ongoing) ▪ Monitor data collection and analysis systems (April-Ongoing) ▪ Conduct refresher sessions if needed after revision of standards (June) 	<p>July 2005</p>
<p>Task 5: Introduce PMTCT training into pre-service curriculum at L'École des Infermières Sages Femmes.</p> <ul style="list-style-type: none"> ▪ Conduct Curriculum Review (March – Ongoing) ▪ Convene Stakeholder Workshop (September) 	<p>December 2005</p>
<p>Task 6: Integrate infant feeding and nutritional counseling content into PMTCT curriculum and conduct trainings on the topics of HIV and infant feeding and HIV and nutrition at HUEH and HJ. (Partner: AED)</p> <ul style="list-style-type: none"> ▪ Conduct 2 HIV and infant feeding trainings in coordination with PMTCT trainings. (May and June) ▪ Conduct 2 HIV and nutrition trainings. (September and November) 	<p>November 2005</p>

⁶ Specific site strengthening activities will be determined upon completion of facility assessments. They may include, but are not limited to: provision of equipment, improvement of infrastructure, increase of staff, training in infection prevention or essential maternal and newborn care, adjustment of client flow, or reorganization of services.

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ACTIVITY 2: STRENGTHEN REPRODUCTIVE HEALTH SERVICES IN 13 DEPARTMENTAL HOSPITALS AND 14 SECONDARY HOSPITALS, WITH FOCUS ON POSTABORTION CARE, FAMILY PLANNING, AND INFECTION PREVENTION

Activity Location(s):

Departmental Hospitals	Secondary Facilities (New Generation)
1. Hôpital Justinien (Nord)	1. Centre de Anse à Pitre (Sud Est)
2. Hôpital de Jacmel (Sud-est)	2. Centre de Thiotte (Sud Est)
3. Hôpital de Jérémie (Grande-Anse)	3. Centre de Belle Anse (Sud Est)
4. Hôpital de Miragoane (Nippes)	4. Hôpital de Bainet (Sud Est)
5. Hôpital de Fort Liberté (Nord-Est)	5. Centre de Cornillon (Ouest)
6. Hôpital de Hinche (Centre)	6. Hôpital de Port à Piment (Sud)
7. Hôpital des Cayes (Sud)	7. Centre de Abricot (Grande Anse)
8. Hôpital de Ouanaminthe (Nord-Est)	8. Centre de Anse à Veaux (Nippes)
9. Hôpital de St-Marc (Artibonite)	9. Centre de St Michel de l'Attalaye (Artibonite)
PAC Activities will also occur at the following sites on a limited basis:	10. Centre de Marmelade (Artibonite)
1. Hôpital Port de Paix	11. Centre de Cerca La Source (Centre)
2. Hôpital Diquini	12. Hôpital de Belladère (Centre)
3. Hôpital Jean Rabel	13. Centre de Ti Palmis (Ouest, La Gonave)
4. Hôpital Albert Schweitzer	14. Centre de La Tortue (Nord Ouest)

Building upon JHPIEGO's past successes at the departmental hospital level to improve infection prevention practices and safe labor and delivery practices, as well as to introduce postabortion care, JHPIEGO will work on three fronts to expand and reinforce these services. First, JHPIEGO will reinvigorate infection prevention practices by updating existing trainers, and will apply the standards-based management (SBM) approach of performance improvement at sites where postabortion care was introduced in the past. Because these sites were in various stages of the SBM process at the end of the MNH program, JHPIEGO will meet the needs of each individual site. To improve the long-term capacity of sites to train providers in PAC, we will introduce on the job training in up to four sites by orienting current providers and equipping sites with equipment needed to replicate training (TV/VCR, tapes, manuals, and models).

Second, JHPIEGO will evaluate the Agent/Matrone program piloted at Hôpital Pignon. USAID/Haiti considers this program a potential model for increasing the capacity of community-based providers to improve pregnancy outcomes and would like JHPIEGO to provide technical

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assistance for the possible expansion of the program to additional sites throughout Haiti. As a first step, JHPIEGO will assess the curriculum, training, and practice of the program in order to provide concrete recommendations and ensure that evidence-based practice is reflected.

Third, JHPIEGO will collaborate with l'Association des Oeuvres Privés de la Santé (l'AOPS) to improve health services in secondary sites selected by USAID, representing 8 of 10 sanitary departments. While l'AOPS will provide general technical assistance to strengthen these sites through reorganization and reinforcement of personnel, JHPIEGO will focus on reproductive health services, beginning with training in postabortion care (PAC). PAC training is ideal because it consists of Infection Prevention, a Family Planning update, and Manual Vacuum Aspiration procedures, and allows sites to manage complications due to incomplete abortions, whether induced or spontaneous, which account for 30% of maternal deaths. Further, no postabortion care activities are proposed under the HS-2007 project, so this represents an opportunity for JHPIEGO to offer technical assistance to departments and sites in this important area of reproductive health care. JHPIEGO and l'AOPS will work in coordination with directors of sanitary departments and HS-2007 departmental advisors to ensure that transfer of skills occurs and that postabortion care is integrated into department plans. Throughout the process, JHPIEGO will provide technical assistance to l'AOPS to strengthen its own ability to assess sites and train providers in PAC.

Specific Tasks	Completion Date
Task 1: Conduct Infection Prevention (IP) Update for existing trainers in departmental hospitals. (April)	April 2005
Task 2: Assist Agent/Matrone program through: <ul style="list-style-type: none"> ▪ Curriculum evaluation, including classroom and skills components (Quarter 2 – Ongoing) ▪ Site visits to Hôpital Pignon to observe classroom and skills training as well as participants' knowledge and skills retention (Quarters 2/4) ▪ Review of monitoring and evaluation data (Ongoing) ▪ Workshop with Agent/Matrones graduates to discuss training, successes and challenges, and encourage linkages between community and facility 	December 2005
Task 3: Continue to strengthen twelve (12) existing PAC sites ⁷ , previously developed under the TRH and MNH programs, through a Standards Based Management Process, consisting of: <ul style="list-style-type: none"> ▪ Advocacy / Desired Performance Meetings in 4 sites (February) ▪ Baseline Assessment of Actual Performance in 6 sites (March) ▪ Gaps Analysis Workshop for 10 sites (April) ▪ Gaps Interventions for 10 sites (April – Ongoing) ▪ Follow Up Visits for 12 sites (August) 	December 2005
Task 4: Develop up to four (4) On-the-Job Training (OJT) PAC Sites ⁸ . <ul style="list-style-type: none"> ▪ Orient PAC trainers developed under TRH to the On-the-Job PAC training approach. (September) ▪ Furnish supplies and materials to PAC training sites. (Ongoing) 	October 2005

⁷ Sites include: Hôpital Justinien, Hôpital de Jacmel, Hôpital de Jérémie, Hôpital de Fort Liberté, Hôpital de Hinche, Hôpital des Cayes, Hôpital de Ouanaminthe, Hôpital Port de Paix, Hôpital St-Marc, Hôpital Diquini, Hôpital Jean Rabel, Hôpital Albert Schweitzer.

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Task 5: Introduce Postabortion care services in 1 departmental hospital (Miragoane) and 14 secondary sites, in collaboration with PAOPS. <ul style="list-style-type: none">▪ Needs Assessment and Advocacy Meetings (March)▪ Infection Prevention (IP) Course (April)▪ Contraceptive Technology Update (CTU) Course (June)▪ Follow-up Visit (July)▪ Manual Vacuum Aspiration (MVA) Training (August)▪ Additional Follow-up Visits (October)▪ Provision of PAC kits (Ongoing)▪ Integrate voluntary counseling and testing for HIV/AIDS into PAC services through VCT training (November)	December 2005
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ACTIVITY 3: ASSESS STATUS OF CERVICAL CANCER PREVENTION ACTIVITIES IN HAITI (AS A TARGET OF OPPORTUNITY FOR NON-PREGNANT WOMEN)

According to a 2003 analysis of cervical cancer in Latin America and the Caribbean published by the Pan American Health Organization (PAHO), the incidence rate of cervical cancer in Haiti in 2000 was 93.9 per 100,000 and the mortality rate was 53.5 per 100,000. These rates are the highest in the region, and among the highest in the world. Cervical cancer accounted for 49.2% of all cancer deaths among women, making it the leading cause of cancer death in Haiti⁹. A study recently conducted at Hôpital Albert Schweitzer revealed that 18% of 584 Pap smears were abnormal, and concluded that screening using visual inspection with acetic acid (VIA) would be an appropriate prevention approach¹⁰.

To date, no organized cervical cancer prevention program has been implemented nationally in Haiti, though pilot projects are operational in various sites and technical assistance is currently offered by the Cooperation Française and Haitian Society of Oncology to train cyto-technicians. JHPIEGO proposes to conduct a situational analysis of cervical cancer prevention in Haiti by using a national and policy level assessment tool developed under JHPIEGO's Gates-funded CECAP program. The results of this analysis will be shared in a national stakeholder meeting, which will convene opinion leaders, MSPP officials, researchers, and those with experience in cervical cancer prevention. Next steps will be formulated at this meeting. Should decision makers choose to introduce a cervical cancer prevention program, JHPIEGO is equipped to offer technical assistance in policy formulation, standards development, site strengthening, and training of providers in VIA and cryotherapy.

⁸ Proposed sites include: Hôpital Justinien, Hôpital de Jacmel, Hôpital de Fort Liberté, and Hôpital des Cayes.

⁹ Lewis, Merle J. 2004. A situational analysis of cervical cancer in Latin America and the Caribbean. Washington DC. PAHO.

¹⁰ Frederic, Rikerdy. 2004. Report of cervical cancer screening in rural Haiti: Experience in a low-resource setting. Presented at 132nd Annual Meeting of the American Public Health Association.

Specific Tasks	Completion Date
<p>Task 1: Assess level of priority and stakeholder interest for cervical cancer prevention activities in Haiti.</p> <ul style="list-style-type: none"> ▪ Conduct national- and policy-level assessment of cervical cancer prevention in Haiti, in collaboration with local organizations. (July – September) ▪ Convene one stakeholder meeting to discuss findings of assessment and plan next steps. (October/November) 	<p>December 2005</p>

II. COLLABORATION WITH HS-2007

JHPIEGO is well poised to coordinate its activities under ACCESS with those of HS-2007, given that JHPIEGO has a staff member seconded to MSH, the coordinating agency of HS-2007. As a member of the partnership, JHPIEGO will lead efforts in the reduction of maternal mortality and implementation of reproductive health activities at both departmental and central levels. While the HS-2007 workplan for year one has not yet been elaborated, illustrative activities in reproductive health suggest a focus on maternal and newborn health care, family planning, and strengthening of community-based traditional birth attendants.

The activities described in this workplan are complementary to the departmental strategies developed under HS-2004, to be implemented with the support of HS-2007. During all phases of this project, JHPIEGO will communicate with sanitary departments, through the local representative in Haiti, to ensure that technical assistance is programmed into the departmental plans and that duplication of activities at specific sites does not occur.

III. PROGRAM MANAGEMENT

To meet the objectives of this workplan, ACCESS proposes to increase the in-country LOE required for overall program management and technical assistance. Currently, JHPIEGO employs a local consultant, Dr. Lucito Jeannis, as the in-country representative. Dr. Jeannis will continue in his role as the overall Program Director for ACCESS. To support Dr. Jeannis, ACCESS proposes to engage the following additional staff:

- PMTCT Technical Advisor (to be engaged as consultant)
- Quality Assurance Technical Advisor (anticipated to be salaried)
- Technical Coordinator – 100% LOE (seconded by INHSAC)
- Accountant – 40% LOE (cost share with INHSAC)
- Driver – 100% LOE (seconded by INHSAC)
- Administrative Assistant – 25% LOE (cost share with INHSAC)
- Secretary – 30% LOE (cost share with INHSAC)

In addition to staff, ACCESS will select appropriate short-term consultants to assist with implementation of activities from those listed below, who were developed as trainers under the MNH and TRH programs.

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Consultant	Cadre	Site
Dr. Gérard Lucien	Ob/Gyn	Hôpital I.C. des Cayes
Dr. Serge Louissant	General Physican	École des Infermières des Cayes
Dr. Cyril Leconte	Ob/Gyn	Hôpital Justinien
Dr. Rony Jean Jacques	Ob/Gyn	Hôpital Justinien
Dr. Jean Bernard Février	Ob/Gyn	Hôpital Fort Liberté
Miss Belcina Meme	Nurse Midwife	Hôpital Fort Liberté
Miss Euphémie Laguerre	Nurse	Hôpital Fort Liberté
Dr. Ishelle Decome	Surgeon	Centre de Ouanaminthe
Miss Nancy Georges	Nurse	Hôpital de Pignon
Dr. Frantz Montes	Ob/Gyn	Hôpital de Hinche
Dr. Edmond Pierre	Ob/Gyn	Hôpital de Jacmel
Miss Miranie Charles	Nurse Midwife	Hôpital de Jacmel
Miss Florence Dossous	Nurse	INHSAC
Dr. Jean Boisrond	Ob/Gyn	INHSAC
Dr. Ralph Dougé	Ob/Gyn	INHSAC
Dr. Marie Lydie Adrian	Anesthesiologist	Maternité Isaïe Jeanty
Dr. André Meggie	Ob/Gyn	FOSREF/CEGYPEF
Dr. Robert Midy	Ob/Gyn	JHPIEGO
Miss Jasmine Dorvil	Nurse Midwife	École des Infermières Sages Femmes
Mme Jacqueline Jean	Nurse Midwife	École des Infermières Sages Femmes

ACCESS hopes to devolve its management and technical support to the field over the course of the next 12-18 months, and decrease the level of US-based support currently provided. During the transition period, ACCESS will support activities in Haiti using programmatic and technical staff as appropriate, primarily to transfer skills to in-country counterparts.

The ACCESS management team will be housed at INHSAC's offices and pay a flat monthly rate for use of the offices including electricity, telephone, internet, furniture, etc. INHSAC will also assist JHPIEGO to organize meetings and training activities, for which a small percentage of overhead will be paid.

In addition to the ACCESS management team, the program will utilize technical assistance from JHPIEGO and AED for the implementation of the activities discussed above. The ACCESS program proposes to develop specific Task Orders with AED for program implementation that will include detailed deliverables and expected LOE based upon available resources and SOW. Task Orders will be reviewed with USAID/Haiti prior to finalization.

Due to the extensive work to be conducted in remote secondary sites, and the importance of the safety and security of staff, JHPIEGO requests USAID's approval to purchase an all-terrain vehicle and hire a full-time driver.

IV. MONITORING AND EVALUATION

The ACCESS M&E framework and implementation strategies in Haiti will follow the program implementation lines laid out above, with details to be determined as key program activities are agreed with USAID/Haiti. Potential indicators in the areas in which the ACCESS Program proposes activities will be discussed with USAID and also with partners and collaborators in order to assess

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complementary data requirements and potential areas for cost efficiencies in data collection efforts. Illustrative indicators are listed and defined in the table below.

Monitoring and Evaluation Framework for the ACCESS/Haiti Program

Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
USAID/HAITI IR2: INCREASED USE OF QUALITY REPRODUCTIVE HEALTH SERVICES			
<i>Haiti ACCESS Program Result: Reproductive health services strengthened in 13 departmental hospitals and 14 secondary health facilities, with focus on postabortion care, family planning, and infection prevention.</i>			
Number of facilities with staff trained in the Standards Based Management Process applied to PAC	Standards Based Management is a process for improving performance of health facilities promoted by JHPIEGO. It can be applied to multiple health areas.	Program records/reports	Annual
Number of providers trained in PAC 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. The number will be calculated as an annual count of persons satisfactorily completing ACCESS PAC courses as recorded in program records.	Training participant tracking sheets and training database	Annual
Number of qualified PAC On-the-Job (OJT) trainers developed in the past year	Qualified trainers included PAC-trained providers who successfully completed an ACCESS-supported Clinical Training Skills (CTS) or Advanced Clinical Training Skills (ATS) course for PAC OJT.	Training participant tracking sheets and training database	Annual
Number /%of PAC target facilities that achieved at least 40% of PAC SBM standards at followup assessment	<u>Numerator:</u> Number of PAC target facilities trained in SBM for PAC that achieved at least 40% of the standards <u>Denominator:</u> Total number of PAC target facilities trained in SBM for PAC	PAC SBM followup assessment	6 months after baseline assessment
Number/% of PAC target facilities functioning as PAC OJT sites	“Functioning” PAC OJT sites must have at least one ACCESS-trained PAC trainer who is actively conducting PAC training and key supplies and equipment needed to conduct quality PAC OJT training	Program records/reports	Annual
Number/% of PAC clients at target facilities who received family planning counseling	<u>Numerator:</u> Number of PAC clients at PAC target facilities who received family planning counseling <u>Denominator:</u> Total number of PAC clients at PAC target facilities	PAC registers, Monthly PAC monitoring form, PAC database	Quarterly
Number/% of PAC clients at target facilities who received a family planning method	<u>Numerator:</u> Number of PAC clients at PAC target facilities who received a family planning method <u>Denominator:</u> Total number of PAC clients at the PAC target facilities	PAC registers, Monthly PAC monitoring form, PAC database	Quarterly

