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

ACCESS Year Four Annual Report

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October 1, 2007 – September 30, 2008

Submitted to: United States Agency for International Development under Cooperative Agreement #GHS-A-00-04-00002-00
Submitted by: Jhpiego in collaboration with Save the Children, Constella Futures, Academy for Educational Development, American College of Nurse-Midwives, IMA World Health
Submitted: October 2008 Revised: December 2008

Table of Contents

ABBREVIATIONS AND ACRONYMS IV

SUMMARY VII

MAJOR ACHIEVEMENTS IN YEAR FOUR 1
SKILLED BIRTH ATTENDANCE 1
Core Funds 1
Field Funds 3
Regional: AFR/SD and Core Funds 8
Regional: West Africa Funds 9

PREVENTION OF POSTPARTUM HEMORRHAGE 10
Core Funds 10
Field Funds 10

NEWBORN CARE 13
Core Funds 13
Field Funds 13

ANTENATAL CARE 17
Core Funds 17
Core Malaria Funds 17
Field Funds 18

OTHER ACCESS RESULTS FOR WOMEN'S HEALTH 20
ACCESS-FP Funds 20
Core FP/RH Funds 21
Field Funds 21
Preliminary Work on Pre-eclampsia/Eclampsia 23

CHALLENGES AND OPPORTUNITIES 24
Challenges 24
Opportunities 25

ANNEX A: CORE ACTIVITY MATRIX 26

ANNEX B: PROGRAM COVERAGE MATRIX 35

ANNEX C: SUCCESS STORIES 40

ANNEX D: ACCESS BUREAU AND COUNTRY FUNDING TABLE (PY1–PY4) 43

ANNEX E: HIDN RESULTS PATHWAYS REPORT AND OP INDICATORS 52

Abbreviations and Acronyms

ACCESS	Access to Clinical, Community, Maternal, Neonatal & Women's Health Services
AFSOG	Afghan Society for Obstetricians and Gynecologists
AHTOP	Accelerated Health Officer Training Program
AMTSL	active management of the third stage of labor
AMA	Afghanistan Midwives Association
ANC	antenatal care
ANM	auxiliary nurse-midwife
ART	antiretroviral therapy
APHIA	AIDS, Population and Health Integrated Assistance Program
BCC	behavior change communication
BEmONC	basic emergency obstetric and newborn care
BP/CR	birth preparedness and complication readiness
BPHS	basic package of health services
CAC	community action cycle
CAG	community action group
CEDPA	Centre for Development and Population Activities
CCG	community core group
CCMT	community care management and treatment
CMT	community mobilization team
CHEW	community health extension worker
CHW	community health worker
CKMC	community-based Kangaroo Mother Care
CRP	community resource person
CTO	contract technical officer
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
DOT	directly observed therapy
DRH	Division of Reproductive Health
EmONC	emergency obstetric and newborn care
ENC	essential newborn care
FANC	focused antenatal care
FBO	faith-based organization
FMOH	Federal Ministry of Health
FP	family planning
FRONTIERS	Frontiers in Reproductive Health Program
GMAP	Global Malaria Action Plan

HC	health center
HEW	health extension worker
HIDN	health, infectious diseases and nutrition
HO	health officer
HP	health post
HAS	health surveillance assistant
HSSP	Health Services Support Program
IEC	information, education and communication
IMAI	integrated management of adult illness
IMCI	integrated management of childhood illness
IP	infection prevention
IPT	intermittent preventive treatment
IR	intermediate result
ITN	insecticide-treated (bed) net
IUD	intrauterine device
JICA	Japan International Cooperation Agency
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LBW	low birth weight
LGA	local government area
LRP	learning resource package
MAISHA	Mothers and Infants, Safe, Healthy and Alive Program
MCH	maternal and child health
MCPC	managing complications in pregnancy and childbirth
M&E	monitoring and evaluation
MIP	malaria in pregnancy
MMAM	Primary Health Services Development Programme
MNH	maternal and newborn health
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MOPH	Ministry of Public Health
MSP	making pregnancy safer
MWRA	married women of reproductive age
NASCOP	National AIDS and STD Control Programme
NFHP	National Family Health Program
NGO	nongovernmental organization
NMCP	National Malaria Control Programme
NRHP	National Reproductive Health Program

PAC	postabortion care
PE/E	pre-eclampsia/eclampsia
PITC	provider-initiated testing and counseling
PMI	President's Malaria Initiative
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	prevention of mother-to-child transmission of HIV
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPFP	postpartum family planning
PPH	postpartum hemorrhage
PQI	performance and quality improvement
QI	quality improvement
QQT	quality improvement team
RACHA	Reproductive and Child Health Alliance
RBM	Roll Back Malaria
RCH	reproductive and child health
RHAC	Reproductive Health Association of Cambodia
RH	reproductive health
RN/M	registered nurse-midwife
SBA	skilled birth attendance/attendant
SBAI	Safe Birth Africa Initiative
SBM/R	Standards-Based Management and Recognition
SIP	syphilis in pregnancy
SNL	saving newborn lives
SP	sulfadoxine-pyrimethamine
SSC	skin-to-skin care
TBA	traditional birth attendant
TIMS©	Training Information Monitoring System
TOT	training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VIA	Visual Inspection of the cervix with Acetic Acid
WHO	World Health Organization
WRA	White Ribbon Alliance

Summary

The Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS) Program seeks to increase use and coverage of maternal, neonatal and women's health and nutrition interventions. ACCESS is a five-year, $75 million Leader with Associate Awards to Jhpiego in collaboration with Save the Children, Constella Futures, the Academy for Educational Development, American College of Nurse-Midwives and IMA World Health. Since its start in July 2004, ACCESS has received $65.2 million, leaving approximately $9.8 million for FY08 obligations before reaching the Program ceiling. ACCESS has worked in more than 25 countries with large country programs in Bangladesh, Tanzania, Kenya, Nigeria, Malawi, Ethiopia, South Africa and Rwanda. ACCESS has received four associate awards: ACCESS-FP, ACCESS/Afghanistan (Health Services Support Program [HSSP]), ACCESS/Cambodia, and Mothers and Infants, Safe, Healthy and Alive (MAISHA/Tanzania).

This report presents ACCESS Program results and activities from 1 October 2007 to 30 September 2008 and is organized by the four results pathways of the United States Agency for International Development's (USAID) Office of Health, Infectious Diseases and Nutrition (HIDN): skilled birth attendance (SBA), antenatal care (ANC), postpartum hemorrhage (PPH) and newborn care. Important results that do not fit under these pathways are presented under an "other results" category. The final section in this report discusses challenges and programmatic opportunities.

Over the past year, through its global program implementation and technical assistance, ACCESS programs made skilled delivery care, including prevention of postpartum hemorrhage services and essential newborn care, available to over eleven million women of reproductive age in eight countries (Afghanistan, Ghana, India, Kenya, Malawi, Nigeria, Rwanda and Tanzania). In Bangladesh, ACCESS-trained counselors promoted essential newborn care at home births: of 38,306 women reached postpartum: 96% of newborns had clean cord care, 85% mothers initiated breastfeeding within one hour of birth, 87% of newborns were dried and wrapped immediately after birth. Beyond the results pathways, ACCESS activities have led to improved coverage for family planning in Nigeria and Kenya, improved post abortion care in Malawi and Haiti, and improved services in PMTCT and ARTs. In Malawi, Afghanistan, South Africa, Nigeria, Ghana, Kenya and Rwanda, ACCESS has improved the quality of care using performance standards at over 330 health facilities.

ACCESS has continued collaboration with the World Health Organization (WHO), the Partnership for Maternal, Newborn and Child Health (PMNCH) and the White Ribbon Alliance (WRA). Through our small grant awards for innovative work, faith-based organization (FBO) grants are being implemented by a team representing both Islamic and Christian FBOs and the Ministry of Health (MOH), thereby strengthening working relationships and developing new strategies for sharing knowledge across networks. And with key stakeholders from USAID, UNICEF, Saving Newborn Lives (SNL), USAID cooperating agencies, researchers and field staff, ACCESS sponsored a one-day consultation meeting to discuss community-based skin-to-skin care (SSC) for low birth weight newborns.

In the area of malaria, ACCESS contributed to the development of the Roll Back Malaria (RBM) Global Malaria Action Plan (GMAP)—which was finalized in September 2008—through its membership in the Malaria in Pregnancy (MIP) Working Group. When GMAP was officially launched in September at the Millennium Development Goals Summit in New York and in malaria-endemic regions, it was introduced as the global road map for malaria control and elimination around which all stakeholders can coordinate their actions. ACCESS also revised the Malaria Resource Package developed in 2003 to add updated information on MIP and to include an implementation guide. The guide, which outlines seven essential programming components that are needed to put MIP policy into practice at the health facility level, draws on existing country experiences, best practices and lessons learned for practical implementation.

The ACCESS Program Web site, which is used to share news and disseminate key tools and resources, had nearly 10,000 new visitors in this year alone, and more than 4,000 people have now completed the seven ACCESS-developed USAID Global Health e-learning courses since their inception.

ACCESS has also achieved key results using core funds at the country level. In Kenya and Rwanda, ACCESS contributed to efforts to update the knowledge and skills of service providers in the prevention of postpartum hemorrhage (PPH). From January to September 2008 at health facilities in two ACCESS focus districts in Rwanda where training has been completed, 91% of vaginal births received AMTSL. In India, ACCESS and CEDPA are working together to increase access to and demand for skilled community-based midwives. And in Nigeria, ACCESS continued work with the Mada community in Zamfara State to address financial barriers to health services, including developing ways for women to save and loan money to one another.