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Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
Number/% of PAC clients at target facilities who were referred for a family planning method outside of the PAC service delivery area	<u>Numerator:</u> Number of PAC clients at PAC target facilities who were referred for a family planning method outside of the PAC service delivery area <u>Denominator:</u> Total number of PAC clients at the PAC target facilities	PAC registers, Monthly PAC monitoring form, PAC database	Quarterly
Number/% of PAC clients at target facilities who were referred for other reproductive health services	<u>Numerator:</u> Number of PAC clients at PAC target facilities who were referred for other reproductive health services <u>Denominator:</u> Total number of PAC clients at the PAC target facilities	PAC registers, Monthly PAC monitoring form, PAC database	Quarterly
USAID/Haiti IR3: Reduced transmission of selected infectious diseases			
<i>Haiti ACCESS Program Result: Increased accessibility and use of PMTCT services.</i>			
Total number of health workers newly trained or retrained in the provision of PMTCT services according to national or international standards.	Health workers include tutors, clinical preceptors, and providers. ACCESS-supported training events include ACCESS technical assistance, training materials, and approved staff consistent with national or international standards for PMTCT. Trained persons are those who complete a training event satisfactorily according to the criteria established for each course. The number will be calculated as an annual count of persons satisfactorily completing ACCESS PMTCT courses as recorded in program records.	Training participant tracking sheets and training database	Annual
Total number of target service outlets providing the minimum package of PMTCT services according to national or international standards.	Number of target facilities providing the minimum package of PMTCT services according to national or international standards. Under PEPFAR, the minimum package is defined as: -counseling and testing for pregnant women -ARV prophylaxis to prevent MTCT -Counseling and support for safe infant feeding practices -family planning counseling or referral	Program records/reports	Annual
Total number of pregnant women provided with PMTCT services at target facilities, including counseling and testing	Pregnant women include those attending ANC services and those delivering in the maternity at the PMTCT target facilities.	ANC registers, VCT registers, Maternity registers, CDC Global AIDS program database for Haiti, HMIS	Quarterly
% of antenatal care clients at target facilities tested for HIV/AIDS	<u>Numerator:</u> Number of ANC clients at the target facilities tested for HIV/AIDS <u>Denominator:</u> Total number of ANC clients at the target facilities	ANC registers, VCT registers	Quarterly
Number of PMTCT clients tested at target facilities who tested positive	PMTCT clients consist of all pregnant women who received PMTCT services	ANC registers, Maternity registers, CDC Global AIDS program database for Haiti	Quarterly

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Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
Prevalence of HIV among PMTCT clients tested at target facilities	<p><u>Numerator:</u> Number of PMTCT clients at the target facilities tested for HIV/AIDS who tested positive</p> <p><u>Denominator:</u> Total number of PMTCT clients at the target facilities who were tested for HIV/AIDS</p>	ANC registers, Maternity registers, CDC Global AIDS program database for Haiti	Quarterly
Number/% of antenatal clients at target facilities counseled about infant feeding options	<p><u>Numerator:</u> Number of antenatal clients at target facilities counseled about infant feeding options</p> <p><u>Denominator:</u> Number of all antenatal clients at target facilities</p>	ANC register, ANC client record review	Quarterly
Number/% of HIV+ pregnant women at target facilities who received antiretroviral prophylaxis by type of prophylaxis	The types of ARV prophylaxis include AZT, NVP, and short-term tri-therapy.	ANC registers, Maternity registers, HMIS, CDC Global AIDS program database for Haiti	Quarterly
Number/% of newborns with HIV+ mothers at target facilities who received antiretroviral prophylaxis by type of prophylaxis	The types of ARV prophylaxis include AZT and NVP. Prophylaxis should be received by the newborn within 72 hours after birth.	Maternity registers, HMIS, CDC Global AIDS program database for Haiti	Quarterly
Number/% of maternity clients at target facilities who accepted a family planning method postpartum	<p><u>Numerator:</u> Number of maternity clients at target facilities who accepted a family planning method postpartum</p> <p><u>Denominator:</u> Number of all maternity clients at target facilities</p>	Maternity register, maternity client record review	Quarterly

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V. TIMELINE

The timeline of activities, scheduled to occur between January 1, 2005 and December 31, 2005, is below. It is expected that activities will be extended to a full year beyond the date that workplan approval is granted.

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Finalize and approve workplan												
Hire staff and establish office space												
PMTCT Activities												
Facility Assessments												
Adapt Materials												
Site Strengthening												
HUEH EMNC Site Strengthening												
EMNC Knowledge Update												
EMNC Clinical Skills Standardization												
EMNC Coaching												
Workshop to revise PMTCT PNP												
PMTCT Training Plans												
PMTCT Training in PAP												
PMTCT Training in Cap Haitian												
PMTCT Orientations on Site												
Coaching												
Data												

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ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Monitoring												
Curriculum Assessment												
Curriculum Workshop												
HIV and infant feeding trainings												
HIV and nutrition trainings												
EMNC Activities												
Infection Prevention Update												
Assessment of Agent/Matrone Program												
Postabortion Care Activities												
SBM – Baseline Assessments												
SBM – Gaps Analysis Workshops												
SBM – Gaps Interventions												
SBM – Follow-Up Visits												
Orient PAC On the Job Trainers												
PAC – Second Generation Sites												
Needs Assessment Meetings												
Infection Prevention Courses												
Contraceptive Technology Update Courses												
Follow Up Visits												
Manual Vacuum												

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ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Aspiration Training												
Additional Follow Up Visits												
VCT Training												
Cervical Cancer Prevention Assessment												
Situation Analysis												
Stakeholder Meeting												

Latin America/Caribbean Bureau
ACCESS Field Representative: Elizabeth Bocaletti
US-based ACCESS Contact Person: Gloria Metcalfe
Year 1 Funding Amount and Sources: \$50,000
ACCESS Partners: Save the Children
Other Collaborating Organizations: PAHO, Basics

Strategic Statement

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) at Save the Children initiative, in order to improve maternal and newborn health in the region.

Summary of Activities:

The LAC Bureau has provided ACCESS with \$50,000 in field support with the intent to support staff levels of effort for technical assistance on priority issues in newborn health. Save the Children staff will meet with MOH, USAID, other USAID partners and relevant stakeholders in key, representative countries: Guatemala, Paraguay, Peru, Nicaragua, Honduras, and/or Bolivia. The purpose is:

- to better understand the extent and causes of neonatal mortality in the region;
- existing policies and programs designed to address the problem; and
- community-based and facility interventions for the management of newborn resuscitation, infection and low birth weight.

Country-level meetings will start February 2005. The objective will be to ascertain successful approaches for essential newborn care and the management of sick newborns, review lessons learned, and identify appropriate approaches for the Latin America region. A strategy will be completed by September 2005; this will include key countries, and other key partners.

Year 1 Outputs:

- USAID approval of outline
- Strategy document

ACTIVITY 1: RESEARCH AND PREPARATION OF STRATEGIC DOCUMENT

Activity Lead: Elizabeth Bocaletti

Activity Location(s): Guatemala, Peru, Honduras, Bolivia, Nicaragua, and/or Paraguay

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Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Planning. Develop outline, types of information that are needed; schedule of country visits, contacts in each country; work on support from USAID missions in each country.	Save the Children	February 2005
Task 2: Country visits. Visits to Peru, Bolivia, Guatemala, Honduras, Nicaragua, and/or Paraguay (depending on funding) in order to assess the current situation, post-Tegucigalpa Declaration.	Save the Children	May 2005
Task 3: Document Preparation. Develop draft document of background information and tentative strategy.	Save the Children	July 2005
Task 4: Strategy development. Working with partners, design strategy, both regional and country-specific. (note: depends on workshop, to be funded outside this project)	Save the Children	September 2005

Nepal
ACCESS Field Representative: TBD
US-based ACCESS Contact Person: Pat Daly
Year 1 Funding Amount and Sources: \$200,000 (Child Survival)
ACCESS Partners: JHPIEGO, Save the Children
Other Collaborating Organizations: MOH, WHO, DfID/Options,

Strategic Statement:

ACCESS will support USAID/Nepal’s *Strategic Plan 2001-2005* through the Agency’s strategic goals:

- 1) Population stabilized and human health protected
- 2) Human capacity built through education and training

Specifically, ACCESS will support USAID’s Strategic Objective 2 “*reduced fertility and protected health of Nepalese families*” and IR 2.2 “*increased use of selected maternal and child health services*”.

In the past, USAID/Nepal’s efforts have included a focus on an enhanced policy environment for safe motherhood, better coordination among partners implementing safe motherhood programs, improved quality of services and training curriculum for essential and emergency maternal and newborn care, and increased access to and demand for quality services. In addition, USAID has supported the Safe Motherhood Network and Sub-Committee providing effective grassroots communication and advocacy to address maternal health issues. Building on USAID’s investment, ACCESS will continue to advance the safe motherhood agenda through the activities described below.

Summary of Activities:

Field support funding in Nepal will be used to support two major interventions. The first is the assessment of human resource capacity for maternal and newborn care. The current arrangements of health worker designations, training and placement have not been very successful in terms of being able to provide for good coverage and high quality maternal/newborn care at the community, health facility or referral center level. While some progress has been made in developing improved standards and training for some services there are still large problems that need to be addressed. ACCESS/Nepal funding will support the development of strategy that addresses the short and long-term needs for strengthening preservice and inservice training in maternal and newborn care.

Secondly, ACCESS will provide technical support to USAID’s bilateral project, the Nepal Family Health Program (NFHP) for the prevention of postpartum hemorrhage (PPH). NFHP is currently implementing a PPH project in Banke, Nepal. Working in close collaboration with NFHP, the ACCESS Program will identify opportunities to provide assistance to NFHP in support of PPH efforts.

Year 1 Outputs:

- Develop human resource capacity strategy for maternal and newborn care
- Provide technical assistance to Nepal Family Health Program’s (NFHP) PPH project

Field Supported Workplan

ACTIVITY 1: HUMAN RESOURCE CAPACITY STRATEGY FOR MATERNAL AND NEWBORN CARE

During a three-week assessment visit to Kathmandu, an ACCESS team will review the current health human resources situation as it relates to maternal and newborn health and begin work with the government and USAID on assessing the needs of community service providers to provide quality care for maternal and newborn health. This will include a review of pre-service and inservice training and education, gaps, and recommendation for strengthening these systems. The team will assess the current human resource personnel and cadres of health workers providing maternal and newborn care at the facility and community level as well as look at the broader infrastructure issues related to recruitment, deployment, projected needs for health providers, costs for preservice training, and accreditation. The team will meet with government officials, key staff from the IOM and other public and private training institutions, and other donor organizations to seek their input as well as to facilitate their joint agreement/discussion on the way forward. The final report will include strategy for strengthening preservice education and training in maternal and newborn health in Nepal, with recommendations for USAID investments over the next five years. The ACCESS team in-country will collaborate with the USAID mission on the follow up with key partners and the government and assist the USAID mission to determine the best way forward.

Activity Lead: Barbara Kinzie, Neena Khadka and Rajendra Bhadra

Activity Location(s): Kathmandu

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Development of a Human Resources Strategy for strengthening maternal and newborn health services.	JHPIEGO Save the Children	March 2005
Task 2: Follow up with USAID, government and key partners to define an approach for USAID support over the next five years.	JHPIEGO Save the Children	May 2005

ACTIVITY 2: TECHNICAL SUPPORT TO SCALING UP PREVENTION OF PPH FOR HOME BIRTHS

ACCESS will collaborate with the Nepal Family Health Project (NFHP) to pilot the use of misoprostol at the community level. Currently, NFHP is implementing a prevention of postpartum hemorrhage project in Banke, Nepal. During a programmatic visit to Nepal in October 2004, ACCESS began discussions with NFHP regarding the provision of technical assistance to NFHP's PPH project. The tasks listed below outline the support to be provided by ACCESS.

Activity Lead: Harshad Sanghvi

Activity Location(s): Banke, Nepal

Field Supported Workplan

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Finalize implementation plan for PPH project	JHPIEGO	March 2005
Task 2: Provide technical assistance to NFHP/PPH project <ul style="list-style-type: none">▪ Five-weeks TA from Indonesia	JHPIEGO	May 2005
Task 3: Mid-term quality assurance/advocacy visit	JHPIEGO	July 2005

Field Supported Workplan

Malaria Action Coalition/Kenya
ACCESS Field Representative: Dr. Kaendi Munguti
US-based ACCESS Contact Person: Aimee Dickerson
Year 1 Funding Amount and Sources: \$ 200,000 MAC Field Support
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: MOH, Kenya (Division of Malaria Control, Reproductive Health and Health Promotion)

Strategic Statement

The USAID/Kenya integrated plan sets out in the Mission's SO3 the key strategy in support to health. The focus is on strengthening Kenya's health service delivery and maintaining major support for integrated reproductive health and HIV/AIDS. This includes building on the successful malaria interventions in Bungoma and capacity building. Broadly, the activities to be implemented contribute to SO3 and in particular, IR3.1. This will be through ensuring an improved environment for the provision of health care by supporting community-based structures for the implementation of malaria in pregnancy (MIP) interventions.

Summary of Activities:

JHPIEGO has been working in close collaboration with the Ministry of Health – Division of Reproductive Health and malaria control over the last several years to implement MIP interventions. In 2003, MAC/MNH supported the revision of the training/orientation package, printing and trained service providers on Focused antenatal care/MIP in three districts. The Ministry was also supported to strengthen the community component for MIP in one district. The proposed activities for MAC/ACCESS in 2004/05 will focus on continued support to the MOH to implement safe motherhood interventions with specific emphasis on malaria in pregnancy at the community level.

Year 1 Outputs:

- Build capacity of MOH to implement community malaria control
- Build capacity of community resource persons to implement MIP

ACTIVITY 1: DEVELOPMENT OF COMMUNITY RESOURCE PACKAGE

In collaboration with the MOH/ MAC/ACCESS will support the development and production of a community resource package focusing on safe motherhood with emphasis on malaria in pregnancy. There will be a central level consensus meeting to adapt the developed package.

Activity Lead: Dr. Kaendi Munguti

Activity Location(s): Kenya

Field Supported Workplan

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1 Development of resource package	JHPIEGO	March 2005
Task 2: Printing and production of materials	JHPIEGO	March-April 2005
Task 3: Central/district advocacy and planning meeting	JHPIEGO	April-May 2005

ACTIVITY 2: TRAINING OF COMMUNITY RESOURCE PERSONS

As a follow up to the development of the community package MAC/ACCESS will support the orientation/training of community resource persons to support the implementation of SM and MIP interventions. It is envisioned that this will be undertaken in three to four districts in Kenya.

Year 1 Outputs:

- Strengthened human capacity development
- Implementation of community malaria in pregnancy interventions

Activity Lead: Dr. Kaendi Munguti

Activity Location(s): Kenya

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Training/orientation of community resource persons	JHPIEGO	June 2005
Task 2: Support to trained resource persons to implement planned activities	JHPIEGO	July 2005

ACTIVITY 3: SUPPORT SUPERVISION

JHPIEGO/ACCESS in close collaboration with the MOH will offer supportive supervision to the trained community resource persons in the implementation of the community component for MIP.

Year 1 Outputs:

- Ensure implementation of planned through supportive supervision

Activity Lead: Dr. Kaendi Munguti

Activity Location(s): Kenya

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Supportive supervision for trained community resource persons	JHPIEGO	August 2005

Field Supported Workplan

Malaria Action Coalition/Madagascar
ACCESS Field Representative: Dr. Jean Desire Rakotoson
US-based ACCESS Contact Person: Rebecca Dineen
Year 1 Funding Amount and Sources: \$225,000 MAC Field Support
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: CDC, RPM+, WHO

Strategic Statement

Madagascar is the world's fourth largest island and is located off the east coast of South Africa and Mozambique. The population of 16,500 million people is divided between urban areas (20%) and rural (80%). Because of its geographic diversity often roads cannot penetrate into the interior; to reach large villages can be a 2-3 day walk. Thus, the rural population often has limited or no access to public health facilities.

Malaria is the major cause of morbidity and mortality in Madagascar. Three quarters of the population live in endemic areas (mainly along the East and West Coasts) and one quarter live in epidemic zones (mainly in the Central Highlands and Southern zones). In the epidemic zones a sentinel surveillance system is operating to alert the health facilities to malaria outbreaks. The main parasite is *Plasmodium falciparum*.

The Roll Back Malaria Partnership has developed a strategic plan that emphasizes three interventions:

- Pre-packaged treatment for effective and timely treatment of malaria in children under 5 years of age.
- Wide distribution of Insecticide Treated Nets (ITNs), through social marketing and subsidized distribution through ANC clinics and immunization programs.
- Introduction of Intermittent Preventive Treatment (IPT) with Sulfadoxine Pyrimethamine (SP) for pregnant women.

Madagascar has received Global Funds for social marketing of ITNs. This will be done by PSI in collaboration with the MOH. Other Global Fund proposals have been submitted that will support the MOH and other NGOs to carry out activities needed to reach the RBM goals.

The Malaria Action Coalition (MAC), a partnership among the Centers for Disease Control and Prevention, the MSH/Rational Pharmaceutical Management-Plus Program, the JHPIEGO/Maternal Neonatal Health (MNH) Program, and the World Health Organization, has received funding from the USAID Madagascar Mission for technical support to improve case management of malaria and malaria in pregnancy (MIP). The MAC partners conducted a joint planning trip in July 2003, to discuss activities and priorities in Madagascar to which the MAC partners could contribute. Discussions with various stakeholders in the country led to an outline of activities that would be appropriate prior to the official adoption of IPT and activities that could be conducted after official adoption of IPT. These are described below.

Summary of Activities:

MAC proposes to continue scaling up IPT nationwide and strengthen the quality of the services around focused antenatal care and malaria in pregnancy (FANC/MIP). MAC/ACCESS will work in close coordination with the Madagascar MOH/FP to develop clinical performance standards for FANC/MIP, so that health centers and hospitals apply a nationally standardized approach for malaria in pregnancy services. Activities will be conducted in collaboration with USAID's SanteNet program in Madagascar, to assure optimal use of resources.

Year 1 Outputs:

- Appropriate ANC practices and right implementation of IPT
- Appropriate infection prevention practices in place for quality FANC/MIP services
- 25 providers at 5 model sites trained in Infection Prevention
- Key national and district level stakeholders agree with PQI process and development of clinical standards for FANC/MIP
- Desired clinical performance standards developed for FANC/MIP
- Quantitative assessment of the quality of FANC/MIP services in five sites
- Identified gaps in FANC/MIP services
- 16 Trainers capable of training other trainers to scale up FANC/IPT/SP nationwide
- Increased visibility of the importance of MIP and current issues in Madagascar

ACTIVITY 1: STRENGTHEN NATIONAL LEVEL CAPACITY TO IMPROVE ACCESS TO AND USE OF COMMODITIES AND SERVICES

With the introduction of IPT with SP, in five clinics, the MOH/FP has identified a need to scale up the effort to deliver and promote focused ANC, IPT and ITNs at ANC clinics. At the same time, the MOH/FP would like to ensure the sustainability of the quality of services at the clinical sites with newly trained providers. MAC will take the lead, and in close coordination with the MOH/FP, to improve the quality of services at the five clinical training sites developed in FY04, and to initiate a quality supervision program for the services. Activities will be conducted in collaboration with USAID's SanteNet program in Madagascar, to assure optimal use of resources.