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

- Over the past year, Kangaroo Mother Care (KMC) has continued to be supported in five country programs—**Nigeria, Bangladesh, Malawi, Nepal and Rwanda** (using core funds). In Rwanda, KMC was expanded to seven more hospitals.
- In **Ethiopia**, ACCESS initiated the basic emergency obstetric and newborn care (BEmONC) skills strengthening of faculty for pre-service training of health officers and prepared materials for and initiated in-service training of health extension workers (HEWs). ACCESS/Ethiopia increased access to key MNH services by arranging to obtain free misoprostol for HEWs to use to prevent PPH in the third stage of labor, and trained 358 HEWs to improve service delivery at the health post and community levels.
- In **Cambodia**, ACCESS contributed to the revision of national postabortion care (PAC) guidelines, assisted national MNH working groups and updated an integrated postnatal care (PNC) package for midwives for the MOH, which is being field-tested and developed through a partnership of nine international and local organizations.
- In **Nepal**, ACCESS provided technical assistance to the USAID bilateral and Ministry of Health (MOH) to plan an intervention on community-level prevention of eclampsia using high doses of calcium.

- **Afghanistan** HSSP finalized national quality assurance standards, which were used to improve the quality of services as documented in baseline and follow-up assessments. HSSP also continued to build the capacity of local nongovernmental organizations (NGOs) implementing the basic package of health services (BPHS). The government of Afghanistan is moving forward to scale up, in a phased manner, the provision of misoprostol at the community level—a direct consequence of the pilot project for community-based prevention of PPH in Afghanistan, where results showed that the use of misoprostol is safe and programmatically effective.
- ACCESS/**Tanzania** held a successful White Ribbon Day event with over 500 participants and assisted Zanzibar to form its own White Ribbon Alliance (WRA). ACCESS continued to scale up focused antenatal care (FANC) training in Tanzania nationally, and was cited for its good work during President Bush's visit to the country.
- President Bush visited **Tanzania** in February 2008 as part of an effort to observe the current PMI- and PEPFAR-funded initiatives in action. In preparation for this visit, ACCESS developed a press release; identified useful FANC information, education and communication (IEC) materials for display during official site visits; and provided updated program information to USAID for use in preparation of presidential remarks during his visit. The ACCESS FANC program was highlighted by President Bush during a speech he made at Meru District Hospital.
- In **Malawi**, ACCESS continued to increase the quality of reproductive health (RH) services by supporting the Minitry of Health/Reproductive Health Unit to apply the Standards-Based Management and Recognition (SBM-R) quality improvement (QI) approach. At a national stakeholders meeting, RH focal persons from six participating district hospitals presented findings from their internal QI assessments, which measured 14 areas of RH, including prevention and management of PPH. Baseline results from March 2008 were similar across facilities, with a mean score of 34%. By August 2008, all facilities showed improvements, with a mean score of 71%.
- A rapid needs assessment sponsored by ACCESS and NMCP in **Malawi** identified a severe shortage of staff trained on FANC and MIP and shortages of SP and other supplies for IPTp by directly observed therapy (DOT). In response, ACCESS trained 680 ANC service providers from all 28 districts in FANC/MIP and provided basic supplies for IPTp to all 730 health facilities across the country. Supportive supervision visits to 56 facilities revealed that over 80% had the requisite DOT supplies.
- In **Bangladesh**, trained counselors conducted 84,014 pregnancy preparedness home visits, counseling pregnant women on healthy MNH behaviors and steps to take to prepare for birth. The counselors reached 18,999 (50%) recent mothers within 24 hours and 25,800 (67%) within 72 hours and conducted postpartum counseling visits. Among 38,306 women reached: 48% had a birth plan, 76% newborns were attended by a newborn care person, 96% of newborns had clean cord care, 85% mothers initiated breastfeeding within one hour of birth, 87% of newborns were dried and wrapped immediately after birth, and 80% of mothers delayed bathing their newborns for three days.
- In **Kenya**, ACCESS worked to support the Division of Reproductive Health (DRH) to move forward with prevention of mother-to-child transmission of HIV (PMTCT) standards and services. Providers at ACCESS-supported pilot sites in Kenya successfully provided

integrated ANC/tuberculosis screening services. In addition, Kenya helped develop new policy guidelines on reproductive tract cancer and HIV counseling and testing. ACCESS moved toward integration of FP and STI services with HIV/AIDS services in Kenya with the development of two orientation packages—an FP orientation package and a STI orientation package—for service providers working in comprehensive HIV care centers. Both orientation packages were adopted by the NASCOP and other partners.

- In **South Africa**, ACCESS-supported facilities demonstrated improved quality of antiretroviral therapy (ART) services and technical assistance led to the revision and dissemination of various HIV/AIDS service delivery guidelines.
- During this reporting period in **Nigeria**, 22,092 women delivered with a skilled birth attendant at 18 ACCESS-supported facilities. Of these, 18,471 women received AMTSL (99% of vaginal births). At 16 ACCESS-supported facilities, 10,400 births (42%) were managed using the partograph. In addition, 1,284 women with eclampsia received treatment according to protocol at 17 hospitals reporting. And 18,037 mothers and newborns received postpartum/postnatal care within three days at 34 ACCESS-supported hospitals. With respect to family planning (FP), 26,836 individuals received FP counseling (23,485 females and 901 males at 37 facilities and 2,450 counseled by household counselors) and 1,974 clients at 25 facilities received FP counseling postpartum.

While new country programs, such as Malawi and Ethiopia, began activities during this reporting period, several other existing ACCESS country programs closed, including Haiti, West Africa and ACCESS/Afghanistan (separate from HSSP). ACCESS also received a new associate award in Tanzania—the Mothers and Infants, Safe, Healthy and Alive (MAISHA) Program—to improve clinical and community maternal, neonatal and women's health services. Under the MAISHA Program, Jhpiego and its partners will collaborate with the Tanzanian MOHSW to deliver critical, evidence-based health interventions on a national scale to reduce maternal and newborn morbidity and mortality, contributing to the achievement of the national targets for Millennium Development Goals (MDGs) Four and Five. The ACCESS/Tanzania program has already successfully implemented this strategy to address malaria in pregnancy (MIP) and syphilis in pregnancy (SIP) using the platform of focused antenatal care (FANC), and will continue to do so under MAISHA. Similarly, ACCESS will assist the Tanzanian MOHSW to strengthen basic emergency obstetric and neonatal care (BEmONC), including the prevention and treatment of PPH, newborn resuscitation, treatment of sepsis, and immediate warming and drying. Finally, the MAISHA program will strengthen the platform of prevention of mother-to-child transmission of HIV/AIDS (PMTCT) established by USAID partners to address gaps in integrating MNH services for HIV-positive women and children. Overall, the MAISHA technical approach will adhere to the principles of integration, national coverage, quality, sustainability, accountability, innovation, gender equity and cost-effectiveness.

Major Achievements in Year Four

SKILLED BIRTH ATTENDANCE

Core Funds

- In **Nigeria**, ACCESS continued work with local stakeholders and representatives from Zamfara State to implement a community initiative to address financial barriers to antenatal, obstetric and post-obstetric services. Members of the community were trained as facilitators for the Village Savings and Loan Associations, which now have 120 members. Eight Village Savings and Loan Associations were established—six more than originally planned due to high demand—to help women save money for themselves, for MNH-related and other emergencies, and for helping community members.
- Collaborated with global stakeholders to support the international Women Deliver conference in London on 18–20 October 2007, including support to more than 20 participants and panelists. ACCESS and ACCESS-FP facilitated several panel discussions on PPH, SBA, postpartum family planning (PPFP), FBOs and malaria in pregnancy (MIP). WRA representatives presented panel discussions and provided country examples; two representatives from faith-based health networks in Africa presented papers that raised awareness of the role of FBOs in providing health care services.
- Major issues to be addressed in the revision of the Managing Complications in Pregnancy and Childbirth Manual have been identified, and ACCESS staff are in the process of re-writing assigned technical sections. Communication with the Making Pregnancy Safer Department of WHO has been on-going to determine a revised timeline given the present delay.
- USAID's Global Health Maternal Survival: Programming Issues e-learning course was completed by more than 250 users since it was uploaded.
- Continued to support the Partnership of Maternal, Newborn and Child Health (PMNCH) with a technical advisor who is assisting with implementation of their global activities.
- Continued work on the "Guide to Save Mothers and Newborn Lives: A Toolkit for Religious Leaders" to help build the capacity of Christian and Islamic leaders to promote safe motherhood through their sermons and other presentations.
- From January to September 2008 at three hospitals and 13 health centers in two ACCESS focus districts in **Rwanda** where EmONC training has been completed, 91% of vaginal births received AMTSL and 94% of all births were managed using the partograph.
- In **Rwanda**, ACCESS expanded beyond the initial four districts. A new group of national-level trainers was trained. ACCESS and partners assisted the Ministry of Health (MOH) to design a plan for national-level scale up of the MNH strategy. A health facility survey and the qualitative assessment were completed and preliminary reports shared with the MOH and partners. Results informed the development of a draft national community behavior change strategy.
- In **Rwanda**, nine hospitals and their corresponding health centers are benefiting from medical equipment and supplies donated by ACCESS to improve services and safe birth outcomes; increased use of partographs, AMTSL and infection prevention practices have been observed at six district maternity hospitals and 29 health centers; and trainers are ready

to begin on-the-job training of providers at five district hospitals, which is the next step in the strategy to scale up EmONC services in Rwanda.

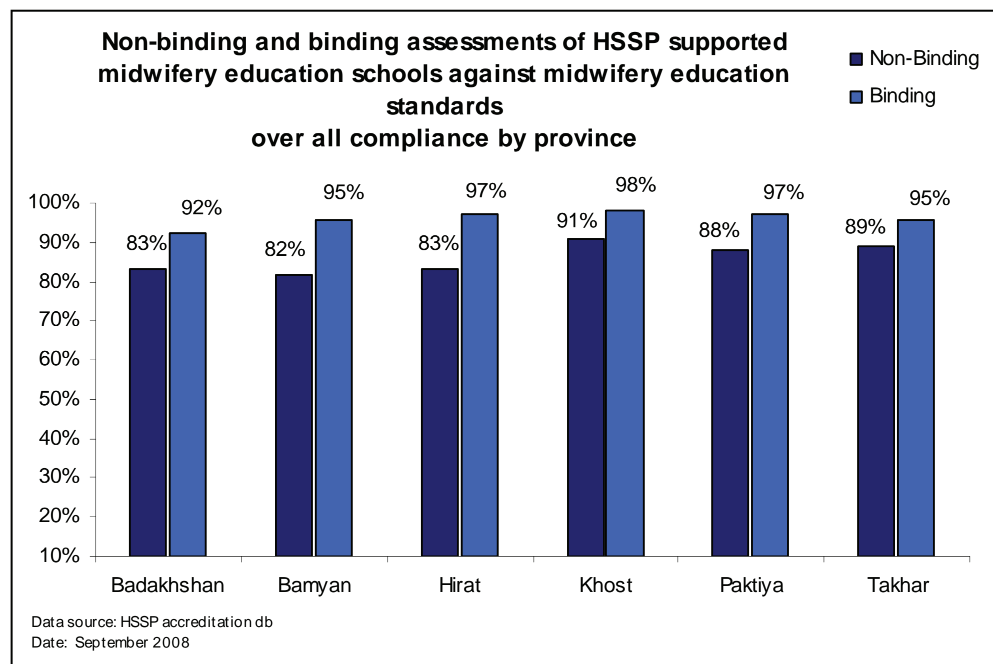
- In **Ghana**, ACCESS expanded activities—including all modules, BEmONC training, coaching, internal and external assessments, data collection and related training—to the southern part of the Birim North District to include eight new facilities, one of which is a district-level hospital, bringing the total number of facilities covered under the project to 11. Completed SBM-R Modules I, II and III for all 11 facilities. Trained five external assessors to increase sustainability of the quality improvement process and make the Birim North District a national model for the accreditation process.
- In **Ethiopia**, 10 health centers that refer cases to Ambo Hospital Maternity Services were assessed, and EmONC service delivery improved at these health centers with the support of ACCESS and the Ethiopian Society of Obstetricians and Gynecologists (ESOG). Nine of 10 providers were trained in BEmONC (one provider was on leave), and referral linkages between 10 health centers and Ambo Hospital were strengthened.
- In Jharkhand, **India**, where ACCESS and CEDPA trained an additional 19 auxiliary nurse-midwives (ANMs) to competency as SBAs in evidence-based care, and all 37 ACCESS-trained ANMs were provided continued support so that they could provide care in the community and at functional facilities. Among the reporting ANMs, AMTSL was provided at over 94% of deliveries and more than 98% of the newborns delivered by ACCESS-trained ANMs had clean cord care, immediate breastfeeding (within an hour), and immediate drying and wrapping. ACCESS also field-tested and finalized an ANM learning resource package, and continued to strengthen two hospitals and two ANM schools as training centers.
- In **India**, worked with NGO Chetna Vikas to mobilize 223 villages and train more than 3,700 community members, resulting in 100% of these ACCESS-supported villages having a functional emergency transport system for birth preparedness and complications readiness (BP/CR) during pregnancy and childbirth, and 69% using the services provided by the ACCESS-trained ANMs in their area.
- In **Nepal**, developed SBA in-service training site standards (tools), and supported eight training sites with use of the tools to make improvements and monitor the quality of SBA training. Disseminated six project reports on key interventions and results.

Newly graduated midwives in Badakshan Province, Afghanistan, take the midwives' pledge.

Field Funds

- At the request of the national Postabortion Care (PAC) Technical Working Group in **Cambodia**, drafted an additional chapter to introduce medical management of incomplete abortion for the national postabortion care (PAC) guidelines, and an accompanying outline for a training module. The national protocol is being used to standardize PAC services in Cambodia.
- Provided technical expertise and leadership at the national level in **Cambodia** as a member of coordination bodies at the MOH, including membership of the Secretariat of the High-Level Midwifery Task Force and the National Neonatal Health sub-working group. ACCESS technical assistance helped the MOH develop a vision statement, terms of reference and a five-year work plan for the Secretariat of the Midwifery Task Force.
- In **Afghanistan**, 139 community midwives graduated from HSSP-supported community midwifery education programs. The midwives were trained in an 18-month competency-based program and have now been deployed to rural and remote areas of Afghanistan.
- **Afghanistan** HSSP continued to build the capacity of NGOs implementing the Basic Package of Health Services (BPHS), training 607 health providers, NGO managers and representatives from the central and provincial MOPH to improve performance in: IP, partnership-defined quality, rational use of drug/management drug supply, gender, general management, behavior change communication (BCC) and human resource management.
- Quality assurance standards for 14 areas of the Basic Package of Health Services (BPHS) have been finalized in collaboration with the **Afghanistan** Ministry of Public Health (MOPH) and the Central Quality Assurance Committee. Baseline assessment results from 38 health facilities in five provinces were presented to the leadership of the MOPH, and HSSP has been asked to expand implementation of the process to all 13 provinces supported by USAID. NGOs are implementing action plans to bridge the performance gaps identified.
- **Afghanistan** HSSP continues its secretarial and technical support to the National Midwifery Education Accreditation Board (NMEAB) to monitor the quality of the midwifery education programs across the country. Over the last year, 13 midwifery education programs were re-accredited. All HSSP schools that were due for accreditation have also been re-accredited (see Figure 1 below).

Figure 1: Assessment Scores for Midwifery Schools



- **Afghanistan** HSSP continued to provide technical support to the Afghanistan Midwives Association (AMA), and has now extended its support to the Afghan Society for Obstetricians and Gynecologists (AFSOG) to strengthen obstetric care. A partnership has been established between the two professional associations, with the AMA providing AFSOG with support in how to run a professional association. Both associations celebrated annual congresses, with the AMA celebrating its Fourth Annual Congress. AFSOG conducted their second congress, attended by 150 participants, with the theme, "Afghan obstetricians, gynecologists and midwives are working together to make women and newborn health better in Afghanistan." AMA also ran a competition to design a quilt panel for the White Ribbon Alliance's Mothers' Memorial Quilt, started in 2007.

The winning WRA quilt panel in Afghanistan depicting the story of Bibi Maroon, who died in childbirth.

- Three facilities in **Malawi** achieved target levels of performance and quality in IP with scores above 80% (88–91%) on IP standards. The facilities were nationally recognized by the MOH.
- Developed a Community Mobilization Training Manual for the community MNH package in **Malawi** and trained 40 more HSAs. The manual targets trainers who train and supervise HSAs on community-level MNH knowledge and skills. Those receiving community mobilization training will be able to support collective analysis, planning and action within villages to combat issues that are more effectively addressed on a community level, such as

lack of available transport or local financing schemes to enable the poorest families to take short-term loans for MNH-related emergencies.

- In **Malawi**, assisted the MOH to strengthen BEmONC and PAC pre-service training following a national assessment in 2005, which showed that Malawi has only 2% of the WHO-recommended number of BEmONC facilities. ACCESS trained 12 tutors and 9 preceptors from all 13 nurse-midwifery training institutions in the delivery of BEmONC. Ten tutors and 8 preceptors were also trained in PAC.
- The WRA of **Tanzania**, with support from ACCESS and other key partners, coordinated a successful White Ribbon Day event, with the President of the United Republic of Tanzania and his wife as the guests of honor. The WRA also provided technical assistance to Zanzibar to establish its own chapter of the Alliance, which was launched in March 2008.

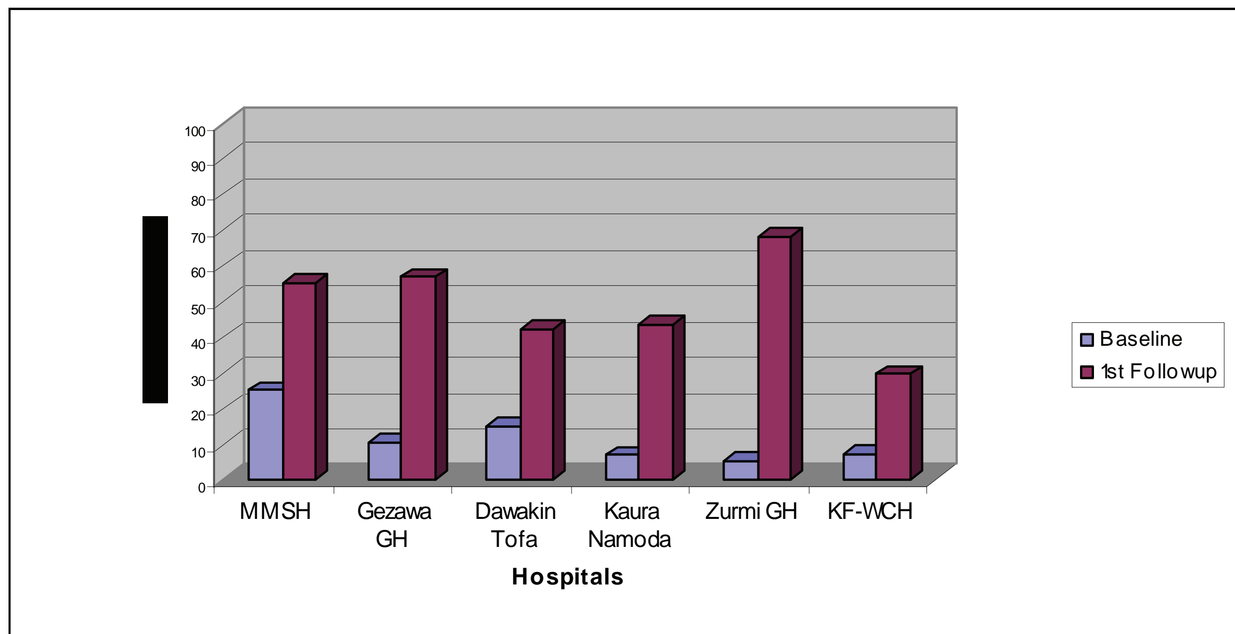
President of the United Republic of Tanzania, Jakaya Kikwete, holds a baby at the WRA White Ribbon Day Ceremony.