Activity Lead: Rebecca Dineen

Activity Location(s): Antananarivo, Madagascar

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct infection prevention training for five Malaria in Pregnancy sites with providers trained in FY04 (MAC Lead: ACCESS)	JHPIEGO	January 2005
Task 2: Develop clinical performance standards for FANC/MIP	JHPIEGO	March 2005
Task 3: Assist to scale up focused antenatal care (FANC) and malaria in pregnancy (MIP) activities through conducting an advanced training of trainers course	JHPIEGO	June 2005

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Task 4: Orientation to the Performance and Quality Improvement (PQI) process for stakeholders	JHPIEGO	March 2005
Task 5: Workshop to Identify Desired Performance	JHPIEGO	March 2005
Task 6: Assessments and workshop to identify actual performance and analyze gaps	JHPIEGO	April 2005
Task 7: Identify root causes and interventions	JHPIEGO	May 2005
Task 8: Follow-up on interventions	JHPIEGO	June 2005
Task 9: Conduct an advanced training of trainers course	JHPIEGO	June 2005

ACTIVITY 2: STRENGTHEN NATIONAL LEVEL LINKAGES TO LEVERAGE RESOURCES FROM OTHER RBM PARTNERS

One of the strengths of the RBM partnership in Madagascar is good communication among the MOH/FP, NGOs, and donors in Madagascar. MAC can contribute to this by ensuring that program partners, such as SanteNet, are invited and work with MAC partners on FANC/MIP activities, since the goals of the programs are perfectly complementary. MAC can also encourage the MOH/FP and other partners to participate in regional network meetings with groups such as RAOPAG, WARN and EARN.

Activity Lead: Rebecca Dineen

Activity Location(s): Antananarivo, Madagascar

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Promote partnership with in-country partners such as SanteNet and regional networks such as RAOPAG and WARN through attendance at network and partner meetings	JHPIEGO	June 2005

Malaria Action Coalition/REDSO
ACCESS Field Representative: Elaine Roman
US-based ACCESS Contact Person: Aimee Dickerson
Year 1 Funding Amount and Sources: \$100,000 MAC Field Support
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: Regional Centre for the Quality of Health Care, Malaria in Pregnancy East and Southern Africa Coalition (partners and country focal persons).

Strategic Statement

The key elements of REDSO’s strategy are strengthening the capacity of African organizations to play a lead role in critical areas, improving networks and partnerships so that a broader cross-section of the population works together to solve common problems, providing access to appropriate technologies and better practices, enhancing the policy environment, and expanding access to information. REDSO is working towards strengthening the malaria capacity and expertise with the Regional Center Quality of Health Care (RCQHC) and the Commonwealth Regional Health Community Secretariat (CRHCS). In addition, REDSO has specific responsibility to support non-presence countries in the region, which include Burundi, Somalia, Djibouti, and Sudan. ACCESS, as a MAC partner, will contribute to REDSO’s goals by contributing to *a) a broadened technical resource base and b) the expansion of critical information* in the ESA region.

Summary of Activities:

REDSO is supporting activities that will aim to strengthen the institutional capacity and sustainability of regional partner institutions. Secondly, priority will be given to expanding the base of human, technical and program resources available to improve systems throughout the region particularly as countries continue to review and change their first line treatments for malaria to artemisinin based combinations. Finally, efforts will be made to increase the analysis, dissemination and application of information to enhance sector programs. ACCESS will work in close collaboration with the Malaria in Pregnancy East and Southern Africa (MIPESA) Coalition and the RCQHC to contribute to the Abuja targets and the Roll Back Malaria initiative to scale up and sustain efforts to prevent and control malaria during pregnancy.

Year 1 Outputs:

- MIPESA country best practices documented
- Draft MIP Country Implementation Guide

ACTIVITY 1: DOCUMENT AND DISSEMINATE BEST PRACTICES

The MIPESA Coalition countries have been leaders in the ESA region in their efforts to prevent and control malaria during pregnancy. The MAC will support MIPESA to examine the countries’ experience in the implementation of the prevention and control of malaria during pregnancy. In addition, to best practices, lessons learned and scale up efforts- the team will examine how the MIPESA Coalition has contributed to country achievements to date. These efforts will **result** in a

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clearer understanding of MIPESA's added value to countries, including verification of coverage levels, and guidance for countries in their continued commitment to prevent and control malaria during pregnancy.

This will be realized through a team of four MIPESA focal persons, RCQHC representation (self funded) and MAC representation (team- up to four members) visiting up to three MIPESA countries. In addition to documenting best practices and lessons learned- the country visits will serve as a study tour for participating focal persons. The MAC will support a Consultant/ Team leader who will meet with country focal persons and the RCQHC on day one of the visit to discuss team tasks and objectives. The Team Leader will also convene the team on the last day of the visit to ensure follow up actions are outlined for country focal persons that include how the information gathered and country successes observed can be integrated into the country focal persons respective programs. It is expected that country focal persons will share key aspects of the visits with stakeholders and look towards the integration of best practices in their own countries by building on already on-going MIP activities and where necessary advocating to increased support for MIP.

The consultant will document country experiences and coverage at the country level. This will be reviewed by country focal persons and team members prior to finalization. The information collected will be critical for the development of the MIPESA Global Fund Application in Round 5, which would enable REDSO to leverage considerable funding for future MIPESA activities. The MAC will support the MIPESA Coalition in the revision of this proposal. . It is also envisioned that the results of the visit will be shared with RBM networks and working groups and coalitions in the Region such as the EARN, WARN and the RBM MPWG.

Activity Lead: Elaine Roman

Activity Location(s): 3 MIPESA Countries- TBD

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Present to MIPESA Steering Committee	JHPIEGO	January 2005
Task 2: Develop Plan of Action with Steering Committee	JHPIEGO	January 2005
Task 3: Hire Team Leader	JHPIEGO	February 2005
Task 4: Country Visits	JHPIEGO	March-May 2005
Task 5: Final Write Up	JHPIEGO	June 2005
Task 6: Disseminate to MIPESA Secretariat & Members	JHPIEGO	July 2005
Task 7: Provide technical support for MIPESA Annual Meeting	JHPIEGO	September 2005

Malaria Action Coalition/Rwanda
ACCESS Field Representative: Elaine Roman
US-based ACCESS Contact Person: Aimee Dickerson
Year 1 Funding Amount and Sources: \$120,000 MAC Field Support
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: National Malaria Control Program, Division of Reproductive Health

Strategic Statement

USAID/Rwanda is focused on improved well-being for the Rwanda people through increased stability, lasting peace and strengthened development capacity. In support of USAID/Rwanda’s Intermediate Results: *a) reinforced capacity for the implementation of the decentralization policy in target health districts and b) improved quality of health services-* ACCESS, as part of the Malaria Action Coalition (MAC), will support these goals through systems strengthening and human capacity development in close coordination with the Ministry of Health. These efforts will target the central, provincial, and district/health center throughout the implementation of efforts to prevent and control malaria during pregnancy.

Summary of Activities:

The National Malaria Control Program of Rwanda has taken important key steps towards the prevention and control of malaria during pregnancy. A national consensus meeting (Nov 04), with technical support from the MAC (ACCESS; WHO/AFRO; and CDC) - launched Rwanda’s efforts to address the detrimental impact of malaria during pregnancy.

ACCESS will target support to promote and strengthen focused ANC with intermittent preventive treatment, the promotion of insecticide treated nets and correct case-management. These efforts will include the adaptation, adoption and printing of the global *Prevention and Control of Malaria during Pregnancy; Learning Resource Package-*, which includes a trainer’s manual, participant manual, and reference manual. In collaboration with the Ministry of Health, ACCESS will train a core team of trainers with the knowledge and skills to train new providers and trainers in focused ANC and malaria during pregnancy; these training efforts will include performance and quality improvement. ACCESS will also provide technical support (e.g. mentoring and coaching) to trainers and the Division of Reproductive Health throughout FY 05 to ensure correct implementation.

Year 1 Outputs:

- Strengthened human capacity- development of up to 20 Rwanda trainers
- Adoption of Rwanda training materials for focused ANC including the prevention and control of malaria during pregnancy.

ACTIVITY 1: ADAPTATION AND ADOPTION OF TRAINING MATERIALS

In collaboration with RBM partners including WHO (Geneva and AFRO) and CDC- MNH/ JHPIEGO developed the global *Prevention and Control of Malaria during Pregnancy; Learning Resource Package*. This ‘training package’- which includes a trainer’s guide, participant’s guide and reference

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manual has been adapted to countries in West and East Africa. The training package is also included in the MNH Global Resource Package for MIP- which MAC is promoting throughout Africa in areas of stable transmission. ACCESS/ MAC will provide lead technical support to Rwanda in the adaptation, adoption and printing of these training materials.

Activity Lead: Elaine Roman

Activity Location(s): Rwanda

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Two (2) day orientation workshop for key stakeholders	JHPIEGO	January 2005
Task 2: Three (3) day adaptation of global training materials	JHPIEGO	January 2005
Task 3: Printing of materials	JHPIEGO	February 2005

ACTIVITY 2: TRAINING OF TRAINERS

ACCESS/ MAC will support Rwanda to develop a core team of trainers that will be able to transfer the correct knowledge and skills with malaria during pregnancy. The training will include strengthening clinical training and supervisory skills as well as facilitation skills. Participants will have the capacity to conduct routine monitoring of service providers in focused ANC and delivery of IPT and ITNs. The training approach incorporated will use the a) mastery learning approach through competency based teaching and mentoring; and b) follow up support to trainers.

Activity Lead: Elaine Roman

Activity Location(s): Rwanda

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Eight (8) day training of trainers (TOT)	JHPIEGO	March 2005

ACTIVITY 3: FOLLOW UP SUPPORT

Trainers trained in Activity 2 will then train providers at the health center level. Once providers have had a chance to go back to their health center sites and practice their new skills- ACCESS, in collaboration with the Rwanda MOH will conduct select site facility visits to check on the progress of implementation. These visits will be an opportunity to close gaps in knowledge among providers and for providers to receive supportive feedback to that will motivate them in their work. The visits will also be an opportunity to better understand the challenges health facilities are facing.

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Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Follow up visits to select sites	JHPIEGO	May-September 2005

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Tanzania
ACCESS Field Representative: Muthoni Magu-Kariuki, Interim Program Manager
US-based ACCESS Contact Person: Anne Pfitzer
Year 1 Funding Amount and Sources: \$950,000 (HIV/GAI: \$500,000; CS: \$50,000, Infectious Disease: \$100,000 and Malaria \$300,000)
ACCESS Partners: JHPIEGO, Futures Group
Other Collaborating Organizations: EngenderHealth/ACQUIRE, EGPAF, Axios, AMREF, White Ribbon Alliance, Columbia University and FBOs (ACT, ELCT, RC, Moravian, Pentecostal Church)

Strategic Statement

In 2004, in response to Tanzania's development challenges and to the Government of Tanzania's Development Vision 2025, USAID/Tanzania developed the "*Country Strategic Plan FY 2005 – 2014*" to help accelerate the country's progress towards sustainable development and make the best use of scarce USG resources. The ten-year plan consists of a development assistance program in five technical areas, including health and HIV/AIDS.

The overall goal of USAID/Tanzania is to "*improve the quality of life in Tanzania*". The health sector strategic objective (SO) for the period 2005 – 2014 is "*health status of Tanzanian families improved*". The outcome intermediate result (IR) that contributes to the health SO is "*target health practices improved and use of health services increased*". The ACCESS Program in Tanzania will contribute to the three IRs that support the outcome IR:

- IR1: Communities empowered to practice health behaviors and use services for targeted health problems
- IR2: Family level access to target health services increased
- IR3: Sustainability reinforced for target health programs

The purpose of the HIV/AIDS SO, "*enhanced multisectoral response to HIV/AIDS*", is the reduction of the impact of HIV/AIDS in Tanzania. The HIV/AIDS SO is supported by four IRs and the ACCESS Program will target the Mission's IR 2:

- IR2: Increased use of prevention-to-care products and services

Given the new USAID/Tanzania *Country Strategic Plan*, the ACCESS Program in Tanzania is well positioned to support both the health and HIV/AIDS SOs and IRs through a comprehensive approach that expands upon the focused antenatal care platform developed under the MNH Program. Using this platform, ACCESS will strengthen and expand service delivery (including syphilis screening and malaria in pregnancy), human capacity development and integration of prevention of mother-to-child transmission of HIV/AIDS (PMTCT) services.

During an October 2004 program planning visit, there was a request for ACCESS to provide technical assistance to integrate PMTCT knowledge and skills into the preservice nurse-midwifery

education curriculum and program as well as to procure and distribute syphilis testing kits. Since the current funding does not allow for those efforts to be part of this workplan, the USAID mission asked that a separate concept paper and budget be prepared for possible funding starting in May 2005. Work will continue on this in January, once this workplan is approved.

Summary of Activities:

1. Planning with National level collaborators for strengthening FANC and integration of PMTCT services.
2. In-service training of nurse midwives as trainers to provide quality integrated ANC and PMTCT services and also to train other nurse-midwives (NM), Maternal Child Health Aids (MCHAs) and Clinical Officers (COs) at District Hospitals, health centers and dispensaries.
3. Strengthen Standards-based Management (SBM) approach in 26 hospitals, 11 health centers and 32 dispensaries
4. Support to nurse midwives in the 26 hospitals to train nurse midwives (NM), Maternal Child Health Aids (MCHA) and Clinical Officers (CO) at the linked health centers and dispensaries.
5. Preservice education and training for certificate nurse midwives in focused ANC
6. Dissemination of the National Infection Prevention and Control guidelines for health care services in Tanzania
7. Support to White Ribbon Alliance (WRA) to plan training of community health workers around maternal and child health services

Year 1 Outputs:

- ACCESS 2004/05 annual planning with collaborators inputs
- 26 Medical Officers in-charge and 26 Matrons from the (26) hospitals oriented to Focused ANC including malaria and syphilis in pregnancy as well as in integration of ANC and PMTCT services
- 15 Regional Reproductive and Child health Coordinators (R-RCHCoS), 15 Regional Nursing Officers (RNOs), oriented to Focused ANC including malaria and syphilis in pregnancy as well as in integration of ANC and PMTCT services
- At least 52 nurse-midwives from 26 hospitals trained as trainers to provide quality integrated ANC and PMTCT services
- At least 150 service providers (NM, MCHA, COs and BP/CR facilitators) trained in Focused ANC including malaria and syphilis in pregnancy as well as in integration of ANC and PMTCT services
- At least 36 preservice tutors trained in Focused Antenatal Care including malaria and syphilis and provided with updated classroom teaching skills
- At least 36 clinical preceptors trained in Focused Antenatal Care including malaria and syphilis and provided with updated clinical instruction and coaching skills
- About 540 nurse-midwife students graduate with skills in focused ANC including malaria and syphilis
- Standards-based management methods and tools introduced in 26 hospitals, 11 health centers and 32 dispensaries
- White Ribbon Alliance capacity building workshop held to provide additional support for WRA community-based activities
- Infection Prevention and Control guidelines for health care services in Tanzania” disseminated to national and zonal representatives

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ACTIVITY 1: INTEGRATED ANC AND PMTCT IN DISTRICT HOSPITALS, HEALTH CENTERS AND DISPENSARIES

This activity is to strengthen focused ANC at all implementing PMTCT sites in Tanzania. Eventually, USAID would also like ACCESS to take a leadership role in the integration of maternal and child health (MCH) and PMTCT services in Tanzania at the facility level. This is the subject of an ACCESS-led conference in December 2004 (see Task 1).

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): The hospitals are in 15 regions (out of 21 regions): Kagera, Mara, Kilimanjaro, Tanga, Mtwara, Singinda, Iringa, Manyara, Tabora, Sinyanga, Morogoro, Ruvuma, Dodoma and Arusha

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Integration of Perinatal Services Workshop	JHPIEGO	December 2004
Task 2: Planning with Ministry of Health (national level) and Collaborating Organizations on strengthening focused ANC at all implementing PMTCT sites	JHPIEGO	December 2004
Task 3: FANC and its integration with PMTCT- Regional/District Advocacy Meetings	JHPIEGO	January 2005
Task 4: SBM module for integration into FANC training materials	JHPIEGO	January 2005
Task 5: Formulate integrated SBM service assessment tool for FANC/PMTCT sites (supportive supervision)	JHPIEGO	February 2005
Task 6: Pretest and finalize service assessment tool	JHPIEGO	March 2005
Task 7: District Hospitals SBM and supportive supervision and assessments for integrated services	JHPIEGO	March 2005
Task 8: TOT for 52 midwives FANC trainers (2 workshops in Jan/Feb and May)	JHPIEGO	May 2005
Task 9: FANC training, PMTCT integration and strengthening of PQI approach at District and FBO Hospitals by the trained midwives (26 facilities)	JHPIEGO	February 2005
Task 10: Follow-up with District Hospitals to prepare for FANC training at linked health centers and dispensaries	JHPIEGO	May 2005
Task 11: FANC Training/orientation at linked health centers/dispensaries	JHPIEGO	April 2005
Task 12: Quarterly coordination meetings among partners	JHPIEGO	April and August 2005

ACTIVITY 2: PRESERVICE TRAINING FOR CERTIFICATE NURSE MIDWIVES IN FOCUSED ANC

This activity continues upon successful efforts under the MNH Program and ensures that all future certified nurse-midwives graduate with focused ANC skills. The MOH also requested assistance for a similar process in nursing diploma schools. However, support to the latter type of schools is pending additional funding.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): The preservice certificate nurse midwifery schools are in 10 regions (out of 21) namely Mwanza, Mara, Kilimanjaro, Pwani, Mtwara, Singinda, Iringa, Mbeya, Manyara and Dodoma.

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: PST Advocacy meetings with school administrators	JHPIEGO	February 2005
Task 2: Order Preservice Training (PST) Equipment	JHPIEGO	January 2005
Task 3: Printing of PST resource learning package for schools	JHPIEGO	January 2005
Task 4: Tutor Orientation to FANC (2 six-day workshop)	JHPIEGO	April 2005
Task 5: Equipment and learning resource package given to schools	JHPIEGO	February 2005
Task 6: Preservice Education Training Skills (PETS) Workshop for tutors (2 workshops)	JHPIEGO	April 2005
Task 7: FANC Orientation and modified Clinical Training Skills (CTS) for clinical preceptors	JHPIEGO	June 2005

ACTIVITY 3: DISSEMINATION OF INFECTION PREVENTION GUIDELINES

Technical support is being provided to the Ministry of Health to finalize, launch and disseminate updated infection prevention guidelines. It is anticipated that additional USAID funding might become available in March 2005 for continued support to infection prevention efforts in Tanzania.

Activity Lead: Gaudiosa Tibaijuka

Activity Location(s): National

Field Supported Workplan

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Edit and format Infection Prevention National Guidelines in readiness for printing	JHPIEGO	January 2005
Task 2: Dissemination of Infection Prevention National Guidelines to national, zonal & regional stakeholders	JHPIEGO	January 2005

ACTIVITY 4: SUPPORT TO WHITE RIBBON ALLIANCE (WRA) TO MOBILIZE COMMUNITIES AROUND MATERNAL AND CHILD HEALTH SERVICES

Activity Lead: Tanzania Program Manager (Under recruitment)

Activity Location(s): National and Arusha region

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Initiate collaboration with WRA to define community work in targeted areas	JHPIEGO and Futures Group	December 2004
Task 2: WRA capacity building workshop	Futures Group	June 2005

PERFORMANCE MONITORING PLAN

I. Strategic and Conceptual Approach

M&E information will measure ACCESS progress towards results relating to four Intermediate Results (IRs) under two of USAID/Tanzania's Strategic Objectives. Program markers (benchmarks, milestones, or indicators) are tied to the USAID Mission IRs as appropriate to the ACCESS program design and component activities agreed between USAID and ACCESS partners. This Performance Monitoring Plan (PMP) presents the frameworks within which these markers have been developed, and provides details on indicators, data systems and sources, and roles/responsibilities for monitoring implementation.

USAID/Tanzania IR	ACCESS activities	Program Markers
Health IR1: Communities empowered to practice key behaviors and use services for target health problems	Support for BP/CR training and collaboration with WRA to develop BP/CR monitoring tools	*Support to WRA for community mobilization
Health IR2: Family level access to target services increased	Strengthen focused ANC services at SDPs rolling out PMTCT Coordinate organizational collaboration strengthening integration of FANC and PMTCT	*Tutors, site preceptors, nurse-midwives trained in focused ANC *Coordination of perinatal and PMTCT partner activities
Health IR3: Sustainability reinforced for target health program	Provide targeted inservice and preservice training for nurse-midwives	*Service delivery sites with FANC-trained nurse-midwives
HIV/AIDS IR2: Increased use of prevention-to-care products and services	Finalize and make available infection prevention guidelines	*Service delivery points providing integrated FANC and PMTCT services *Managers with access to national IP guidelines

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

Critical Assumptions

- That implementation will not be unduly disrupted by significant changes in funding levels, nor by events interrupting ability to travel freely or significant alterations in donor expectations
- That the respective local and global partners will cooperate, collaborate, and meet their commitments to contribute to the improvement of maternal and neonatal health and nutrition initiatives
- That the Government of Tanzania 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 as relevant

II. Performance Indicators and Results

The ACCESS Program and USAID/Washington recommend all countries with maternal, newborn, and women's health concerns establish systems track at least a minimum set of outcome- and impact-level indicators. Those indicators should consolidate key information for all stakeholders working in maternal, newborn, and women's health programming. Such a system should be designed to provide information crucial to the USAID Mission, host governments, and other stakeholders for understanding the relevant context in that country and how it changes over time, which is vital for appropriate programmatic decision-making. The ACCESS Program will not track essential reproductive health, safe motherhood, or newborn information at the impact, or population/national level, in any country, unless specifically tasked and fully funded by the appropriate USAID Mission to do so. The ACCESS Program may, if requested, accept tasks and funding to collaborate in ensuring that information appropriate to safe motherhood and newborn health will be collected and appropriately analyzed or interpreted. Indicators for annual reporting on ACCESS Tanzania Program results are provided below.

Field Supported Workplan

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<i>USAID/Tanzania Result (Health IR1): Communities empowered to practice key behaviors and use services for target health problems ACCESS Program Result: Partnerships initiated towards increasing community support for birth planning</i>						
Number of community groups working with WRA that are aware of new evidence-based skills and practices for maternal and child health	Community groups are organizations working to improve local conditions, e.g., the White Ribbon Alliance. Groups that agree to work with ACCESS will pursue increased knowledge of quality services through social mobilization, empowerment, and collective action strategies. Evidence-based MCH skills and practices will be informed by technical assistance from the ACCESS Program, international standards, and other stakeholders. The number will be calculated as an annual count of community groups with activities meeting the definition that are recorded in program documents.	Program records	Records review to document community group activities; compiled annually	ACCESS, Muthoni Magu-Kariuki, then TZ Program Manager	Baseline: 0 Target:	-Review approaches to identify strengths and weaknesses toward improving successes -Guide resource allocation and contribute to effective planning for future activities

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<i>USAID/Tanzania Result (Health IR2): Family level access to target services increased ACCESS Program Result: National pre-service/in-service curricula and actual practice (core competencies) reviewed/assessed</i>						
Number of tutors, clinical preceptors, nurse-midwives who have been trained in the past year in focused ANC through ACCESS-supported training events	Tutors, site preceptors, and nurse-midwives are defined according to local (Tanzania) categories of instructors and care providers. ACCESS-supported training events 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. The number will be calculated as an annual count of persons satisfactorily completing ACCESS focused antenatal care courses as recorded in program records.	Training database and/or other training records	Compiled from training database raw data annually	ACCESS, Muthoni Magu-Kariuki, then TZ Program Manager	Baseline: 0 <i>Target:</i>	-Document program effects and identify opportunities to build on strengths -Revise and plan additional capacity-building strategies and future activities
<i>USAID/Tanzania Result (Health IR3): Sustainability reinforced for target health program ACCESS Program Result: National pre-service/in-service curricula and actual practice (core competencies) reviewed/assessed (improved)</i>						
Number of service delivery points with at least one nurse-midwife who has been trained within the past year in focused ANC through ACCESS-supported training events	Service delivery points are medical facilities where clinical care is provided for clients. Nurse-midwives are defined according to local (Tanzania) categories of care providers. Trained nurse-midwives are those who complete a focused ANC training event satisfactorily according to the criteria established for the course. The number will be calculated as an annual count of SDPs that have sent at least one person to an ACCESS-supported FANC course and who satisfactorily completed that training as recorded in program records.	Program records including training database and/or other training records	Training records reviewed to compile relevant information annually	ACCESS, Muthoni Magu-Kariuki, then TZ Program Manager	Baseline: 0 <i>Target:</i>	-Document program effects and identify opportunities to build on strengths -Revise and plan additional capacity-building strategies and future activities

Field Supported Workplan

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
<i>USAID/Tanzania Result (HIV/AIDS IR2): Increased use of prevention-to-care products and services ACCESS Program Results: Integration of EMNC and PMTCT interventions strengthened; see also ACCESS IR 5, Targets of Opportunity</i>						
Number of service delivery points providing integrated FANC and PMTCT services	<p>Service delivery points are medical facilities where clinical care is provided for clients.</p> <p>The Prevention of Mother to Child Transmission package of services aims to prevent HIV+ transmission through the provision of ANC including a number of interventions.</p> <p>The provision of integrated ANC and PMTCT services at ACCESS target sites will be determined through follow-up and supportive supervisory review.</p>	Program records	Records review to compile targeted SDPs that reach service provision goals	ACCESS, Muthoni Magu-Kariuki, then TZ Program Manager	Baseline: 0 Target:	<p>-Ongoing monitoring to assess progress</p> <p>-Document program effects and identify opportunities to build on strengths</p> <p>-Revise and plan additional capacity-building strategies and future activities</p>
Number of zonal and regional managers who have received the national IP guidelines through ACCESS-led dissemination	<p>Zonal and regional managers are GOT employees responsible for health standards leadership for SDPs in their geographic areas.</p> <p>Receiving national infection-prevention guidelines will be accomplished through advocacy meetings.</p> <p>The number of managers receiving the guidelines will be calculated from the program records concerning attendance at these meetings.</p>	Program records	Summary information will be compiled at the end of the reporting year.	ACCESS, Muthoni Magu-Kariuki, then TZ Program Manager	Baseline: 0 Target:	<p>-Ongoing monitoring and documentation of program effects and cumulative improvements</p> <p>-Share lessons with partners and stakeholders</p>

West Africa Regional Program (WARP)
ACCESS Field Representative: Jérémie Zoungrana, Director JHPIEGO/Burkina Faso
US-based ACCESS Contact Person: Elizabeth Kizzier, Program Officer
Year 1 Funding Amount and Sources: \$300,000
ACCESS Partners: JHPIEGO
Other Collaborating Organizations: AWARE-RH; UNICEF; Mwangaza Action, MOH
Dates: 1 April 2005 – 30 September 2005

Strategic Statement

ACCESS will support USAID’s West Africa Regional Program (WARP) strategic objective 5: “Increased adoption of sustainable FP/RH, STI/HIV/AIDS and child survival policies and approaches in West Africa”. More specifically, ACCESS will contribute to Intermediate Result 5.1 “Improved approaches to FP/RH, STI/HIV/AIDS and child survival services disseminated region wide” and Intermediate Result 5.3 “Increased capacity of regional institutions and networks” through scaling up and replication of promising and best-practices in the region.

ACCESS efforts in the West Africa sub-region will focus on duplicating best practices in maternal and newborn health and formulating long-term training capacity in close collaboration with the AWARE-RH program. Since ACCESS’ mandate is to help countries integrate various reproductive health components into a continuum of care that maximizes maternal and newborn health survival at all points along the household-to-hospital continuum, efforts will be made to ensure that skilled providers and community members are capable of sharing the most complete evidence-based practices throughout their countries.

Because non-USAID presence countries are priority for WARP and AWARE-RH, and because partners such as UNICEF and UNFPA have a strong in-country presence and expressed their intention to provide continuing support in these countries, WARP and AWARE-RH have identified two non-USAID countries where they have requested ACCESS to provide technical assistance to develop long-term training capacity at both the facility and community level for scaling up of best practices. The two countries selected for FY05 are Mauritania and Cameroon.

In March 2005, a team consisting of representatives from ACCESS, AWARE-RH and Mwangaza Action visited Cameroon to:

1. Develop a workplan in collaboration with UNICEF/Cameroon, outlining implementation of activities, roles and responsibilities of each organization, timeline and resources
2. Evaluate clinical site as potential training facility (Ngaoundéré, Adamaoua Province)
3. Evaluate community mobilization activities and systems (Ngaoundéré, Adamaoua Province)

Therefore, the following workplan represents activities specific to Cameroon and more precisely, the ACCESS Program’s technical assistance to support these activities. A complete “Action Plan” for Cameroon for all the partners is being developed by AWARE-RH and UNICEF/Cameroon based upon the discussions held in Cameroon 7-11 March 2005.

With regards to Mauritania, ACCESS plans to conduct a similar planning and evaluation trip to Mauritania in 30 April – 6 May 2005 with representatives from AWARE-RH and Mwangaza Action

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to develop a workplan with UNICEF based upon findings in the field. Once conducted, ACCESS will submit a supplemental workplan to USAID/WARP for Mauritania.

Summary of ACCESS Activities Cameroon:

Clinical Training

- Building capacity of skilled providers to serve as trainers and practitioners of evidence-based promising and best practices in essential maternal and newborn care (EMNC). A total of 20 providers from Ngaoundéré District, Adamaoua Province will participate in the following:
 - Technical Update and Clinical Skills Standardization Course (3 weeks - June) to be held at the District Hospital EELC (Eglise Evangelique Lutheran du Cameroun) in Ngaoundéré, Adamaoua Province
 - Outcome: Providers gain up to date information about international standards of care, evidence-based knowledge and clinical skills that will be used to replicate services in-country
 - Technical Follow Up Visit to be conducted at provider's site (within 2 months of Technical Update and Clinical Skills Standardization Course - August)
 - Outcome: Providers receive on-site coaching, mentoring and evaluation of clinical skills and site strengthening

These activities are directly linked to USAID/WARP's Performance and Monitoring Plan IR5.1.B "Number of AWARE supported applications of "promising and best practices", since providers from Cameroon will be trained in essential maternal and newborn care based upon evidence-based information and best practices.

Social Mobilization

- Build the capacity of the district health team, local NGOs and community members to use evidence-based advocacy and behavior change communication approaches to encourage women and their families to practice appropriate protective behaviors including timely and appropriate care-seeking. The training will also build their capacity to advocate for, and monitor the quality of maternal and newborn services offered in their communities. Social mobilizers from Ngaoundéré District, Adamaoua Province will participate in the following:
 - Development of Social Mobilization Strategy (1 week - April)
 - Outcome: Identify local social mobilization team and develop a strategy specific to socio-cultural context and needs of the community that will lead to improve care for women and newborn within their households and health facilities.
 - Social Mobilization Advocacy workshop (1 week - June)
 - Outcome: Community mobilizers, skilled providers and district health management teams understand the role that each must play to strengthen capacity at all points along the household-to-hospital continuum.
 - Training in use of auto-diagnostic tools and implementation of community diagnosis in at least one "pilot" community (2 weeks – August/September)

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- Outcome: Community mobilizers capable of conducting assessments at the community level and utilizing the findings from the assessments to design, implement, monitor and evaluate targeted community interventions that would lead to a reduction in maternal and newborn mortality and morbidity.
- Community mobilizers implement auto-diagnostic tools in one “pilot” community that accesses EMNC health services.

This activity is directly linked to 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 will work 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 1 Outputs:

In Cameroon:

- Skilled providers (20) trained in EMNC capable of:
 - Scaling up EMNC best practices in their facility and region.
 - Working with the community to enhance maternal and newborn health outcomes.
- Strengthen selected activities along the household-to-hospital continuum of care in which providers, district and regional management team members, local NGOs, and community members trained as community social mobilizers are capable of:
 - Conducting community assessments to define a strategy leading to increased demand for, and utilization of quality maternal and newborn health services and increased utilization of appropriate maternal and newborn protective behaviors
 - Designing, implementing, monitoring and evaluating maternal and newborn community interventions
 - Advocacy to mobilize resources for implementing community interventions and quality improvement at their health facilities
 - Enhancing communication between community members and providers in order to meet the needs expressed by the community for quality care

Stakeholder Commitment

Based on available FY05 ACCESS funding, the activities outlined in this workplan can be conducted only if the partners with which ACCESS will work (including UNICEF, AWARE-RH and Mwangaza Action) commit the appropriate financial and human resources to support the proposed interventions.

During the recent planning visit to Cameroon 7-11 March 2005, the following stakeholder commitments were discussed and agreed upon with AWARE-RH and UNICEF. UNICEF is currently in the process of developing a Memorandum of Understanding.

- 1) ACCESS will cover all costs associated with external technical assistance needed to implement the workplan activities. This includes the Burkina Faso based consultants and staff who will be used to conduct the clinical training as well as the social mobilization activities.
- 2) UNICEF and AWARE-RH will cover all in-country technical assistance (trainers) and participant costs associated with the workplan activities. ACCESS will provide a list of criteria to UNICEF for participant and trainer selection.

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- 3) ACCESS will be responsible for purchasing all the materials (including anatomic models) required to conduct the three-week training at the District Hospital EELC in Ngaoundéré. While some materials will be purchased in the United States and shipped to Cameroon, it may be cheaper to purchase others in-country. In that case, UNICEF will be responsible for purchasing the materials in-country and will be reimbursed by ACCESS. ACCESS will provide a complete list of materials, equipment and models for training to UNICEF and AWARE-RH.
- 4) UNICEF will be responsible for transporting all the training materials from Yaoundé to Ngaoundéré prior to the start date of the training.
- 5) Prior to the clinical training at the District Hospital EELC in Ngaoundéré in June, the hospital requires site strengthening in order to bring it up to standards for training. ACCESS will provide a list of requirements (based upon the site assessment conducted in March) to UNICEF who will coordinate with the Ministry of Health and AWARE-RH to ensure that the site is ready prior to training.
- 6) All of the tasks listed under Activity 2 – Training of Social Mobilization Trainers will be carried out by a two-person team consisting of (1) JHPIEGO staff member (based in Burkina Faso) and (1) Mwangaza Action trainer (based in Burkina Faso). The JHPIEGO staff member will be covered by ACCESS and the Mwangaza Action trainer will be covered by AWARE-RH.

Cameroon Program Implementation

Given the scope of work for Cameroon, ACCESS proposes to operate out of JHPIEGO's Burkina Faso office in Ouagadougou with limited support from Baltimore (1 Program Officer 15% LOE April – September). 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. Based on the ambitious scope of work, condensed time line for program implementation (6 months), availability of resources and logistics, ACCESS determined that it will be more cost effective to manage the Cameroon workplan from Burkina Faso. JHPIEGO's staff based in Burkina Faso are fully capable of assisting with the needs assessment and arranging all the logistics for clinical and social mobilization trainings in Cameroon. Since the Burkina Faso staff will be fully occupied carrying out the Cameroon SOW in such a short time frame, ACCESS proposes to support three staff members (from Burkina Faso) at 50% LOE each for a six-month period (April 2005 – September 2005) to manage program implementation, coordinate activities and provide technical assistance. This includes the Director (responsible for overall program oversight and management as well as lead trainer for implementation of community mobilization component), 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.).

ACTIVITY 1: DEVELOPMENT OF EMNC PROVIDERS FOR NGAOUNDÉRE REGION

The purpose of this activity is to develop a qualified and competent core group of EMNC providers in the Ngaoundere Region of Cameroon. These providers will be capable of implementing best practices based upon competency-based training using up to date standards of care and guidelines.