- ACCESS/**Tanzania** collaborated with the Ministry of Health and Social Welfare (MOHSW) to establish a Safe Motherhood Working Group, a sub-group of the Reproductive and Child Health Services National Coordination Group, to address MNH issues and the policy and social environments. ACCESS is the Secretariat for this national working group. The Safe Motherhood Working Group, in collaboration with the UN bodies and the MOHSW, organized a successful launch of the ambitious One Plan to cut the number of maternal, newborn and child deaths—alongside an advocacy campaign, *Deliver Now for Women and Children in Tanzania*—to mobilize communities around this issue. The launch was officiated by the President of United Republic of Tanzania and the Honorable Prime Minister of Norway on 22 April 2008 in Dar es Salaam.
- Provided assistance to the **Tanzania** MOHSW, along with multiple UN agencies, to revise the One Plan, the implementation strategy for the National Road Map Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (2006–2010). ACCESS also provided support to the Zanzibar MOHSW in developing their own national road map.
- Strengthened the Accelerated Health Officer Training Program (AHOTP) in **Ethiopia**: upgraded eight of 20 hospitals in the country to serve as training sites; updated BEmONC knowledge and skills of faculty from AHOTP-affiliated universities and providers in the eight selected training hospitals to ensure standardization and quality of MNH training.

Bedessa Ethiopian mother and child.

- In **Ethiopia**, strengthened the capacity of Ethiopian Institutions to train health extension workers (HEWs) in the Oromia region: upgraded 12 health centers to serve as training sites; developed HEW safe and clean delivery learning resource package in collaboration with the Federal Ministry of Health, UNICEF, Save the Children US, the Ethiopian Nurse Midwives Association and others; and trained trainers from the health centers.
- ACCESS/**Ethiopia** arranged to obtain free misoprostol for HEWs to use to prevent PPH in the third stage of labor and contributed content on use of misoprostol for the national HEW training manual. Also trained 358 HEWs to improve service delivery at the health post and community levels and, to ensure transfer of skills on the job, provided supportive supervision visits to all health centers (HCs) and health posts (HPs) where the trained HEWs are posted.
- In **Ethiopia**, improved MNH recordkeeping, set up a monitoring and evaluation system that captures MNH outcomes related to pregnancy, delivery and postpartum care (home visits at third trimester and postnatal period). Data collection instruments to link HPs to the community were revised and HEWs were oriented on the revisions.
- During this reporting period in **Nigeria**, 22,092 women delivered with an SBA at 18 ACCESS-supported facilities. Of these, 18,471 women received AMTSL (99% of vaginal births). At 16 ACCESS-supported facilities, 10,400 births (42%) were managed using the partograph.
- ACCESS/**Nigeria** conducted baseline SBM-R EmONC assessments in all its new facilities, provided feedback to facility staff, and provided technical assistance for action plan development with the quality improvement team members in the facilities. ACCESS facilitated follow-up assessments in continuing facilities and held a meeting for the development of FP performance standards to complement the EmONC performance standards. Scores for EmONC standards at six hospitals completing follow-up assessments are provided in Figure 2 below.

Figure 2. EmONC Performance Scores in Nigerian Hospitals



In **Nigeria**, ACCESS renovated eight health facilities in Kano and Zamfara States and awarded contracts for additional five selected facilities.

Trained household counselors in a role play in Nigeria.

- ACCESS/**Nigeria** trained 85 female household counselors in Kano and Zamfara States who have started conducting household visits, three days per week and three to five visits per day to pregnant women in their communities. They counsel on the importance of ANC and BP/CR, inform about the danger signs during pregnancy, delivery and postpartum/newborn, and describe the importance of breastfeeding and birth spacing using the counseling flip chart developed by ACCESS.
- ACCESS/**Nigeria** increased the capacity of community mobilizers to promote MNH using the community action cycle (CAC) concept. Twenty-one community mobilizers in Kano, Katsina and Zamfara States were trained as trainers, who in turn trained community mobilization teams (CMT) and community core groups (CCG) on how to mobilize communities for MNH in the 10 new local government areas (LGAs) in the three states. The trained CMTs and CCGs created 24 work plans, which are now being implemented.

Regional: AFR/SD and Core Funds

- Completed revisions to the Best Practices in Essential and Basic Emergency Obstetric and Newborn Care LRP based on pre-test recommendations. Package is currently being copyedited and formatted.
- Planned and held second regional Clinical Training Skills and Curriculum Design courses in April for approximately 20 pre-service midwifery educators from three countries (**Ethiopia, Ghana and Tanzania**) to build more champions for integrating best practices in BEmONC with midwifery education and practice. Participants assisted in the facilitation of BEmONC Technical Update and Clinical Skills Standardizations in Ethiopia and Ghana, and will participate in upcoming advocacy meetings at the national level.

Transporting a pregnant woman, Tanzania.

- Integrated the MNH situation analysis with the MOH/Niger 2008 plan with Road Map partners in **Niger**, and prepared to implement it at the district level.
- WHO-AFRO and ACCESS developed the capacity of six country teams to develop, implement and evaluate national road maps in Anglophone countries in eastern and southern Africa[1] at a regional workshop in Entebbe, Uganda. Representatives from Malawi, the country most advanced in the operationalization of the Road Map, shared their experience using a systematic approach to assess and analyze the situation as well as design and plan activities. Ugandan participants shared their successful experiences in community MNH and putting in place a functional MNH monitoring and evaluation system. Each team developed a plan for further operationalization of the Road Map in their own country and identified needs for technical assistance.
- The regional Road Map workshop in Entebbe highlighted the need to provide countries with clear guidance on how to operationalize the Road Maps, especially at the district level. ACCESS translated the original WHO-AFRO Road Map guidelines from French to English and revised the draft guidelines with WHO-AFRO and partners at a meeting in Addis Ababa. ACCESS, WHO-AFRO and partners also reviewed the framework for the integration of FP, PMTCT, MIP and nutrition with MNH care during the same meeting.
- Assisted the MNH team in **Zambia** to develop a strong and realistic advocacy plan to support the operationalization of the Road Map at the district level by using critical information—which was generated during a REDUCE-ALIVE workshop in Zambia—to promote MNH as one of the government's priorities. A few donors also committed to support the implementation of the advocacy plan.

[1] Country teams were from Malawi, Zambia, Uganda, Kenya, Namibia and Ethiopia.

Regional: West Africa Funds

- Participated in an assessment visit to Ngaoundere District, **Cameroon**, along with AWARE-RH partners, with results showing:
  - At the Protestant Hospital of Ngaoundere District, six staff members were formally trained in EmONC and had used their new skills to educate other colleagues. The labor ward, antenatal clinic and postnatal clinic were all found to be clean and using appropriate IP practices (e.g., disposal of sharps). Moreover, essential care of the newborn was integrated with routine operations (e.g., protocols for newborn care were posted on the wall and underweight twins were in incubator care).
  - The Nurse Aide Training School integrated some FANC, partograph, AMTSL, IP and orientation to community mobilization techniques with its curriculum.
- **Cameroon** held a dissemination of best practices workshop during which results from both clinical and social mobilization efforts under ACCESS, as well as other activities on developing referral systems and health mutual schemes, were shared, including:
  - Utilization of ANC services rose from 45% of pregnant women in 2004 to 63% in 2007 in urban areas, and from 29% to 80% in rural areas of Ngaoundere District.[2]
  - Facility-based deliveries in Ngaoundere rose from 16% in 2004 to 47% in 2007.
  - The proportion of cesarean sections was nearly zero in 2004 and rose to 1.6% in 2007.
  - A total of 94 providers were trained in EmONC and five were developed as trainers. For social mobilization, 22 trainers were trained from 18 health zones, who in turn trained 575 community members. Thus, a core group of EmONC and social mobilization trainers was created as a resource for the country.

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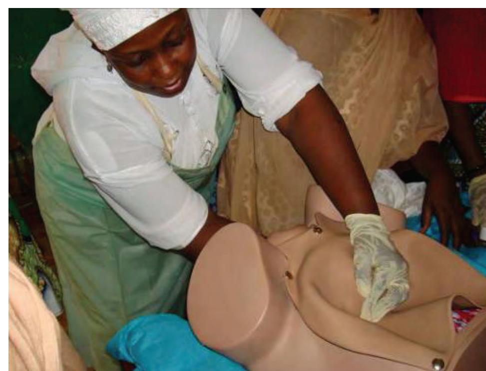
[2] Data source: Presentation by District Health Team/Adamaoua.

PREVENTION OF POSTPARTUM HEMORRHAGE

Core Funds



Participant practices bimanual compression of the uterus during PPH training in Kano State, Nigeria.