Field Supported Workplan

Activity Lead: Dr. Jules André Bazié

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

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct a one-week needs assessment visit to Cameroon. Finalize strategy and schedule of activities with UNICEF, MOH, AWARE-RH and Mwangaza. (March)	JHPIEGO Baltimore & Burkina Faso	7-11 March 2005
Task 2: Conduct three-week clinical training in essential maternal and newborn care (EMNC) for 20 providers from Cameroon. <ul style="list-style-type: none"> ▪ Conduct 1-week Technical Update and 2-week Clinical Skills Standardization Courses in EMNC for up to 20 participants from Cameroon at the District Hospital EELC in Ngaoundéré. (June) ▪ Order and ship all materials and models for training to Cameroon. (May) 	JHPIEGO Burkina Faso	6-25 June 2005
Task 3: Conduct on-site follow-up visit (2 weeks) to EMNC participants in Cameroon. (August)	JHPIEGO Burkina Faso	August 2005

ACTIVITY 2 – TRAINING OF COMMUNITY SOCIAL MOBILIZERS

In addition to improving the quality of care as outlined in Activity 1, it is essential to create informed demand at the community level. By selecting respected members from the communities surrounding the facility where there are skilled EMNC providers, it will enhance the communication and linkages in the household-to-hospital continuum of care.

Activity Lead: Jérémie Zougrana

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

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct a one-week needs assessment visit to Cameroon. Finalize strategy and schedule of activities with UNICEF, MOH, AWARE-RH and Mwangaza. (March)	JHPIEGO Baltimore & Burkina Faso	7-11 March 2005
Task 2: Develop Social Mobilization Strategy and action plans based upon community context and identify local partners and social mobilization team (1 week visit - April)	JHPIEGO Burkina Faso Mwangaza	18 – 23 April 2005
Task 3: Adapt tools based upon country context and strategy for use in Social Mobilization Advocacy Courses. (May) This activity will be conducted by ACCESS and Mwangaza in Burkina Faso. (May)	JHPIEGO Burkina Faso Mwangaza	May 2005

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Task 4: Conduct one-week Social Mobilization Advocacy Workshops in Ngaoundéré District, Cameroon for key stakeholders and community mobilizers. (June)	JHPIEGO Burkina Faso Mwangaza	June 2005
Task 5: Train trainers in use of auto-diagnostic tools and pilot use in 1 community (2 weeks) Ngaoundéré District, Cameroon. <ul style="list-style-type: none"> ▪ Conduct 6-day training for up to 20 participants. ▪ Implement tools in one pilot community (1 week). ▪ Collect data from a number of communities using the tool, analyze and develop action plans. Tools will be used to collect data and the findings from the assessment will lead to the development of a strategy and action plan for the communities. 	JHPIEGO Burkina Faso Mwangaza	August/September 2005

ACTIVITY 3 – CONDUCT PLANNING AND NEEDS ASSESSMENT VISIT TO MAURITANIA

Specific Tasks	ACCESS Partner(s)	Completion Date
Task 1: Conduct a one-week planning and needs assessment visit to Mauritania. Finalize strategy and schedule of activities with UNICEF, MOH, AWARE-RH and Mwangaza. (May)	JHPIEGO Baltimore & Burkina Faso	30 April – 6 May 2005

Performance Monitoring Plan

The ACCESS M&E framework and implementation strategies for WARP will follow the program implementation lines laid out above and in support of USAID/WARP's Performance and Monitoring Plan (PMP) for Strategic Objective 5: "Increased adoption of sustainable RH, STI/HIV/AIDS, and Child Survival policies and approaches in West Africa. The ACCESS Program proposes activities will be discussed with USAID and also with partners and collaborators in order to assess complementary data requirements and potential areas for cost efficiencies in data collection efforts. Illustrative indicators are listed and defined in the table below.

Monitoring and Evaluation Framework for the ACCESS/WARP Program

Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
<i>WARP IR 5.1 Improved approaches to FP/RH, STI/HIV/AIDS and child survival services disseminated region wide</i>			
<ul style="list-style-type: none"> ▪ <i>IR 5.1.B Number of AWARE-supported applications of promising and best practices in FP/RH, STI/HIV/AIDS, CS & ID</i> 			
<i>WARP IR 5.3 Increased capacity of regional institutions and networks</i>			
<ul style="list-style-type: none"> ▪ <i>IR 5.3.A Number of AWARE-supported technical leadership institutions showing an improvement in institutional capacity</i> 			
<i>ACCESS IR 3: Safe delivery, postpartum, and newborn care improved</i>			

Field Supported Workplan

Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
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. The number will be calculated as an annual count of persons satisfactorily completing ACCESS courses as recorded in program records.	Training participant tracking sheets and training database	Annual
% of providers trained in ACCESS-supported EMNC training courses competent in key EMNC skills 2 months after EMNC training	<u>Numerator:</u> Number providers who completed an ACCESS-supported EMNC course who are competent in EMNC clinical skills 2 months after EMNC training <u>Denominator:</u> Total number of providers who completed an ACCESS-supported EMNC course	Clinical observations during training follow up site visits	2 months after training
This indicator measures the impact of the EMNC training. It examines "transfer of training"-- whether EMNC skills learned during training were retained. It also examines on-the-job performance since providers are observed performing the skills at their worksite with clients (whenever possible) and assessed to see whether the quality of care they offer is according to accepted standards/improved approaches. Any "environmental" obstacles to performing to standard (e.g., lack of supplies, etc.) are identified and discussed.			
% of providers in ACCESS-supported EMNC training courses regularly using the partograph 2 months after training	<u>Numerator:</u> Number of providers completed an ACCESS-supported EMNC course who used the partograph for at least 50% of deliveries conducted during the 2 months after the EMNC training <u>Denominator:</u> Total number of providers who completed an ACCESS-supported EMNC course	Review of service statistics and actual partographs during training follow up site visits	2 months after training
This indicator measures the impact of the EMNC training. Specifically, it measures whether providers are applying their new knowledge and skills about how to use the partograph on the job. Partographs will not only be counted but also reviewed to see if they were filled out correctly.			
Number of targeted participants trained through Social Mobilization Advocacy workshops in target countries	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 Trained persons are those who complete a training event satisfactorily according to the criteria established for each course. The number will be calculated as an annual count of persons satisfactorily completing ACCESS SMA courses as recorded in program records.	Training participant tracking sheets and training database	Annual

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Illustrative Indicator	Definition/Calculation	Data Source/Collection Method	Frequency of Data Collection
Number of trained Social Mobilization trainers reporting having conducted advocacy activities using auto diagnostic tools in the last 2 months	Trained SMAs are ACCESS-trained advocates through the workshops in targeted countries. Auto-diagnostic tools are a key focus of the training.	Program records/reports, completed auto diagnostic tools	2 months after training
This indicator measures the impact of the social mobilization training - whether trainees have applied their skills and conducted any activities			

III. MANAGEMENT PLAN—MANAGING FOR RESULTS

The ACCESS Partnership is composed of six organizations with demonstrated records of sustained commitment and effectiveness in advancing the availability and accessibility of quality services for maternal, newborn, and women’s health in developing countries. The unique experience and expertise of each ACCESS partner is reflected in the distinct role each plays within ACCESS. Primary respective roles on the ACCESS Program core agenda are delineated below. Partner roles in field support countries will be defined in the coming months and presented to USAID once those programs are designed.

JHPIEGO is the lead partner on the ACCESS Program, and will be responsible to USAID for the program’s overall administrative and programmatic management. JHPIEGO will coordinate partner input and will ensure full partner accountability for overall program results. JHPIEGO will maintain three key positions on the ACCESS Program. These are: the Director, Clinical Specialist and M&E Specialist. JHPIEGO will provide USAID with periodic financial and program reports—designed and established in cooperation with each ACCESS partner—that consolidate and reflect the contributions and activities of all ACCESS partners, and that track program progress against established workplans.

In Year One, JHPIEGO will take the lead on working with global partners such as the Partnership for Safe Motherhood and Newborn Health 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 (SC) will take the lead in efforts to expand access to maternal and newborn health services at the community level. Save the Children has two key staff positions on the Program. They are: the Deputy Director and the Community Interventions Specialist. Save the Children will take the lead on managing special initiatives relating to newborn health and will lead efforts as designed using SO 3 funds. These activities include the integration of PMTCT with EMNC in 2-3 key countries in East and Southern Africa. Save the Children will also lead efforts to outline the Household to Hospital Continuum of Care model for the ACCESS Program. Save will also ensure linkages to the Healthy Newborn Partnership as well as Saving Newborn Lives.

The American College of Nurse-Midwives (ACNM) will bring to ACCESS its Home-Based Life Saving Skills (HBLSS) methodologies, in addition to providing specialized midwifery technical assistance through two part-time midwifery advisors. In Year One, ACNM will work with the ACCESS Program to outline the Household to Hospital Continuum of Care Model as well as the Home-based Mother/Baby Care Package. ACNM will work with partners to review the HBLSS curriculum and approach based on recent experience in Ethiopia. The HBLSS curriculum will be revised to include stronger emphasis on ANC including the prevention of malaria during pregnancy for malaria endemic countries. ACNM will lead program efforts to build linkages with partners working in obstetric fistula.

The Futures Group International (TFGI) will lead policy change efforts in support of bringing maternal and newborn interventions to scale. Year One activities include support for the White Ribbon Alliance as per the Program’s work in social mobilization. This will be managed by a part-time social mobilization advisor. In addition, the Futures Group will look at certain policy tools such as the ALLOCATION tool to incorporate key program elements such as the newborn and malaria.

Management Plan—Managing for Results

Tools will be revised this year and available for use in Year Two. Futures Group will have a part-time health policy advisor assigned to ACCESS—though this person has not yet been identified.

Academy for Educational Development (AED) will support the development of the Household to Hospital Continuum of Care package as well as other key documents and will ensure that ACCESS technical approaches incorporate relevant and evidence-based nutrition information. As well, AED will support the Program’s work with WHO/AFRO and the implementation of the Africa Road Map for Safe Motherhood and Newborn Health. WHO/AFRO has outlined a fairly extensive action plan for this year. AED will work with them to coordinate this important work and ensure effective implementation of key activities such as the development of regional “Road Map Facilitators.”

Interchurch Medical Assistance (IMA) will facilitate coordination and collaboration with faith-based organizations that are both members of IMA and affiliated with IMA around the world. This work will be managed largely through the efforts of a full-time Faith-Based Coordinator who will sit with the ACCESS Program team in Baltimore. In Year One, the FBO Coordinator will outline a strategy that articulates the integration of the faith-based community and service delivery sector into ACCESS Program efforts—particularly at the country level. The FBO Coordinator is expected to work with the Program team to identify opportunities across the Program. Additionally, the FBO Coordinator will work with IMA and JHPIEGO to hold a five-day regional conference in East Africa that will include representatives of key FBO service delivery organizations and MOH officials. The conference will focus on a technical update of EMNC and will include special emphasis on integrated ANC.

As the program evolves over time, the Partnership will identify opportunities to support the efforts of the collaborating partners, such as the PPH Initiative under PATH, and to engage their talent and expertise in support of USAID safe motherhood and newborn health investments. The number of collaborating partners will increase over the life of the program, particularly at the country level as ACCESS energizes and engages the support of organizations at community, regional, and national levels for the scale-up of maternal and newborn services.

A. ACCESS ORGANIZATIONAL STRUCTURE AND PROCESS

Core Management Team

The ACCESS Partnership has assembled a team of staff that possesses the skills and experience necessary to meet the challenges of program management and implementation. Key staff members were selected based on 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

Kokila 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.

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

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.

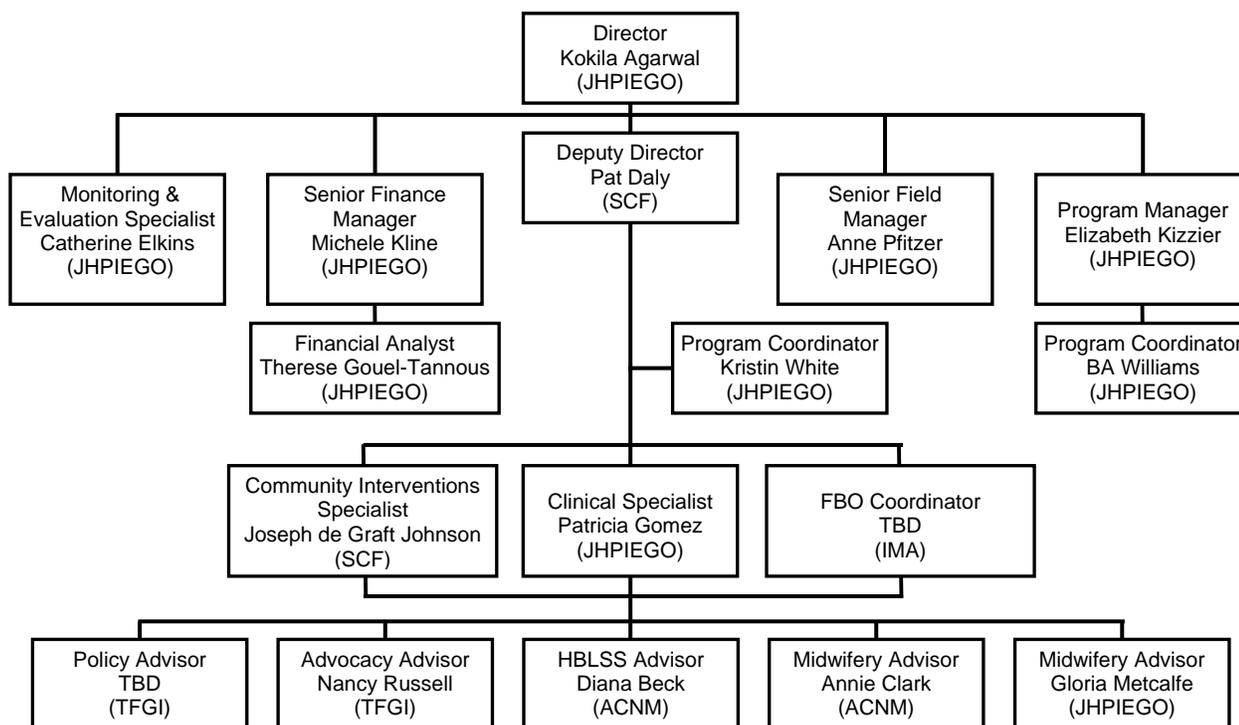
Dr. Catherine Elkins, Monitoring and Evaluation Director. The M&E Director will design and manage the ACCESS M&E system and will use this system to establish M&E frameworks for each country program and to monitor program performance across the program's global, field, and associate award programs. She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

All key staff are fully supported by core funding, except the M&E Director who is funded 50 percent on core and 50 percent by JHPIEGO private funds (as per cost share requirements).

The ACCESS organizational structure is presented in **Figure 5**. 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 Program Manager. Technical specialists are able to draw on significant depth and expertise from their home organizations to support global and country programming.

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Figure 5. ACCESS Organizational Structure



This team is complemented by additional staff members. They are: a Senior Finance Manager (75 percent core and 25 percent JHPIEGO cost share funds), a Senior Field Program Manager (50-50 core/field in Year One, moving to 25-75 core/field for years 2-5), an FBO Coordinator (100 percent core), and a Program Manager (100 percent core). These positions plus the key positions listed above comprise the ACCESS Core Management Team (CMT).

The CMT is supported by four additional staff: an M&E Advisor (100% core), a Financial Analyst (100% core), a Program Coordinator I (60% core), and a Program Coordinator II (100% core). Other technical advisors that will support the ACCESS Program include: a Health Policy and Finance Specialist (50% core), an Advocacy Specialist (50% core), a Home-Based Life Saving Skills (HBLSS) Specialist (50% core) and a Midwifery Advisor (50% core). All technical specialists, including key technical staff, will bill their time to field programs based on agreed-upon scopes of work that require their technical input.

The expanded CMT will include those listed above as well as the Health Policy and Finance Specialist and the Advocacy Specialist fielded by The Futures Group, the HBLSS Specialist and the Midwifery Advisor fielded by ACNM, and a Midwifery Advisor at JHPIEGO.

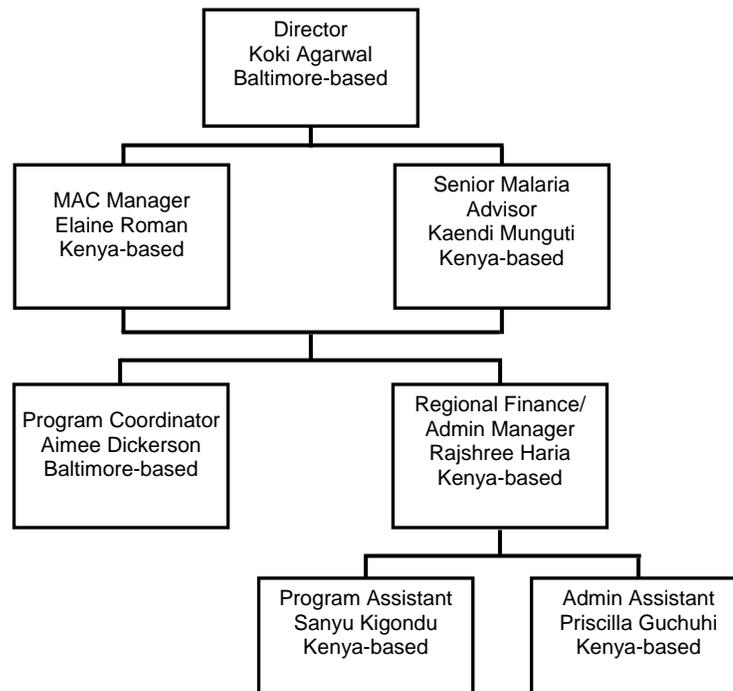
With the exception of the specialists who are available 50 percent to the program, all CMT members and support staff will be located full-time in ACCESS headquarters at JHPIEGO in Baltimore, Maryland. Part-time specialists will work in Baltimore 2–3 days per week and will participate in strategic planning, program design, and decision-making (when necessary), and will be available to the program via telephone, email, and other modes of communication, as needed.

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The full complement of staff is a total of 13.55 core-funded FTE in Year One. It is expected that as field programming expands, 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 sitting in Nairobi in the JHPIEGO/Kenya office. This team represents 2.18 FTE and 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 \$1,740,000 in Year One. The MAC Manager reports directly to the ACCESS Director. See **Figure 6** for the ACCESS Malaria Management Team.