- USAID's Global Health Preventing PPH and Postpartum Care e-learning courses were completed by more than 500 users this reporting period, and more than 800 since inception.
- Continued as chair of the Prevention of Postpartum Hemorrhage Initiative (POPPHI) technical working group on training, and participated in the technical working groups on uterotonic drugs and devices, and PPH. With ACCESS support, an AMTSL learning resource package is now available through the POPPHI Web site.
- Supported nine technical and advocacy meetings on prevention of PPH in **Cambodia** attended by 62 stakeholders from USAID, UNICEF, UNFPA, WHO, JICA, GTZ, Save the Children, RACHA and RHAC, as well as the Director and Deputy of the National Reproductive Health Program (NRHP), Pursat, Provincial MCH staff, and national NRHP staff.
- ACCESS/**Cambodia** prepared for PPH project implementation. Specifically, ACCESS/Cambodia drafted a BCC package; developed training materials; conducted an assessment of the referral hospital in Pursat to examine its ability to treat referred PPH cases; and completed a detailed implementation plan in collaboration with the NRHP and RACHA[3]. The PPH project proposal and accompanying materials were submitted for review to the Cambodian Ethical Review Committee.
- Continued support and follow up of small grants to seven local organizations in six African countries (**Madagascar, Kenya, Ethiopia, Burkina Faso, Mali and Democratic Republic of the Congo**), who are continuing their country-level PPH activities to expand training for AMTSL. As of October 2008, ACCESS has trained 236 health care providers and 47 community leaders, and reached more than 100,000 community members with its PPH subgrants.
- In **Kenya**, the MOH reference manual for the prevention and management of PPH was completed with ACCESS support. This guide for service providers will be used nationwide—primarily through the USAID major funding mechanism, APHIA—to update the knowledge and skills of service providers in the prevention of PPH. Twenty TOTs have been developed to assist in the scale-up of PPH prevention efforts nationwide.

Field Funds

- Developed HEW safe and clean delivery learning resource package, oriented trainers to the package, and strengthened clinical sites (seven hospitals and 12 health centers) in **Ethiopia** to ensure adequate resources to support the learning and training activities of health officers and HEWs, who provide services at the health post and community levels, and will provide misoprostol to prevent PPH.

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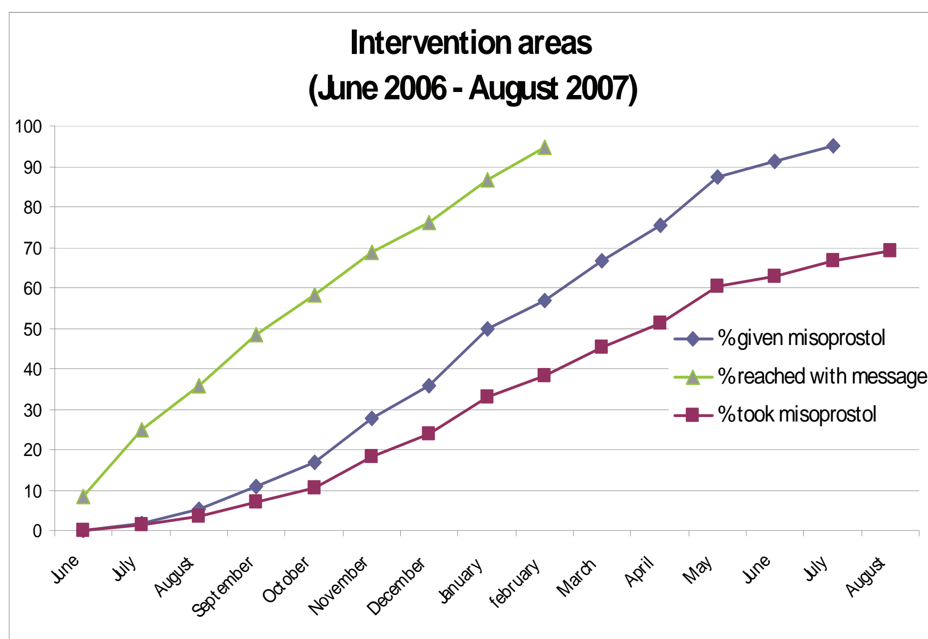
[3] The Cambodian Ethical Review Committee did not approve the distribution of misoprostol; therefore, ACCESS will focus on strengthening AMTSL.

- HSSP presented final results from the community-based prevention of the PPH pilot project in **Afghanistan** to the MOPH and key stakeholders, providing convincing evidence of the effectiveness of the intervention to prevent PPH at homebirths (see Figure 3 below). The MOPH has approved the gradual expansion of the community-based prevention of PPH pilot project in the three provinces where the demonstration was conducted, as well as to two additional provinces.

Figure 3: Coverage of Community-Based PPH Interventions, Afghanistan



- In order to further strengthen the ACCESS/**Nigeria** objective of reducing maternal mortality as a result of PPH, ACCESS provided four community health extension workers (CHEWs) and 15 nurse-midwives from ACCESS-supported facilities with an additional two-day training on the prevention and management of PPH, the leading cause of maternal mortality in Nigeria.

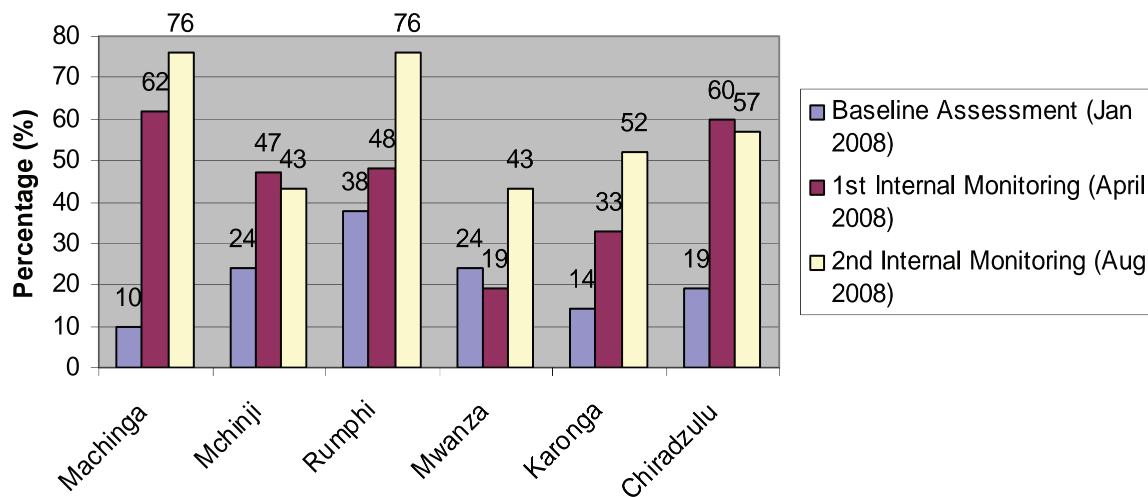
ACCESS-supported facility, Malawi.

- ACCESS/**Nigeria** continued to increase the capacity of providers at its target facilities in EmONC (including prevention and management of postpartum hemorrhage), family planning, (including the Intrauterine Contraceptive Device, JADELLE® and PPFP), focused antenatal care, pregnancy-induced hypertension, and the SBM-R approach to quality improvement.
- Technical updates in the prevention of postpartum hemorrhage, cervical cancer and pre-eclampsia were conducted for the Division of Reproductive Health (DRH) and partners in

Kenya to enable them to advocate, formulate, inform and disseminate national policies and guidelines. For example, the DRH managers—using the USAID-funded provincial APHIA programs—have since provided technical assistance to their provincial counterparts.

- In **Malawi**, continued to increase the quality of RH services by supporting the MOH/RHU to apply the SBM-R quality improvement (QI) approach. ACCESS trained 108 members of district-level QI support teams in QI for RH. ACCESS held a national stakeholder's meeting at which district health management teams and RH focal persons from six participating district hospitals presented findings for their internal QI assessments; baseline results from March 2008 were similar across facilities, with a mean score of 34%. By August 2008, all facilities showed improvements, with a mean score of 71%. Scores for standards related only to normal delivery, including AMTSL, are presented in Figure 4 below.

Figure 4. Results of Normal Labor and Delivery Assessments, Malawi, January–August 2008



NEWBORN CARE

Core Funds

- Sponsored a one-day consultation meeting with 43 key stakeholders from USAID, UNICEF, SNL, USAID cooperating agencies, researchers and field staff to discuss community-based skin-to-skin care (SSC) for low birth weight newborns. Participants also made recommendations for delivery approaches, such as carrying out SSC in the community as part of a package of essential newborn care interventions (not as a stand-alone intervention), and recommending SSC for all newborns where feasible and acceptable.
- Drafted articles on community-based management of neonatal sepsis and Kangaroo Mother Care (KMC) for the MotherNewBorNet newsletter. The first article on community-based management of neonatal sepsis is under final review and will be disseminated in October; the second will be finalized in November 2008.
- USAID's Global Health e-learning courses on Essential Newborn Care and Emergency Obstetric and Newborn Care were completed by more than 800 users this reporting period, and more than 1,100 since inception.
- Field-testing in Rwanda, Nepal and Nigeria contributed to the final global facility-based KMC facilitators' and participants' manuals.
- In **Ethiopia**, ACCESS adapted KMC training manuals for use, conducted KMC training of trainers for 16 health staff, and introduced KMC services in five hospitals.
- In **Nepal**, ACCESS integrated KMC into postnatal care for low birth weight/premature babies at four hospitals and three primary health centers. Established facility-based KMC services at Mahakali Zonal Hospital and three primary health care centers, and trained 814 female community health volunteers on community KMC.
- Based on lessons learned from ACCESS-funded activities in Kanchanpur District, **Nepal**, ACCESS developed national guidelines for management of LBW infants and KMC, which were endorsed by the MOHP and will be included as part of a community-based integrated neonatal care package to be implemented nationally.
- In **Rwanda**, ACCESS initiated KMC services in seven hospitals, including the University Teaching Hospital in Kigali. Trained 24 service providers in KMC from the eight hospitals.

Community meeting, Bangladesh.

Field Fund

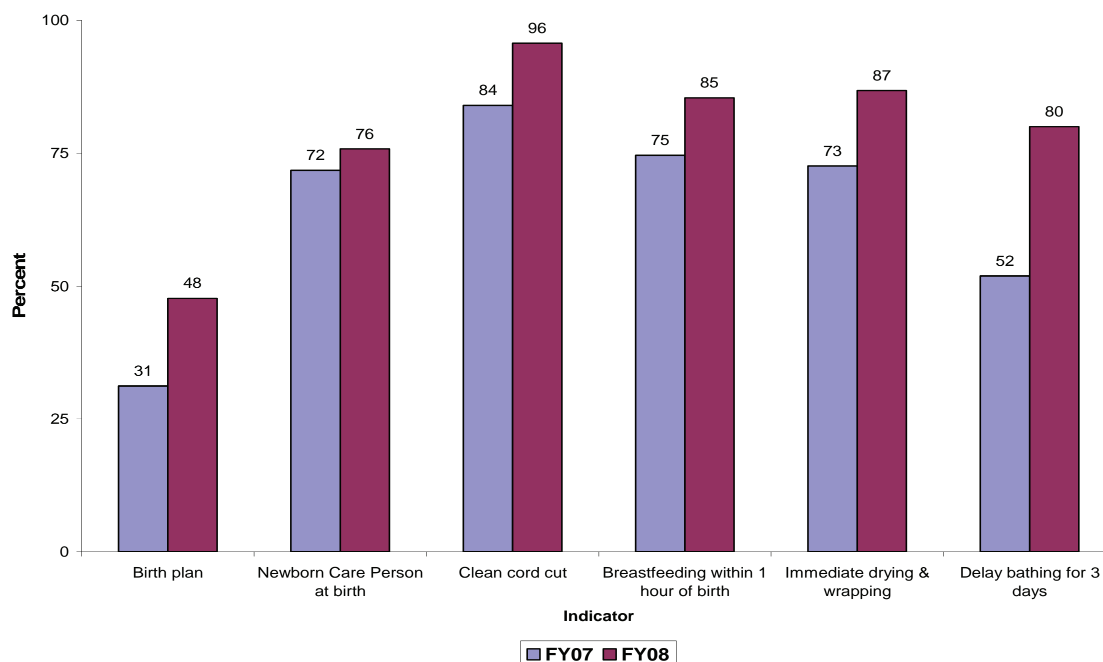
- In **Bangladesh**, completed a community mobilization scale-up strategy and updated the maternal and newborn health (MNH) and community mobilization (CM) manuals and completed refresher trainings of over 1,160 individuals. The program also developed an MNH orientation manual for village doctors and initiated trainings.3In Bangladesh, CM activities have reached a population of over 500,000 in this reporting period. Of 458 community action groups (CAGs) formed, trained and supported by the project, 403 groups completed action plans to

address priority MNH problems. One in every four villages has already established a community-managed emergency transport system. Additionally, one in four has established an emergency finance scheme to assist women and newborns in obtaining timely, appropriate MNH care from difficult-to-reach public service points.

Male community members discussing women's health, Bangladesh.

- In **Bangladesh**, developed key training manuals in English and Bangla (for traditional birth attendants and community-based KMC) and held trainings of trainers (TOT): Trainers are training ACCESS counselors to coach mothers to provide KMC to all newborns.
- Completed baseline survey data collection and preliminary analysis in **Bangladesh** and disseminated initial findings to district stakeholders.
- Trained counselors in **Bangladesh** were notified of 38,306 deliveries during the reporting period. They reached 18,999 (50%) of those recent mothers within 24 hours and 25,800 (67%) within 72 hours, and conducted postpartum counseling visits. Among 38,306 women reached postpartum: 48% had a birth plan, 76% newborns were attended by a newborn care person, 96% of newborns had clean cord care, 85% mothers initiated breastfeeding within one hour of birth, 87% of newborns who were delivered at home were dried and wrapped immediately after birth, and 80% of mothers delayed bathing their newborns for three days. (See Figure 5 on the following page for comparisons with last year).

Figure 5: Practice of Key MNH Behaviors in Sylhet, Bangladesh by Year



- In collaboration with stakeholders, developed Malawi's national Community Mobilization (CM) Training Manual. The manual targets trainers who train and supervise health surveillance assistants (HSAs), enabling them to train HSAs to empower communities to identify and solve their MNH issues. To date, ACCESS has trained 10 master CM trainers, and 30 district trainers.

- Facilitated the integration of targeted community MNH activities into the District Implementation Plans in three ACCESS-focus districts in **Malawi** (Rumphi, Nkhotakota and Machinga) as part of the national pilot program to mobilize HSAs to provide counseling and referral services to antenatal and postnatal women in the community. Activities included: training of HSAs in the community MNH package; training in monitoring and supervision; organizing drama groups; and mobilizing community-based health care workers to increase access to MNH. Trained HSAs have the knowledge and skills to identify pregnant and postpartum women, provide counseling on MNH care, recognize danger signs, counsel on family planning and refer when appropriate.

Trained HSA, Rumphi, Malawi.

Men can practice KMC too (Nigeria).

- ACCESS/**Malawi** established KMC as a strategy to decrease neonatal mortality in three focal districts in Malawi. Following a KMC needs assessments in 13 health facilities in the three ACCESS districts, the program facilitated the establishment of KMC units, trained 47 service providers in KMC and ENC, conducted follow-up supervision visits and provided technical assistance to the DHMT to modify and restructure the neonatal ward to include a KMC unit.
- In **Nigeria**, 18,037 mothers and newborns received postpartum/postnatal care within three days at 34 ACCESS-supported hospitals.
- To add to the original two facilities offering KMC in **Nigeria**, ACCESS trained an additional 43 providers in KMC, including obstetricians, pediatricians and nurse-midwives in Kano and Zamfara States to expand the coverage of facilities offering KMC services.
- In **Cambodia**, ACCESS updated an integrated postnatal care (PNC) package for midwives for the MOH which is being field-tested and developed through a partnership of nine international and local organizations. This activity will result in: an updated national PNC policy, which incorporates key evidenced-based MNH interventions; a substantial group of trained trainers and midwives; extension to community-level workers, a revised supervision and M&E plan; 135 health centers orientated and implementing PNC services according to the new protocols; and a standardized approach to PNC applied by the MOH and all the major NGOs working in this area. In addition, by using this coalition, a jump start on scale-up will have been achieved, with continuing potential for further expansion.

PNC role play during a training in Cambodia.

- ACCESS contributed to the updating of key RH policy documents in **Cambodia**, including the community-integrated management of childhood illness (IMCI) curriculum. ACCESS also collaborated with UNICEF and the NRHP on a neonatal situation analysis, helping to formulate recommendations that will serve as the basis for a newborn health action plan for Cambodia.
- **Afghanistan** HSSP provided technical assistance to the MOPH and UNICEF to strengthen clinical training sites for training in obstetric care and care of the newborn. HSSP also launched the first competency-based clinical skills course in Basic Care of the Newborn in Afghanistan and trained 24 National Care of the Newborn trainers, contributing to building the capacity of NGOs implementing the BPHS and improving the quality of service delivery.

ANTENATAL CARE

Core Funds

- USAID's Global Health Antenatal Care and Prevention of Mother-to-Child Transmission of HIV e-learning courses completed by more than 1,500 users this reporting period, and more than 1,800 since inception.
- Completed monograph on "Faith-Based Models for Improving Maternal and Newborn Health," adding to the limited written resources about FBOs and health services.
- In **Rwanda**, expanded the training of providers in FANC from 12 to 24 districts, and held two trainings to update district heads and providers in MIP using the ACCESS-revised LRP consistent with national MIP policies and guidelines. In 25 districts, 58 supervisors and trainers have been trained in FANC and MIP.
- Through the FBO Small Grants Program, trained 70 providers in FANC, reached 49 facilities and provided them with supportive supervision to strengthen their ANC service delivery and improve linkages with the community.
- Collaborated with the School of Biomedical Engineering at JHU to foster production of innovative products to measure physical effects of PE/E. Analysis of iron-distribution programs also carried out to determine feasibility of antenatal calcium distribution, and literature review resulted in compendium of information and resources for use in advocacy work at global and country levels.

Core Malaria Funds

- Completed and published Malaria Action Coalition Final Report (October 2002–September 2007).
- Developed two global resources for MIP prevention and control that will directly support countries in efforts to scale up malaria prevention and control: the MIP Implementation Guide and the revised Malaria in Pregnancy Resource Package, both of which are now available online in English and French.
- Contributed to the development of a RBM global statement on community distribution of IPTp that will provide guidance to countries in their efforts to scale up MIP prevention and control.
- Provided short-term technical assistance in Nigeria to address bottlenecks in implementation of GF activities, which has led to accelerated expansion of GF implementation.
- Contributed to the development of the Roll Back Malaria (RBM) Global Malaria Action Plan (GMAP)—the global road map for malaria control and elimination around which all stakeholders can coordinate their actions and achieve the Millennium Development Goals.