Figure 6. Malaria Management Team



Core Management Team—Roles and Responsibilities

The CMT will have specific and complementary responsibilities and each team member will have specifically assigned scopes and tasks—all will be accountable for overall program integrity through this system of single-point accountability. Performance expectations for individual staff will be clearly specified. Communications are strengthened; the risk of costly duplication of efforts is significantly lowered when team members are clear about who is responsible for various aspects of the program; and issues and challenges will be addressed by the responsible individual for immediate program action and resolution.

Led by the Project Director, the CMT oversees the alignment between program activities and the program's intermediate results, prioritizing program activities, allocating technical and fiscal resources to support those activities, monitoring the quality of program implementation, and documenting and reporting on results achieved. There is a direct line of authority from the Director to the Deputy with support from the M&E Director, the Senior Finance Manager, the Senior Field Program Manager, and the Program Manager. The Deputy will oversee and coordinate the work of the technical specialists in the implementation of their portfolio of activities. The Senior Field

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Program Manager will coordinate inputs to the field and will serve as a locus of communication from the country programs directly to the Director and Deputy Director. However, field missions will have direct access to and contact with both the Director and Deputy as needed and desired throughout life of project.

The M&E Director will report to the Director and will work in close coordination with the Director and Deputy Director as described above. The Senior Finance Manager will report to the Director and will work closely with both the Deputy and the Director to ensure that resources are appropriately allocated and tracked (including earmarks) and that expenditures are in line with available funding. She will be responsible for financial planning and reporting and the development of all sub agreements to partner organizations. She will review and finalize all core and field support budgets and, in close coordination with the Director and Deputy, will ensure that program expenditures are on track. Given the size of the budget and sources of funding (including earmarks)—core, field, and associate awards—she will be supported by a full-time Financial Analyst. The Financial Analyst will support the annual budgeting process and will review all budgets and expenditures on a monthly basis. She will also prepare financial projections for the Senior Financial Manager’s review and action. Other finance personnel will bill directly to field support or to associate awards and will report to the Senior Financial Manager.

The technical specialists will ensure the technical integrity of the program and will bring the state of the art in this field to ACCESS core and field activities. The FBO Coordinator, working through IMA’s extensive network, will work across the program to identify appropriate faith-based partners to support program implementation. To expand program coverage, the FBO Specialist will build linkages between FBOs such as Christian Health Associations and ACCESS. Given the centrality of home-based life saving skills to ACCESS, the technical team will be complemented by an HBLSS Specialist. She will work with the Clinical and Community Intervention Specialists to develop a strategic approach to integrating the HBLSS approach into ACCESS country programs. She will advise country teams and work with host country governments to ensure appropriate support for HBLSS interventions. Because policy and advocacy cut across ACCESS as technical intervention areas, an Advocacy Specialist and a Health Policy and Finance Specialist will work with the technical team. They will work with the CMT and country teams to identify models that can be used in program countries for further insight into the advocacy and policy environment, including health finance, to develop interventions and approaches that are appropriate and cost effective, and that can be implemented at scale in each country.

Cohesive teamwork will begin with the CMT where responsibility for creating and implementing a shared programmatic vision lies. The CMT will ensure 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 will hold mutual trust and respect as core principles and will enable staff to take full advantage of their respective skills and experiences in addressing program needs. Critical issues will be raised and 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.

In the kick-off meeting held in October 2004, the expanded CMT agreed that the ACCESS management structure needed to ensure the following:

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- Communication
- Effective program management
- Organizational competencies are brought together in a noncompetitive, non-duplicative way
- Quality field programs
- Teamwork
- Accountability
- Coordination
- Responsiveness to the client
- Clear and timely decision making

ACCESS STAFFING & LOE

US BASED ACCESS PROGRAM STAFF					
Staff member	Title	Organization	Core	Field	MAC
Koki Agarwal	Director	JHPIEGO	100%		
Pat Daly	Deputy Director	SCF	100%		
Joseph de Graft-Johnson	Community Interventions Specialist	SCF	100%		
Patricia Gomez	Clinical Specialist	JHPIEGO	85%	15%	
Catherine Elkins	M&E Specialist	JHPIEGO	50% ¹¹		
Anne Pfitzer	Senior Field Manager	JHPIEGO	50%	50%	
Michele Kline	Senior Finance Manager	JHPIEGO	75% ¹²		
Elizabeth Kizzier	Program Manager	JHPIEGO	100%		
TBD	M&E Advisor	JHPIEGO	100%		
TBD	FBO Coordinator	IMA	100%		
Therese Gouel-Tannous	Financial Analyst	JHPIEGO	100%		
Kristin White	Program Coordinator	JHPIEGO	100%		
BA Williams	Program Coordinator	JHPIEGO	60%		
TBD	Policy Advisor	TFGI	50%		
Nancy Russell	Advocacy Advisor	TFGI	50%		
Diana Beck	HBLSS Advisor	ACNM	50%		
Annie Clark	Midwifery Advisor	ACNM	50%		
Gloria Metcalfe	Midwifery Advisor	JHPIEGO	35%	5%	
Amy Kleine	Program Officer			100%	
Linda Benamor	Program Coordinator			100%	
TBD	Program Officer			100%	
Angela Nash-Mercado	Program Coordinator			30%	

¹¹ 50% JHPIEGO cost-share

¹² 25% JHPIEGO cost-share

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FIELD BASED ACCESS MAC STAFF					
Elaine Roman	MAC Manager	JHPIEGO (Kenya-based)			85% ¹³
Kaendi Munguti	Senior Malaria Advisor	JHPIEGO (Kenya-based)			60%
Aimee Dickerson	Program Coordinator	JHPIEGO (Baltimore- based)			75%
Rajshree Jha	Regional Finance/Admin Manager	JHPIEGO (Kenya-based)			25%
Sanyu Kigondu	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 will develop a unified vision, strategy, and technical approach for ACCESS, building on the ACCESS proposal submitted to USAID. Core initiatives and field support programs will be designed to support this common vision, strategy, and approach. The CMT will be responsible for the strategic and technical integrity of the program. The team will develop annual workplans, including total projected annual core and field support costs and related program outputs for all components of the program to USAID each year.

The CMT's collaborative approach to its executive responsibilities was initially developed in a facilitated meeting involving all ACCESS managers and staff. Organized around the concrete task of establishing the first year's workplan, this kick-off meeting included discussion around the function of the CMT. The group agreed on the following principles and core values for management:

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

A second team meeting will be held in the second quarter of Year One to develop guidelines to foster the trust and sense of group identity needed to sustain a results-focused collaboration among ACCESS leadership and staff for the life of the project. These guidelines will address issues of information sharing, resource allocation, conflict resolution, and decision-making.

¹³ MAC personnel are cost-shared between field support and core funding

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Consistent with the objective of close cooperation and collaboration among the CMT, major decisions affecting all ACCESS components will be reached, in as much as possible, on a consensus basis. Consensus from CMT members will be 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 will be sought from the Unified Management Team, as described below. Such guidance falls within the responsibilities of the partner organizations, which have formally committed to provide ACCESS and its CMT with regular strategic guidance regarding program activities, progress against planned intermediate results, and allocation of program resources.

The ACCESS partners will also closely cooperate to ensure that the short-term technical assistance needs of the project are met with the most experienced and skilled experts available. This will be done by reviewing scopes of work and channeling these to all partners. Partners can then submit candidates for the positions. Selection for short-term TA will be based on criteria aimed at matching skills with program needs, regardless of partner affiliation.

Country Teams will manage ACCESS 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. This includes working closely with the USAID Mission in the design and scheduling of program activities, engaging appropriate host country public- and private-sector partners, including national professionals and organizations as providers of needed technical inputs, monitoring program quality and progress against plan, and documenting and reporting results. The size and profile of a Country Team will vary according to the scope of work, the availability and capacity of host-country organizations to participate in implementation, and the policies of the USAID Mission. Technical backstopping by ACCESS headquarters will be available primarily through the Senior Field Program Manager and technical specialists, with oversight from the Deputy Director. The Senior Field Program Manager and field teams will also use the ACCESS web-based management system to facilitate a flow of information from headquarters to the field and back, and among field program teams (see Knowledge Management Plan).

Wherever possible, Country Teams will be provided distinct space within an existing ACCESS partner facility in order to realize costs savings from the use of existing communications and administrative support services. Regardless of location, however, Country Teams will maintain close and regular contact with in-country representatives of each of the ACCESS partners in order to engage the complementary skills and experiences each brings to ACCESS. This includes facilitating the identification and engagement of host-country nationals in ACCESS Program implementation.

C. THE ACCESS UNIFIED MANAGEMENT TEAM (UMT)

The Partnership will benefit 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 will meet 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. If needed, the UMT will meet more frequently in Year One. 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.

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The UMT will act as an advisory board to the Core Management Team and is responsible for:

- Delivery of organizational commitments
- Partner effectiveness
- Following the Program’s strategic vision
- The Program’s fiscal well-being
- Ensuring a successful partnership

The UMT will be made aware of serious Program issues and will ensure that appropriate action is taken for full resolution of problems. Additionally, the UMT will have 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:	Maria Busquets
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 will seek to coordinate 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 Safe Motherhood and Newborn Health, and the Child Survival Partnership. 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 (**Figure 7**).

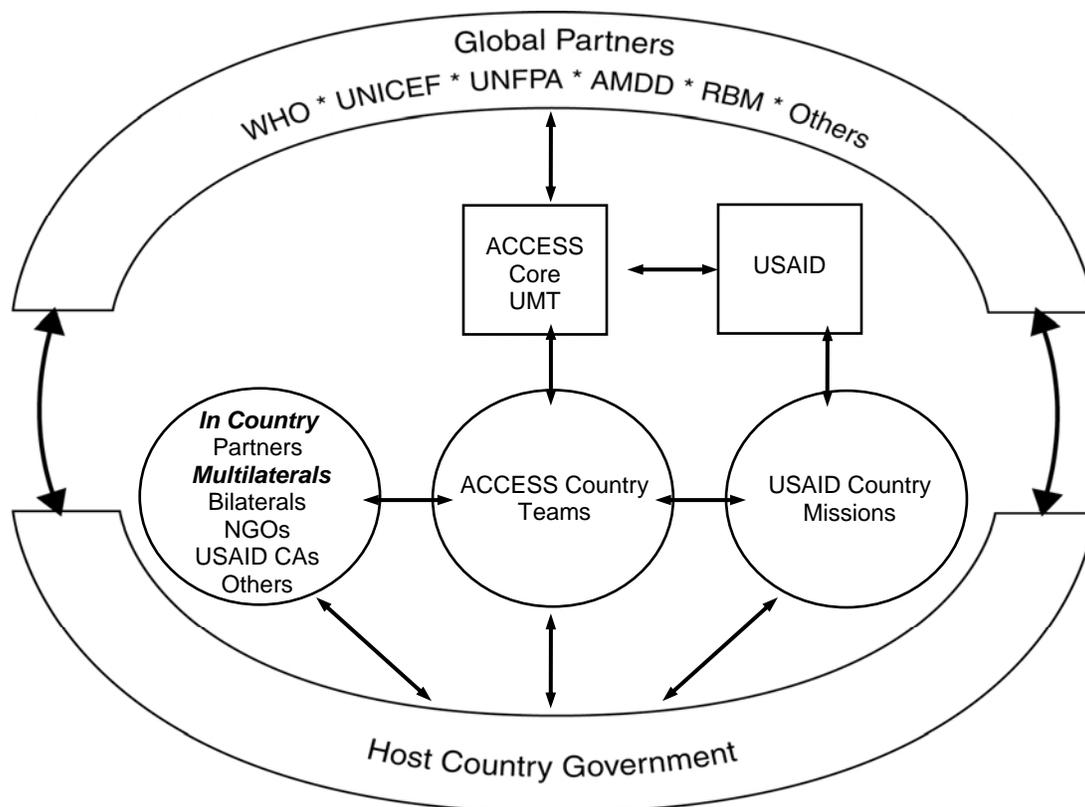
E. MANAGEMENT OF FIELD SUPPORT AND ASSOCIATE AWARDS

The ACCESS CMT will work 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. ACCESS partners with a country presence will 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.

At the point that a USAID mission communicates the desire to move forward with a Associate Award, ACCESS must use mission or corporate funding to design the SOW and for any activities related to SOW design, such as travel and/or assessments.

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Figure 7. ACCESS External Coordination



When the Country Team requires additional, specialized technical guidance, or additional financial or technical resources, the Country Team Leader will work 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. Should an unexpected issue or challenge arise that falls beyond the scope of the Country Team Leader, s/he will alert the Senior Field Program Manager and will work collaboratively, alongside the USAID Mission as appropriate, to search for and implement an effective resolution. The Senior Field Program Manager will keep the Deputy Director informed of all issues related to country-level programming. The Deputy Director will work with the Senior Field Program Manager and the Country Team Leader to resolve program issues and challenges. The Project Director and Deputy Director will be available to the mission to discuss ACCESS activities at any time.

IV. KNOWLEDGE MANAGEMENT PLAN

Since 2003, JHPIEGO has been using SharePoint 2001 software on a pilot basis to enable groups to collaborate in workspaces where they can share files. For the ACCESS Program, JHPIEGO has moved forward with testing SharePoint 2003, a much more robust version of this software. SharePoint 2003 offers:

- Sharing, indexing, and full-text searching of documents
- Workspaces where teams can collaborate online by creating, assigning, and tracking project tasks, creating and sharing an events calendar, creating and sharing contact lists, and so on

SharePoint 2003 is the first step in implementing a comprehensive electronic knowledge management system for ACCESS. In November 2004, a small team of ACCESS staff (4–6 people) will be trained to begin using a pilot version of SharePoint 2003. In December 2004, all ACCESS staff will receive a 3-day SharePoint 2003 training and begin using a production workspace. This workspace will be accessible to both JHPIEGO staff (Baltimore and field) and staff from partner agencies. During November and December, the expected LOE from JHPIEGO's Management Information Systems Office will be one person at 25 percent.

The second step will be to implement a project management system called Intellect that will enable ACCESS program managers to track the progress of their programs jointly with other members of their team both in the United States and the field. Features of the Intellect software include:

- Managing projects and processes that require user collaboration
- Tracking activities and assigned work
- Illustrating workflow including work slowdowns and blockages
- Providing history and visibility into processes

JHPIEGO hopes to have a prototype version of Intellect available in the Spring of 2005. It will allow ACCESS staff to break down the annual workplan into activities that can be assigned resources. The progress toward completion of those activities can be tracked using GANTT charts and workflow diagrams.

Together, the two software applications will provide the foundation for an integrated knowledge management electronic system. Members of the ACCESS team will be involved in the customization of both software packages to ensure they will meet the specific needs of the ACCESS Program.

EVENTS AND PUBLICATIONS

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

Table 1. ACCESS Program Events

Title	Type of Event	Purpose	Target Audience	Type of Participation	Number of Participants (estimated)	Handouts	Length	Estimated Cost
PSMNH Country Level Task Force	Task Force	Ensure country-level linkages to the PSMNH and implementation of a targeted global agenda	Safe motherhood and newborn health community and country-level representatives	Attendee/Contributor	30	Y	2 days	\$6,000
PSMNH Effective Interventions Task Force	Task Force	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
Healthy Newborn Partnership Annual meeting	Annual meeting	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	Newborn health community including safe motherhood	Attendee/Contributor	30	Y	3 days	\$6,000
WRA Asia “Strengthening Regional WRA Capacity and Partnership for Safe Motherhood”	Workshop	Improve the skills of White Ribbon Alliances to implement and monitor policy, advocacy and community-based interventions through technical updates and skills-building workshops	Country-level White Ribbon Alliance members	Attendee/Sponsor	50	Y	5 days	\$46,000
Global meeting for Safe Motherhood and Newborn Health	Meeting	Launch of World Health Report and continued mobilization of the global community for safe motherhood and newborn health	Leaders in RH, safe motherhood community, country level leaders	Attendee/Sponsor	1500	Y	3 days	\$31,000
ICM 27 th Triennial Congress	Conference/workshop	Strengthen midwifery associations, support safe motherhood awareness and programming. Present workshop on Home based Life Saving Skills.	Safe motherhood community, donors, USAID	Attendee/Contributor	300	Y	5 days	\$14,100
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

Title	Type of Event	Purpose	Target Audience	Type of Participation	Number of Participants (estimated)	Handouts	Length	Estimated Cost
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
FBO Service Delivery: Integrated EMNC	Regional Workshop	To update FBO service providers working in Uganda, Zambia, Tanzania, Kenya and Malawi on EMNC and evidence-based interventions such as malaria in pregnancy	FBO service providers and MOH representatives	Organizer/Technical Support	35	Y	5 days	\$86,000
Tanzania: Integration of EMNC and PMTCT	Workshop	To bring lead players in PMTCT, safe motherhood and reproductive health together to coordinate programming for EMNC and PMTCT—at request of USAID/Tanzania and USAID/W	USAID CAs, USAID, MOH and other key stakeholders	Organizer/Technical Support	30	Y	2 days	\$10,000
Burkina Faso: Stakeholders Meeting for Malaria in Pregnancy	Meeting	To disseminate findings from the follow up prevalence survey of malaria in pregnancy post program intervention; and, to discuss revisions to Burkina Faso malaria policy	MOH representatives, donors and other stakeholders	Organizer/Technical Support	30	Y	1 day	\$8,700
Advocacy launch for Lancet series on neonatal health in Nepal, Tanzania and Indonesia	Meeting/media	To increase awareness on neonatal health and survival at the country level	MOH representatives, donors and other stakeholders	Organizer/Technical Support	TBD			

Table 2. ACCESS Program Documents

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Household to Hospital Standardized Service Package	Information Sheet	Finalize key elements of maternal and newborn care interventions that would be implemented along the household-to-hospital continuum and standardize the service package for each level of care	ACCESS Program, Partners, USAID, safe motherhood community, in country programs	Define and adapt model of care; write and produce info sheet	Editor DTP Translators (Fr/Sp)	5 days 1 day Translate Review and edit	\$4,450	6 pages	1000	Website	\$8,700
Community Mobilization Guidance	Tool	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 8 days 28 days	\$10,800	100 pages	500	Website	\$5,100
Performance and Quality Improvement Model—A manual (field-test version)	Tool	Define a package of reproductive health evidence-based quality standards that will focus on improving both providers' performance and all administrative and logistical components needed to ensure an enabling environment	USAID, safe motherhood community, in country programs	Review PDQ, PQI, SBM models and adapt; develop ACCESS model	Editor DTP	20 days 5 days 20 days	\$10,200	50 pages	100	Website	\$1,100
Kangaroo Mother Care Training Manual	Tool	To use the manual as a resource on KMC in KMC centers of excellence in Africa, Asia and Latin America	Service delivery providers	Revise and finalize KMC manual; dist.	Editor DTP	20 days 5 days	\$10,150	60 pages	50 photo copies	NO	\$900

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
ACCESS Program Briefs	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 (3-8 briefs in Year One)	1000	Website	\$4,400
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
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

Title	Product Category	Purpose	Target Audience	Production				Output			
				Task	Staff	LOE (days)	Estimated Cost (\$)	Size (pages)	Print	Electronic	Estimated Cost
Home-based Model of Care: Strategic Guidance (FY06)	Tool	Strengthen home-based care by adapting current evidence-based models of EMNC care	Safe motherhood and newborn health community	Lit review on models of care; define package of care and develop; document process for scale up	Editor	60 days	\$22,000	Training Mod 200 pages Guidelines 100 pages Take Action Card 44 pages Teaching Cards 220 pages	100 100 100 sets	NO	\$15,000
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				By USAID			

V. FINANCIAL OVERVIEW

As of 31 December 2004, the ACCESS Program has received \$4.4M in field support and \$5.214M in core funding for a total obligation of \$9.614M for Year One/FY05 programming. The ACCESS Program has also received an obligation of \$396,500 that per USAID/W request will be reserved for use in Year Two/FY06 programming. Total obligation to the ACCESS Program is \$10,010,500. Due to the funding level obligated in core for the SO5 Mali ITN advisor (\$300,000 multi-year) and the \$396,500 obligation for FY06 programming, it is anticipated that approximately \$600,000 in core funds will remain unexpended in FY05 and carry forward to FY06 for programming in Year Two. Additionally, delays in workplan approvals (both core and field) will contribute to the pipeline carried forward into Year 2. The impact will be assessed quarterly as the workplan approvals are received and implementation and spending plans are finalized based on approval dates. The detailed funding support levels by country/region and SO may be found in **Table 3**.

CORE SUPPORT INITIATIVES

The core funding level (FY04 funds for FY05 programming including the multi-year SO5 Mali ITN advisor) for Year One of the ACCESS Program is \$5.214M. The core funding is comprised of approximately \$3.594M in SO2 funding (\$3.15M general SO2, \$250k Newborn, \$194k PPH), \$400k in SO3 funding for Newborn, \$300k in SO5 funding for an ITN advisor in Mali (the level of this funding will provide support for almost three years), and \$920k in core funding as per the Program's efforts under the Malaria Action Coalition (MAC). Additionally, per USAID/W request, an obligation of \$396,500 will be reserved for use in Year Two/FY06 programming and will not be expended in Year One.

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. For start-up activities, including assessments and workplan development, approximately \$610k from the Core funding has been reserved for use by the Partnership from award inception through 30 November 2004. It is anticipated that some of this reserve will remain at the end of November and will be re-allocated to initiatives based on the workplan design. 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 fully approved in January 2005.

FIELD SUPPORT INITIATIVES

The Year One obligations include field support from six countries and five regional bureaus. These are: Haiti, 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, Rwanda, REDSO/ESA (for support to the Regional Centre for Quality of Health Care), and WARP.

The following field/regionally funded workplans have been completed, approved (noted below) and are included in this workplan document.

Financial Overview

Country/Region	FY04 Field Funding for FY05 Programming
Approved January 2005	
Malaria Action Coalition (MAC)	
Kenya	\$200,000
Madagascar	\$225,000
REDSO	\$100,000
Rwanda	\$120,000
Subtotal	\$645,000
Approved February 2005	
Africa Regional Sustainable Development	\$200,000
Tanzania	\$950,000
LAC Regional Sustainable Development	\$ 50,000
Subtotal	\$1,200,000
Approved March 2005	
Asia, Near East Bureau	\$430,000
Haiti	\$1,500,000
Subtotal	\$1,930,000
Total	\$3,775,000

Nepal - The ACCESS Deputy Director traveled to Nepal at the end of November and has worked with partners and the USAID mission to outline an appropriate scope of work. In February, an ACCESS team was in Nepal preparing a proposed strategy for strengthened maternal and newborn provider capacity. The report was presented to the USAID mission.

WARP - The WARP workplan for field supported initiatives is still under development. A team traveled to the region in early January to finalize the design with the mission. Discussions continue through February 2005.

MAC - Planning for MAC initiatives, both field and core, was initiated in May 2004. Workplans for MAC core and all MAC field initiatives, with the exception of MAC/WARP have been approved. MAC/WARP discussions have continued through February 2005.

Financial Schedules

Financial budgets by activity and IR are noted in the ACCESS Year One Workplan text with the discussion of the activities. Detailed financial schedules and reports for Core-supported efforts beyond the start-up period (inception through 30 November 2004) follow as a separate section. Field schedules and budgets have been 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.

This workplan includes the following financial reports:

Year One Funding Table

Financial Reporting Roll-up (as reviewed and discussed)

Schedules and Budgets:

- Budget Distribution by Funding Type
- Project Summary Roll-Ups by IR/Activity
- Project Summary Roll-Up Program Management

Financial Overview

- Project Summary Roll-Up Quality Assurance and Monitoring and Evaluation
- Project Summary Roll-up Pre-workplan Approval-Start Up Costs
International Travel Worksheet through December 2004

Financial Overview

Table 3. ACCESS YEAR ONE FUNDING
1 October 2004 - 30 September 2005
 as of 31 December 2004

Funding Type	Region / Country or CORE	TOTAL Funding Obligated for FY05 Operations
FIELD SUPPORT	Asia	
	Nepal (CSMH)	\$200,000
	ANE/SPOTS	\$430,000
	CSMH \$330,000	
	Pop \$100,000	
	TOTAL ASIA FIELD SUPPORT	\$630,000
	Africa	
	AFR/SD:	\$200,000
	Pop \$100,000	
	HIV(CSH) \$100,000	
	West Africa Regional Program (WARP)	\$300,000
	Tanzania	\$950,000
CSMH: \$50,000		
Inf \$100,000		
HIV/GAI \$500,000 (time bound - only available through May 05)		
Malaria \$300,000		
Subtotal Africa Field Support	\$1,450,000	
Malaria Action Coalition (MAC) Field Support		
Kenya: Mal	\$200,000	
Madagascar: Mal	\$225,000	
REDSO & GHAI: Mal	\$100,000	
Rwanda: Mal	\$120,000	
WARP: CSH/Malaria	\$125,000	
Total MAC Field Support	\$770,000	
TOTAL AFRICA FIELD SUPPORT	\$2,220,000	
LAC		
LAC/RSD	\$50,000	
Haiti	\$1,500,000	
Population : \$1,350,000		
CS/MH : \$150,000		
TOTAL LAC FIELD SUPPORT	\$1,550,000	
TOTAL FIELD SUPPORT for FY05 Ops	\$4,400,000	
CORE	SO2 - General Programming	\$3,150,000
	SO2 - Newborn	\$250,000
	SO2 - PPH	\$194,000
	SO2 Subtotal	\$3,594,000
	SO3 - Newborn	\$400,000
	SO5 - Mali - ITN Mali (Obligation for Multi-Year Programming)	\$300,000
	SO5 - Malaria Action Coalition (MAC) Malaria/Infectious Diseases	\$920,000
	TOTAL CORE funds obligated through Sept 05 for FY05 Ops	\$5,214,000
Core Funds Obligated for FY06 Programming	\$396,500	
TOTAL FUNDING OBLIGATION AS OF 31 DECEMBER 04		\$10,010,500

Funding levels have been confirmed with USAID/W.CTO
 Additional funding may be forthcoming

Table 5: ACCESS PROGRAM - Y1 ANNUAL IMPLEMENTATION PLAN
 August 2004 - September 2005
 Budget Distribution by Funding Type

BUDGET	Year One FY05 Budget	Funding Type										
		SO2 General	SO2 Newborn	SO2 PPH	TOTAL SO2	SO3 Newborn	SO5 Mali ITN Advisor	SO5 Malaria	TOTAL FUNDING before RESERVE	SO2 RESERVE	SO5 Mali ITN Advisor RESERVE	TOTAL FUNDING with RESERVE
CORE												
IR 1. Global Leadership												
TOTAL Activity 1. Global Networking and Partnerships	\$299,602	\$269,602	\$30,000		\$299,602				\$299,602			\$299,602
TOTAL Activity 2. Health Care Financing and Policy	\$147,275	\$147,275			\$147,275				\$147,275			\$147,275
TOTAL Activity 3. Dissemination of ACCESS Program Materials and Resources	\$86,195	\$86,195			\$86,195				\$86,195			\$86,195
TOTAL Activity 4. Small Grants	\$88,365	\$88,365			\$88,365				\$88,365			\$88,365
TOTAL Activity 5. Technical Assistance	\$90,000	\$90,000			\$90,000				\$90,000			\$90,000
TOTAL IR 1 Global Leadership	\$711,437	\$681,437	\$30,000		\$711,437				\$711,437			\$711,437
IR 2. Preparation for Childbirth Improved												
TOTAL Activity 1. Finalize and standarize for ACCESS a household to hospital package	\$35,304					\$35,304			\$35,304			\$35,304
TOTAL Activity 2. Assure Integration of EMNC and PMTCT	\$203,724		\$203,724		\$203,724				\$203,724			\$203,724
TOTAL Activity 3. Implementation of Home Based Mother and Baby Care	\$253,902					\$253,902			\$253,902			\$253,902
TOTAL Activity 4. Implementation of Socail/Community Mobilization	\$125,777	\$125,777			\$125,777				\$125,777			\$125,777
TOTAL Activity 5. MAC activities	\$920,000							\$920,000	\$920,000			\$920,000
TOTAL Activity 6. ITN Advisor	\$100,000						\$100,000		\$100,000			\$100,000
TOTAL IR 2. Preparation for Childbirth Improved	\$1,638,707	\$125,777	\$203,724		\$329,501	\$289,206	\$100,000	\$920,000	\$1,638,707			\$1,638,707
IR 3. Safe Delivery, Postpartum care, and newborn health improved												
TOTAL Activity 1. Prevention of Post Partum Hemorrhage	\$193,995			\$193,995	\$193,995				\$193,995			\$193,995
TOTAL Activity 2. Strengthening skilled attendance through performnace and quality in	\$82,501					\$82,501			\$82,501			\$82,501
TOTAL IR 3. Safe Delivery, Postpartum Care, and Newborn Health improve	\$276,496			\$193,995	\$193,995	\$82,501			\$276,496			\$276,496
IR 4. Management of obstetric complications and sick newborns improved												
TOTAL Activity 1. Strengthen Pre-service Midwifery Education in EMNC	\$97,783	\$81,507	\$16,276		\$97,783				\$97,783			\$97,783
TOTAL Activity 2. Development and application of the rsource allocation model	\$88,359	\$88,359			\$88,359				\$88,359			\$88,359
TOTAL Activity 3. Finalize training manual for Kangaroo Mother Care (KMC)	\$28,273					\$28,273			\$28,273			\$28,273
TOTAL IR 4. Management of obstetric complications and sick newborns in	\$214,415	\$169,866	\$16,276		\$186,142	\$28,273			\$214,415			\$214,415
IR 5. Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity)												
TOTAL Activity 1. Fistula Prevention	\$97,801	\$97,801			\$97,801				\$97,801			\$97,801
TOTAL IR 5. Prevention and treatment of priority health problems of non-p	\$97,801	\$97,801			\$97,801				\$97,801			\$97,801
Program Management	\$1,113,662	\$1,113,662			\$1,113,662				\$1,113,662			\$1,113,662
Quality and M&E	\$351,373	\$351,373			\$351,373				\$351,373			\$351,373
Pre-Workplan Approval - Start-up Costs	\$610,109	\$610,109			\$610,109				\$610,109			\$610,109
TOTAL CORE BUDGET	\$5,014,000	\$3,150,025	\$250,000	\$193,995	\$3,594,020	\$399,980	\$100,000	\$920,000	\$5,014,000			\$5,014,000
TOTAL CORE FUNDING BY TYPE		\$3,150,000	\$250,000	\$194,000	\$3,594,000	\$400,000	\$100,000	\$920,000	\$5,014,000	\$396,500	\$200,000	\$5,410,500

Financial Overview

Table 6: International Travel

PROJECT: HAITI

Activity 1: Workplan Development

Consultant: Lucito Jeannis

Airfare: Port-Au-Prince to BWI	\$900 /trip	x	1 trip	x	1 person	\$900
Lodging (Baltimore)	\$149 /day	x	5 days	x	1 person	\$745
M&IE (Baltimore)	\$49 /day	x	5 days	x	1 person	\$245
Misc	\$350 /trip	x	1 trip	x	1 person	\$350
						<u>\$2,240</u>

Amy Kleine travel to PAP, Haiti - January 2005

Airfare: BWI to PAP, Haiti	\$700 /trip	x	1 trip	x	1 person	\$700
Lodging (PAP)	\$127 /day	x	7 days	x	1 person	\$889
M&IE (PAP)	\$107 /day	x	7 days	x	1 person	\$749
Misc	\$350 /trip	x	1 trip	x	1 person	\$350
						<u>\$2,688</u>

PROJECT: MAC WARP

Activity 1: Workplan development visit to Accra, Ghana - 9-15 January 1005

Consultant: Eloi Amegan

Airfare (From Lome, Togo to Accra, Ghana)	\$300 /trip	x	1 trips	x	1 person	\$300
Lodging (Accra)	\$102 /day	x	5 days	x	1 person	\$510
M&IE (Accra)	\$54 /trip	x	5 days	x	1 person	\$270
Misc	\$100 /trip	x	1 trips	x	1 person	\$100
						<u>\$1,180</u>

Elaine Roman - travel from Nairobi, Kenya to Accra, Ghana

Airfare (From Nairobi, Kenya to Accra, Ghana)	\$1,500 /trip	x	1 trips	x	1 person	\$1,500
Lodging (Accra)	\$102 /day	x	5 days	x	1 person	\$510
M&IE (Accra)	\$54 /trip	x	5 days	x	1 person	\$270
Misc	\$100 /trip	x	1 trips	x	1 person	\$100
						<u>\$2,380</u>

Activity 2: WARN meeting in Lome, Togo - Feb 2005

Consultant: Quenum Alban

Airfare (From Benin to Lome, Togo)	\$300 /trip	x	1 trips	x	1 person	\$300
Lodging (Lome)	\$98 /day	x	5 days	x	1 person	\$490
M&IE (Lome)	\$78 /trip	x	5 days	x	1 person	\$390
Misc	\$100 /trip	x	1 trips	x	1 person	\$100
						<u>\$1,280</u>

PROJECT: Nepal

Activity 1: Planning trip for preparation of a Human Resources Strategy for maternal and neonatal care

Consultant: Human Resources Consultant

Airfare (From US to Kathmandu, Nepal)	\$5,000 /trip	x	1 trips	x	1 person	\$5,000
Lodging (Kathmandu)	\$125 /day	x	21 days	x	1 person	\$2,625
M&IE (Kathmandu)	\$63 /trip	x	22 days	x	1 person	\$1,386
Misc	\$350 /trip	x	1 trips	x	1 person	\$350
						<u>\$9,361</u>

Barbara Kinzie - travel to Kathmandu Nepal, 13 Feb - 6 March

Airfare (From US to Kathmandu, Nepal)	\$5,000 /trip	x	1 trips	x	1 person	\$5,000
Lodging (Kathmandu)	\$125 /day	x	21 days	x	1 person	\$2,625
M&IE (Kathmandu)	\$63 /trip	x	22 days	x	1 person	\$1,386
Misc	\$350 /trip	x	1 trips	x	1 person	\$350
						<u>\$9,361</u>

PROJECT: WARP

ACTIVITY 1: Workplan development visit to Ghana - January 2005

Patricia Gomez - Travel to Accra, Ghana - 9-15 January 2005

Airfare (From US to Accra, Ghana)	\$5,000 /trip	x	1 trips	x	1 person	\$5,000
Lodging (Accra)	\$102 /day	x	7 days	x	1 person	\$714
M&IE (Accra)	\$54 /trip	x	7 days	x	1 person	\$378
Misc	\$350 /trip	x	1 trips	x	1 person	\$350
						<u>\$6,442</u>

Jeremie Zougrana - Travel from Burkina to Accra, Ghana - 9-15 January 2005

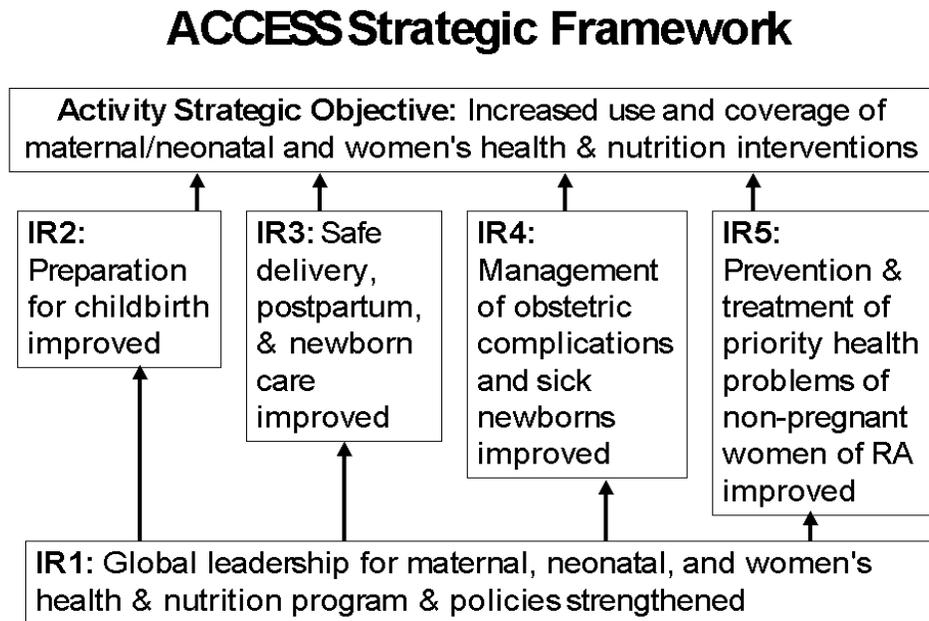
Airfare (Burkina to Ghana)	\$500 /trip	x	1 trips	x	1 person	\$500
Lodging (Accra)	\$102 /day	x	7 days	x	1 person	\$714
M&IE (Accra)	\$54 /trip	x	7 days	x	1 person	\$378
Misc	\$150 /trip	x	1 trips	x	1 person	\$150
						<u>\$1,742</u>

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

I. STRATEGIC AND CONCEPTUAL APPROACH

M&E information measures progress towards achieving the Activity Strategic Objective (SO) and five Intermediate Results (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 Performance Monitoring Plan (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. The ACCESS Program Results



The ACCESS M&E system is the data-based management mirror of the ACCESS program, and thus covers key global and country-level activities.¹⁴ 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.¹⁵ 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.