Field Funds

- In **Rwanda**, funds from the President's Malaria Initiative (PMI) were used to adapt MIP/FANC manuals for use as training tools for national-level TOT for supervisors.
- In **Bangladesh**, trained counselors conducted 84,014 pregnancy preparedness home visits, counseling pregnant women on healthy MNH behaviors and steps to take to prepare for birth.
- ACCESS/**Madagascar** prepared for dissemination of the summary report of findings of the WHO evaluation, *Enquête des Stratégies de Lutte contre le Paludisme Pendant la Grossesse à Madagascar*, which identifies the principal barriers to sulfadoxine-pyrimethamine (SP) uptake in the country and makes recommendations to improve IPTp2 coverage nationwide. USAID/Madagascar is reviewing the report before it is disseminated during a half-day stakeholders' meeting scheduled in November 2008.

IMAI training in Kenya includes sessions with expert patient trainers that give the participants realistic case histories and enhance learning.

- A rapid needs assessment sponsored by ACCESS and NMCP in **Malawi** identified a severe shortage of staff trained on FANC and MIP and shortages of SP and other supplies for IPTp by DOT. In response, ACCESS trained 680 ANC service providers from all 28 districts in FANC/MIP and provided basic supplies for IPTp to all 730 health facilities across the country. Supportive supervision visits to 56 facilities revealed that over 80% had the requisite DOT supplies (i.e., buckets, trays, cups) on site; 11% reported a stock-out in the previous three months; 20% reported having an iron stock-out in the previous three months; and 68% reported having adequate insecticide-treated bead nets (ITNs) for pregnant women.
- Supportive supervision visits to the four facilities implementing a pilot program of integrated ANC/tuberculosis screening services in **Kenya** revealed that screening for tuberculosis was being successfully integrated with ANC services: post-intervention, 91% of 1,069 new ANC clients and 55% of 1,143 ANC revisits were screened for TB.
- In **Kenya**, The rollout of PMTCT-Plus has begun using the integrated management of adult illnesses (IMAI) approach, which was adapted for Kenya with support from ACCESS/Kenya in PY03. Adolescent and pediatric illnesses are included in the Kenya package. Over 200 MCH/ANC/maternity nurses and midwives from 82 high-volume PMTCT sites have been trained to date; of these, 42 sites did not offer ART services before.

- In collaboration with the **Tanzanian** Ministry of Health and Social Welfare (MOHSW), ACCESS continued to scale up clinical training capacity and high-quality service delivery for FANC/MIP/SIP in government and FBO-affiliated health facilities and pre-service education schools:
  - A total of 760 in-service clinical trainers have been trained since the start of the ACCESS Program in 2004: 679 of the trainers are providers from health facilities in all 21 regions and 81 of the trainers are zonal and regional RCH coordinators from all eight zones. Of these, 319 trainers were trained in this last program year.
  - This year, ACCESS supported the training of 540 additional providers in FANC/MIP/SIP clinical skills—for a cumulative total of 2,971, for an estimated 49.5% of providers who offer antenatal care in Tanzania. To date, an estimated 32% (1,575) of ANC facilities in the country have been covered.
  - This year, ACCESS assisted the MOHSW in **Tanzania** to revise the two-year certificate and three-year diploma nursing and midwifery curricula. To date, ACCESS has integrated FANC/MIP/SIP with the curricula and trained tutors and preceptors at all 51 pre-service nursing and midwifery schools in the country. This year, over 1,600 students graduated from these schools.

President Bush at Meru District Hospital: *"[PMI] supports treatment for those who are most vulnerable to malaria, especially pregnant women. Here in Tanzania, more than 2,400 health workers have been trained to provide specialized treatment that prevents malaria in expectant mothers."*

- At ACCESS's 30 sentinel facilities in **Tanzania**, over 33,400 ANC clients were provided services. Of these, 56% received IPT1 and 54% received IPT2, while 64% received TT2 and 77% received ITN vouchers. Positive trends in availability of SP commodities at the sentinel site facilities indicate that SP stock-outs are becoming less of an issue as compared to the beginning of the reporting period. However, 40% of facilities did report at least one SP stock-out.
- President Bush visited **Tanzania** in February 2008 as part of a five-country trip to Africa. Observing the current PMI- and PEPFAR-funded initiatives in action was the focus of his trip. In preparation for this visit, ACCESS developed a press release; identified useful FANC IEC materials for display during official site visits; and provided updated program information to USAID for use in preparation of presidential remarks during his visit. The ACCESS FANC program was highlighted by President Bush during a speech he made at Meru District Hospital.
- ACCESS/**Tanzania** collaborated with T-MARC Company Ltd. to integrate FANC messages with season four of the Mama Ushauri radio serial drama, providing national level exposure to appropriate and correct FANC information through the storylines. ACCESS participated in script development and review to ensure that correct FANC information was incorporated.
- Developed and updated several training materials and tools with stakeholders in **Tanzania**, including the National FANC Advocacy Guides; FANC Learners Guide for Service Providers and Supervisors; Facilitators' Guide for FANC Trainers; an orientation package for the infection prevention pocket guide; a tool for assessing performance of FANC services at the facility level; and a pre-service quality improvement tool.

OTHER ACCESS RESULTS FOR WOMEN'S HEALTH

- ACCESS supported the National Department of Health (NDOH) in **South Africa** to introduce the new national PMTCT guidelines in three provinces. A total of 1,133 health workers (service providers, trainers and M&E coordinators) have been oriented to the new guidelines, which now include implementation of dual therapy (AZT and Nevirapine), replacing the single-dose Nevirapine regimen in the country.
- ACCESS/**Haiti** supported the MOH to improve the quality of PMTCT and FP services at six facilities through facilitative supervision and coaching, which included feedback to service providers to improve their competencies in FP and PMTCT service provision.

ACCESS-FP Funds

- Began new field-funded programs in Albania, India and Guinea.
- Developed a second e-learning course for USAID's Global Health Learning Center to orient the learner to the rationale and importance of FP during the postpartum period, and to introduce the learner to service delivery, contraceptive method and programmatic considerations unique to FP during the postpartum period.
- Revitalized the lactational amenorrhea method (LAM) through the LAM Working Group with the Institute of Reproductive Health at Georgetown University.
- Hosted a meeting, "Postpartum Family Planning (PPFP): A review of programmatic approaches through the first year postpartum," to systematically exchange experiences and lessons learned on PPFP programming; to share pre-tested tools to support PPFP programming and avoid duplication; and to prioritize programmatic topics for research and learning.
- Increased PPFP community of practice to include more than 500 members from 66 countries, and served as a key information sharing mechanism for global discussions on topics related to PPFP such as healthy timing and spacing of pregnancy, key messages for PPFP, and PPFP contraceptive technology.
- Published the Tanzania DHS secondary analysis of PP data, Uttar Pradesh, India secondary analysis of PP data, LAM technical brief, community-based PPFP and updated programmatic framework.
- Promoted PPFP global forums such as the Scaling Up Best Practices Meeting in Bangkok, Thailand; Women Deliver conference in London; Union for African Population Studies Fifth African Population Conference in Arusha, Tanzania; Flexible Fund Meeting; and the Mini-University.
- Carried out a postpartum care survey among USAID-supported cooperating agencies and partners to identify, document and share information on the status of postpartum care services they implement and support.
- The FRONTIERS Program completed an evaluation of a successful PPFP pilot program implemented by ACCESS-FP in Kenya; final study report is available through the ACCESS Web site.

Core FP/RH Funds

- Translated the postabortion care learning resource package into French and field-tested the package during a training of 11 providers in **Haiti**.
- Collated feedback from field-tests in Bolivia and Haiti for incorporation into final draft of curriculum; expected date of completion is 30 October 2008.

Field Funds

- With HSSP technical support and coordination, **Afghanistan's** MOPH finalized and endorsed its first ever comprehensive National Health Communication Strategy for 2008–2010. This document creates a common framework for coordination among all agencies implementing and supporting communication activities in the country. An operational plan will now be developed.
- In **Kenya**, assisted with the development of new policy guidelines on reproductive tract cancer, which include breast and prostate cancers, and HIV testing and counseling. ACCESS also supported the dissemination of the National Standards and Guidelines on Injection Safety and Medical Waste Management to 12 selected hospitals in two provinces. This process also built the capacity of the district trainers who participated in the dissemination.
- ACCESS/**Kenya** initiated community-level training in infection prevention by supporting the orientation of CHEWs and CHWs in 12 communities thus promoting behaviors such as handwashing to minimize infections in the community and reduce visits to the hospitals.
- Service delivery data collected in December 2007 from the eight provincial general hospitals where ACCESS/**Kenya** implemented provider-initiated testing and counseling (PITC) services last year showed that over 100,000 clients were provided with PITC services since completing the training in mid-2007. This year, ACCESS trained 594 service providers in 37 district hospitals across the country in PITC.
- Preliminary results of an evaluation of ACCESS/**Kenya's** HIV PITC services last year revealed: 1) ACCESS trained 73% of all 402 service providers providing services at provincial general hospitals; 2) number of clients offered HIV counseling increased from 2,861 to 4,662 after initiation of the program; 3) percentage of clients accepting HIV testing increased from 95% to 99%; and 4) 95% of clients offered HIV testing and counseling were satisfied with the service.
- In **Kenya**, worked with the government agency NASCOP and led the ART Technical Working Group's effort to standardize the multiple clinical mentorship models being used in the country into one unified, nationally accepted model. Through a slow, careful process of consensus building the model was created and the National Mentorship Guidelines and an orientation package were developed.
- ACCESS moved toward integration of FP and STI services with HIV/AIDS services in **Kenya** with the development of two orientation packages—an FP orientation package and a STI orientation package—for service providers working in comprehensive HIV care centers. Both orientation packages were adopted by the NASCOP and other partners. Thirty national trainers were also developed to facilitate the integration of FP and STI services at comprehensive care centers throughout the country.