¹⁴ 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.

¹⁵ Minimum threshold for a separate M&E plan for ACCESS country-level activities is a funding level of at least \$250K. Other criteria may affect the decision regarding whether or not a country-level plan is necessary.

Appendix—Performance Monitoring Plan

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:

IR1: 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

IR2: 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

IR3: 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

IR4: 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

IR5: 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 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.

Appendix—Performance Monitoring Plan

Activity Strategic Objective	ACCESS Program Indicator Subjects
Increased use and coverage of maternal/neonatal and women's health and nutrition interventions	<p>1.A ACCESS countries demonstrating improvement in the past year in indicators appropriate to areas of program activity as determined by country-specific M&E plan and budget agreed by USAID Mission, potentially including</p> <ul style="list-style-type: none"> i. %/# of births attended by skilled attendants ii. %/# of mothers who report immediate and exclusive breastfeeding for last live birth iii. %/# of newborns receiving BCG and OPV within 3 days of birth iv. %/# of ANC clients in malaria-endemic areas who receive IPT and appropriate counseling on ITN use for newborns v. %/# of ANC clients who receive appropriate HIV/AIDS counseling for PMTCT vi. %/# of mothers who receive antenatal iron folate and appropriate postpartum Vitamin A supplementation <p>1.B ACCESS countries demonstrating improvement in the past year in appropriate impact/outcome indicators collected by other mechanisms (e.g., DHS, RHS, RAMOS, and other stakeholders), as determined by country-specific M&E plan and budget agreed by USAID Mission, potentially including</p> <ul style="list-style-type: none"> i. % of births attended by skilled attendants (national) ii. % of mothers reporting breastfeeding within the first hour of birth for last child (national) iii. immunization coverage rates iv. ITN use rates for (a) population; (b) mothers/newborns v. % of facilities offering maternal/neonatal services that provide integrated PMTCT services <p>1.C Estimated population of women of reproductive age living in communities or catchment areas of facilities targeted by ACCESS interventions (Country-level)</p>
IR 1: Global leadership for maternal/neonatal and women's health and nutrition programs and policies strengthened	<p>1.1.A Strengthened technical approaches and/or products advocated by USAID being promoted for international use through ACCESS leadership roles</p> <p>1.1.B Countries that implement and promote policies and guidelines, including clinical care and service delivery standards, to increase access to high-quality maternal and neonatal health services</p> <p>1.1.C International and/or national policies and clinical standards revised and/or strengthened to promote access to and coverage of integrated MNH services</p>

Appendix—Performance Monitoring Plan

Activity Strategic Objective	ACCESS Program Indicator Subjects
IR 2: Preparation for childbirth improved	<p>1.2.A ACCESS-targeted communities with social mobilization approaches leading to achievement of improved birth planning</p> <p>1.2.B Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received two tetanus toxoid injections</p> <p>1.2.C Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received iron/folate supplementation</p> <p>1.2.D Number of women who gave birth in the past 6 months who received counseling/information/materials for ITN use with newborn</p> <p>1.2.E Number of women with a birth in past 6 months who appropriately received intermittent preventive treatment (IPT) with SP (malaria endemic countries only)</p>
IR 3: Safe delivery, postpartum care, and newborn care improved	<p>1.3.A Number of ACCESS-targeted facilities with PQI initiatives leading to achievement of compliance with international standards of care</p> <p>1.3.B Percent of births in ACCESS-targeted facilities in the past six months that occur with a skilled attendant using a partograph</p> <p>1.3.C Percent of women delivering in ACCESS-targeted facilities in the past six months who do not receive an episiotomy at the time of birth</p> <p>1.3.D Percent/number of births in ACCESS-targeted facilities/communities in the past six months with active management of third stage of labor</p> <p>1.3.E Number of newborns in the past six months in ACCESS-targeted facilities or communities dried and warmed immediately after birth</p> <p>1.3.F Number of women in ACCESS-targeted facilities or communities who accept a contraceptive method by 6 weeks postpartum</p>
IR 4: Management of obstetric complications and sick newborns improved	<p>1.4.A Percentage of women attending ACCESS-targeted facilities with eclampsia who appropriately receive magnesium sulfate</p> <p>1.4.B Number of maternal/neonatal providers trained in infant resuscitation</p> <p>1.4.C Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved complication readiness</p>

Appendix—Performance Monitoring Plan

Activity Strategic Objective	ACCESS Program Indicator Subjects
IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (targets of opportunity)	1.5.A Number of linkages with international obstetric fistula networks initiated and technical assistance provided

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.

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
ACCESS Program Result: Increased use and coverage of maternal/neonatal and women's health and nutrition interventions						
<p>1.A Number of ACCESS countries demonstrating improvement in the past year in indicators appropriate to areas of program activity as determined by country-specific M&E plan and budget agreed by USAID Mission</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS countries will be identified on an annual basis according to funding levels and scopes of work. Countries with funding under 250K per year may be considered ACCESS countries if the SOWs are extensive enough, e.g., include activities under at least four ACCESS IRs. Indicators to track, appropriate to areas of program activity, will be determined from the final country M&E plans. The number will be calculated as an annual count of countries meeting the definition criteria. 	Program records and country reports	M&E review of country-level M&E indicators Annual	Program lead staff and M&E staff of ACCESS	Baseline: 0 <i>Target: all ACCESS countries</i>	Identify strong and effective program efforts, toward outreach and building on strengths to enhance overall program impact.
<p>1.B Number of ACCESS countries demonstrating improvement in the past year in appropriate impact/outcome indicators collected by other mechanisms (e.g., DHS, MICS, RAMOS, and other stakeholders)</p> <p>(collection is field-dependent)</p>	<ul style="list-style-type: none"> ACCESS countries: see above. 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. The number will be calculated as an annual count of countries meeting the definition criteria. 	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>1.C (Country-level) Estimated population of women of reproductive age living in communities or catchment areas of facilities targeted by ACCESS interventions</p>	<ul style="list-style-type: none"> The number of reproductive age women is the female population estimated to be between the ages of 15–49. Communities or catchment areas targeted by ACCESS will be determined at the country level. The number will be calculated as country totals <i>where appropriate and available</i> and a global total for all of the countries meeting the definition. 	National data 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
ACCESS Program Intermediate Result 1: Global leadership for maternal, neonatal, and women's health and nutrition program and policies strengthened						
1.1.A Number of strengthened technical approaches and/or products advocated by USAID being promoted for international use through ACCESS leadership roles	<ul style="list-style-type: none"> Technical approaches and products to be strengthened are detailed in the program workplans (global and country-level). Number strengthened are those where ACCESS review and improvement activities are reported to have been successfully completed. Promotion for use occurs through many venues: meetings, collaboration, alliances and partnership implementation. The number will be calculated as an semi-annual count of approaches and products meeting the definition criteria. 	Program reports and activity tracking	Program and M&E review of activity results per indicator criteria Semi-annual	ACCESS technical staff and M&E	Baseline: 0 <i>Target: all</i> <i>Year1: 10</i>	<p>Assess program effort.</p> <p>Share lessons learned with stakeholders.</p> <p>Build program outreach and collaboration impact.</p>
1.1.B Number of countries that implement and promote policies and guidelines, including clinical care and service delivery standards, to increase access to high-quality maternal and neonatal health services	<ul style="list-style-type: none"> Policies and guidelines including clinical care and service delivery are national standards meeting international evidence-based quality criteria related to ACCESS goals. Countries increasing access to high-quality MNH 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. The number will be calculated as an annual count of standards meeting the definition criteria. 	Program reports and activity tracking	Program and M&E review of activity results per indicator criteria Annual	ACCESS technical staff and M&E	Baseline: 0 <i>Target: all</i> <i>Year1: 4</i>	<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>1.1.C Number of international and/or national policies and clinical standards revised and/or strengthened to promote access to and coverage of integrated MNH services</p>	<ul style="list-style-type: none"> • Policies and standards 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. • Standards promoting access to integrated MNH services are those whose focus includes expanding availability or coverage of service delivery covering the ACCESS-recommended package of MNH and other services. • Revised or strengthened standards are those where ACCESS review and improvement activities targeting MNH service integration are reported to have been successfully completed. • The number will be calculated as an annual count of guidelines meeting the definition criteria. 	Program reports and activity tracking	<p>Program and M&E review of activity results per indicator criteria</p> <p>Annual</p>	ACCESS technical staff and M&E	<p>Baseline: 0</p> <p>Target: Year1: 3</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>
ACCESS Program Intermediate Result 2: Preparation for childbirth improved						
<p>1.2.A Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved birth planning</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in BP/CR. • Achievement of improved birth planning is defined as having fulfilled BP goals of the community's self-developed action plan. • The number will be calculated as an annual count of targeted communities meeting the definition criteria. 	Program reports and activity tracking	<p>Program and M&E review of program reports</p> <p>Annual</p>	Program staff in-country with ACCESS M&E review	<p>Baseline: 0</p> <p>Target: Year1: TBD per final country workplans</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>1.2.B Percent/number of women who delivered in past 6 months in ACCESS-targeted facilities/communities who received two tetanus toxoid injections</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> 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. 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). Number delivering in communities will be calculated from home records if available (e.g., if the country uses cards the client keeps) or program records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>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>
<p>1.2.C 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"> 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. Percent of women delivering in facilities will be calculated from facility records that show iron/folate supplementation having been given to the mother: Number of women's records that show a delivery in the past 6 months and iron/folate supplementation prior to that delivery / number of women's records that show a delivery in the past 6 months (numerator/denominator). Number of women delivering in communities will be calculated from home records if available (e.g., if the health system uses cards that the client keeps) or program records. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target: 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>1.2.D Number of women who gave birth in the past 6 months who received counseling/information/materials for ITN use with newborn (applicability is field-dependent)</p>	<ul style="list-style-type: none"> This indicator will be reported by country only where ACCESS activities target ITN use for improvement. Women delivering in communities in the past 6 months will be identified through program records or if appropriate facility-based records. Delivery/receipt of counseling, information, and/or materials for ITN use will be determined from program records or if appropriate facility-based records. The number will be calculated as an semi-annual count of women meeting the definition criteria. 	HMIS and/or home records	<p>Availability of HMIS information or home records TBD in the context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: not known at country levels</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Ongoing monitoring to assess program progress. Review/revise approaches to guide decision in resource allocation.</p>
<p>1.2.E Number of women with a birth in past 6 months who appropriately received intermittent preventive treatment (IPT) with SP (malaria endemic countries only) (applicability is field-dependent)</p>	<ul style="list-style-type: none"> This indicator will be reported by country only where ACCESS activities target IPT with SP as an area for improvement. Women delivering in communities in the past 6 months will be identified through facility records. Receipt of IPT with SP will be determined from facility records. The number will be calculated as an semi-annual count of women meeting the definition criteria. 	Facility records	<p>Availability records TBD in context of developing the country-level M&E plan.</p> <p>Semi-annual</p>	Program country staff with ACCESS M&E review	<p>Baseline: TBD country level</p> <p><i>Target: TBD per final country workplans</i></p>	<p>Ongoing monitoring to assess program progress. Review/revise approaches to guide decision in resource allocation.</p>

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
ACCESS Program Intermediate Result 3: Safe delivery, postpartum care, and newborn health improved						
1.3.A Number of ACCESS-targeted facilities with PQI initiatives leading to achievement of compliance with international standards of care	<ul style="list-style-type: none"> ACCESS-targeted facilities are those identified service delivery points where program activities and alliances aim to enhance quality of care through PQI approaches. Achievement of compliance with international standards of care is defined as meeting or exceeding the international criteria established as goals in the facility's self-developed action plan. The number will be calculated as an annual count of facilities meeting the definition criteria. 	Program PQI records	Records and document review Annual	Program technical staff with ACCESS M&E review	Baseline: 0 <i>Target: TBD per final country workplans</i>	Review, revise, and assess PQI effectiveness and related program approaches. Ongoing monitoring and planning of future activities, including scale-up where funding allows.
1.3.B Percent of births in ACCESS-targeted facilities in the past 6 months that occur with a skilled attendant using a partograph (applicability is field-dependent)	<ul style="list-style-type: none"> This indicator is reported by country only where ACCESS activities target correct use of a partograph as an area for MNH improvement. Women delivering in the past 6 months will be identified through facility records. Correct use of a partograph will be determined from facility records. Skilled attendants are those employed in skilled service provider categories according to the standards of the country. The percentage will be calculated by dividing the number of births recorded in the past six months that occur with a skilled attendant using a partograph (numerator) by the number of births recorded in the past six months (denominator). 	Facility records	Records review Annual	Program country staff with ACCESS M&E review	Baseline: TBD country level <i>Target: TBD per final country workplans</i>	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.

Indicator	Definitions and Calculation	Data source	Collection method/ frequency	Responsible party	Baseline (and Target)	Use of data
<p>1.3.C Percent of women delivering in ACCESS-targeted facilities in the past 6 months who do not receive an episiotomy at the time of birth</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> This indicator is reported by country only where ACCESS activities target lowering the episiotomy rate as an area for maternal health improvement. Women delivering in the 6 months prior to data collection will be identified through facility records. Absence of an episiotomy will be determined from facility records. The percentage will be calculated by dividing the number of women delivering in the past six months who did not receive an episiotomy (numerator) by the number of women delivering in the past six months (denominator). 	Facility records	Records review Annual	Program country staff with ACCESS M&E review	Baseline: country level TBD <i>Target: TBD per final country workplans</i>	<p>Monitor and assess program strategies and implementation toward building on strengths and addressing weak areas.</p> <p>Share lessons learned with stakeholders and inform program management decisions.</p>
<p>1.3.D 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"> This indicator is reported by country only where ACCESS activities target AMTSL as an area for improvement, either in facilities, communities, or both. Births in the 6 months prior to data collection will be identified through facility records and/or program records at the community level. AMTSL is determined by information available in the records. For facility births, the percentage is calculated by dividing the number of births recorded in the past 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. 	Facility and/or program records where data are available	Records review, where data are available Annual	Program country staff with ACCESS M&E review	Baseline: TBD country level <i>Target: TBD per final country workplans</i>	<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>1.3.E 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"> This indicator will be reported by country only where ACCESS activities target newborn care as an area for improvement. 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. This indicator is an annual count of newborns meeting the definition criteria. 	Facility and/or program records if data are available	Records review, if data are available 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>1.3. F Number of women in ACCESS-targeted facilities or communities who accept a contraceptive method by 6 weeks postpartum</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> This indicator will be reported by country only where ACCESS activities target integrated family planning as an area for improvement. Women who accept a contraceptive method are those recorded in facility or community outreach records as receiving the contraceptives or a prescription for a method (if appropriate in context). The number is a semi-annual count of women recorded at ACCESS-targeted facilities or through community outreach as meeting the definition criteria. 	Facility and/or program records	Records review Semi-annual	Program country staff with ACCESS M&E review	Baseline: country level TBD <i>Target: 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.

Indicator	Definitions and Calculation	Data source	Collection method/frequency	Responsible party	Baseline (and Target)	Use of data
ACCESS Program Intermediate Result 4: Management of obstetric complications and sick newborns improved						
<p>1.4.A Percentage 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"> This indicator will be reported by country only where ACCESS activities target facility-based eclampsia treatment as an area for improvement. 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. 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). 	Facility records	Records review	Program technical staff with ACCESS M&E review	Baseline: TBD country level Target: TBD per final country workplans	Assess effectiveness of program activity in specified target facilities and specific care concerns. Share lessons learned that will also inform programmatic decision making.
<p>1.4.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"> ACCESS-supported curricula and training events are those developed and managed by ACCESS staff or ACCESS-approved training staff. 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. Maternal/neonatal providers are service delivery staff whose core competencies and employment duties include pregnancy and birth-related health issues. Trained providers are those who complete a training course satisfactorily according to the course criteria. The number is a semi-annual count of providers meeting the definition criteria. 	Training records	Compilation of totals from training records. Semi-annual	ACCESS M&E	Baseline: 0 Target: TBD per final country workplans	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>1.4.C Number of ACCESS-targeted communities with social mobilization approaches leading to achievement of improved complication readiness</p> <p>(applicability is field-dependent)</p>	<ul style="list-style-type: none"> • ACCESS-targeted communities are those identified social and geographic areas where program activities and alliances aim to enhance shared responsibility and collective action in BP/CR. • Achievement of improved complication readiness is defined as having fulfilled CR goals of the community's self-developed action plan. • The number will be calculated as an annual count of targeted communities meeting the definition criteria. 	Program reports and activity tracking	Program and M&E review of program reports Annual	Program country staff with ACCESS M&E review	Baseline: 0 <i>Target: Year1: TBD per final country workplans</i>	<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>
ACCESS Program Intermediate Result 5: Prevention and treatment of priority health problems of non-pregnant WRA improved (Targets of Opportunity)						
<p>1.5.A Number of linkages with international obstetric fistula networks initiated and technical assistance provided</p>	<ul style="list-style-type: none"> • International obstetric fistula networks are those organizations or groups of organizations who identify obstetric fistula as a key area of international concern and needed activism. • Linkages are working relationships on identified tasks toward specified goals agreed between a network and ACCESS. • 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. • The number will be an annual count of networks linking with ACCESS tasks, and a qualitative report of TA may also be provided. 	Program records	Records review	ACCESS M&E	Baseline: 0 <i>Target: 4</i>	<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>