- In **Nigeria**, 11,817 clients received FP counseling and 933 clients received PPFP counseling at 36 ACCESS-supported facilities. ACCESS staff helped to ensure that FP commodities were always available at the facilities.
- Five facilities supported by ACCESS/**South Africa** and the Foundation of Professional Development demonstrated improved performance and quality of ART services using the SBM-R approach to quality improvement. Three facilities assessed during this period improved from a mean score of 37% to 52% out of 165 total standards.
- Thirteen new Training Information Management Systems© (TIMS) sites have been established in **South Africa** during this period: 12 in the KwaZulu-Natal Department of Health and one at the Department of Public Service and Administration. These sites, added to the existing seven sites established in previous years, make a total 20 sites that are monitoring provider training, using the data for reporting, planning and decision making. Furthermore, the Free State Province Department of Health has created an overall strategy to improve monitoring and evaluation with ACCESS assistance, including review of indicators used.
- A total of 129 health care providers and program coordinators were trained as trainers on the clinical guidelines for palliative care for adults in **South Africa**. Participants came from all nine provinces of South Africa and are now cascading the training in their own provinces.
- ACCESS/**South Africa** continued to support two senior technical advisors at the National Department of Health, a service delivery/accreditation expert and a PLWHA coordinator. This support resulted in increased capacity and better collaboration and integration of different HIV/AIDS programs, as well as improvement in the implementation and adherence to the operational plans.
  - The technical advisor for HIV/AIDS service delivery helped increase capacity to accredit facilities nationally by providing support for accreditation to the provinces and the NDOH Comprehensive Care Management and Treatment (CCMT) Unit to revise policy guidelines, including Step-Down Care Guidelines, PMTCT Guidelines, Adult and Pediatric HAART Guidelines, and Home- and Community-Based Care Guidelines. He assisted the NDOH Human Resource Unit to develop training plans, and helped the TB/HIV cluster with the financial planning of HAART guidelines roll out. He further assisted provinces with conditional grants and CCMT plans.
  - The PLWHA coordinator helped finalize stigma mitigation indicators, PLHIV synergy strategy/audit, a national database for paralegals; and a support group database. She submitted the Workbook on HIV and AIDS Human Rights for approval and helped develop the Greater Involvement of People with AIDS Implementation Framework and an advocacy toolkit for people living with HIV/AIDS.
- Cervical cancer prevention services were established at 12 facilities in the northwest province of **South Africa**, each of which has a nurse trained in Visual Inspection of the cervix with Acetic Acid (VIA) wash and cryotherapy. To date a total 547 clients have been screened using VIA: 505 women had normal results, 29 had pre-cancerous lesions and were treated with cryotherapy, and 13 women were referred for suspect cancer and other gynecological problems. As a result of this intervention, the National Department of Health is reviewing the National Cervical Cancer Screening Guidelines—which currently focus on Pap smears as the screening modality—to include VIA.

- Increased access to long-term family planning methods (e.g., IUD, Norplant implants and vasectomy) at two facilities in southern **Haiti** through "mobile clinics" conducted by two visiting providers.
- ACCESS/**Haiti** purchased and distributed $35,000 worth of equipment and supplies for LAPM/FP to be used in the bilateral project in public institutions.

Preliminary Work on Pre-eclampsia/Eclampsia

- Continued worldwide advocacy for prevention and treatment of PE/E, including presentations to groups comprised of USAID and other partners, professional associations and technical working groups in Afghanistan, Bangladesh, Ethiopia, India, Kenya, Nepal, Tanzania and Zambia, and at several global conferences. Also participated in a WHO-sponsored consultation on the state-of-the-art treatments in PE/E in low-resource countries held in Oxford, England.
- Provided technical assistance in **Nepal** to the USAID bilateral and MOH to introduce calcium into ANC and test its acceptability and effect on community-level prevention of eclampsia.
- During this reporting period in **Nigeria**, 1,284 women with eclampsia received treatment according to protocol at 17 hospitals.
- Technical updates in the prevention of postpartum hemorrhage, cervical cancer and pre-eclampsia were conducted for the Division of Reproductive Health (DRH) and partners in **Kenya** to enable them to advocate, formulate, inform and disseminate national policies and guidelines.
- Met with USAID and partners in **Tanzania** to outline need for strategy at community and facility levels for prevention and treatment of PE/E; the USAID mission included this as part of proposed funding for BEmONC throughout the country.

Challenges and Opportunities

Challenges

- **Planning for final year in the face of uncertainties**: ACCESS currently ends on 26 July 2009. In its last year, ACCESS has received funding and requests to complete activities for ongoing programs in more than eight countries. Staff recognized early in the year that country programs would need a full year of implementation to match the objectives and expectations of the USAID missions and host country governments. Through extended dialogue with the ACCESS CTO, we submitted a letter requesting an extension of the Program through March 2010. This extension has not yet been approved; therefore, ACCESS work planning is currently in flux. In addition, planning for the possibility of losing key staff to the MCHIP Program has created some uncertainties in planning and travel schedules for Program Year Five. We anticipate knowing this information well in advance of Year Five start-up, and will readjust the work plan and level of effort of multiple key staff accordingly.
- **Delays in implementation of field programs**: Several issues have delayed some elements of field implementation. In Afghanistan, a deteriorating security situation prevents travel to program sites; in Kenya, political violence; and in South Africa, the sudden passing of Lunah Ncube, Jhpiego's Country Director, has created unexpected challenges for program implementation. In addition, Tanzania, Kenya, Ethiopia and South Africa reported delays due to staff attrition and turnover. In many instances, in-country staff who were trained through ACCESS have moved to other districts or other companies and are no longer available as a resource for the Program.
- **Collaboration with partners on tools and materials**: ACCESS is working with other partners to develop or update documents that are of global significance by working in conjunction with several multilateral partners such as WHO and other collaborating agencies. Development of one of these documents—the Managing Complications in Pregnancy and Childbirth (MCPC) Manual—has been delayed because the Department at WHO has limited staff who must balance competing priorities, although they remain committed to this project.
- **Closing out programs while scaling up others**: As ACCESS completes its fourth year, some country programs have closed out. These include Haiti, West Africa Regional Program and Nepal. In Nepal, ACCESS received field support funding for a new set of activities. However, to manage close-out efficiently in Nepal, ACCESS had already cut back staff and minimized program activities. Other countries, like Tanzania, are allocating funds that were discussed last year. As we enter into our final year, ACCESS will carefully plan close out for other countries to ensure a smooth transition.

Opportunities

- **Opportunity for advocacy for maternal health in Rwanda**: ACCESS has a new Country Director in Rwanda, Jérémie Zoungrana, who is also a Board Member of the White Ribbon Alliance (WRA). This could be an opportunity to launch the WRA and could be an effective vehicle for advocacy to create political will for drastic changes that will give girls and women access to life-saving care.
- **Potential for scale up in India**: The Government of Jharkhand in India has expressed strong interest in scaling up the ACCESS training approach for Jharkhand. In addition, the Indian Nurses Council is interested in using the learning resource package for the training course, approach and results, which has contributed to discussions about scaling up this project. Similarly, in Rwanda, strong interest in KMC by the government and stakeholders has paved the way to scale up the intervention beyond the original hospital.
- **Documenting "what works"**: As the ACCESS Program ends, we have the opportunity to document what works in several strategic areas and to publish the results. In several ACCESS countries we conducted a baseline and an endline survey, which can generate evidence for these papers.
- **Integrating MNH and PMTCT:** In Malawi, ACCESS has begun to work on an integrated program for MNH and PMTCT in two districts. Demonstrating an increasing trend in the coverage for PMTCT interventions, including infants on ARV, can be powerful evidence for the HIV community to recognize the potential of the MNH platform.

Annex A: Core Activity Matrix

Table 1: ACCESS Core-Funded Activities and Outputs for Program Year Three (FY08) from October 1, 2007–September 30, 2008

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
IR 1: Global leadership for maternal, neonatal and women's health AND nutrition programs AND policies strengthened	
1.1 Through global partnerships promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal and women's health goals and incorporation of evidence-based strategies in country	▪ Continued to support the Partnership for Maternal, Newborn, and Child Health (PMNCH) through January 2008 with a technical advisor who is assisting with the implementation of their global activities. ▪ Continued as chair of the Prevention of Postpartum Hemorrhage Initiative (POPPHI) technical working group on training, and participated in the technical working groups on uterotonic drugs and devices, and PPH. With ACCESS support, an AMTSL LRP is now available through the POPPHI Web site. ▪ Drafted articles on community-based management of neonatal sepsis (dissemination: October 2008) and KMC (finalized: November 2008) for the MotherNewBorNet newsletter. ▪ Sponsored a one-day consultation meeting in May 2008 with Saving Newborn Lives and USAID to discuss state-of-the-art community-based skin-to-skin care (SSC) for low birth weight newborns and identify recommendations for delivery approaches, including that SSC in the community should be carried out as part of a package of essential newborn care interventions (not as a stand-alone intervention), and should be recommended for all newborns where feasible and acceptable. ▪ Field-tested and finalized global facility-based KMC facilitators' and participants' manuals (printing: December 2008). ▪ Technical meeting of Managing Complications in Pregnancy and Childbirth (MCPC) Manual Revision Task Force took place in Geneva on 22–23 October 2007, attended by ACCESS/Jhpiego and WHO Making Pregnancy Safer (MPS) Department representatives. ACCESS/Jhpiego are now re-writing assigned technical sections and communication with the Making Pregnancy Safer Department of WHO has been on-going to determine a revised timeline given the present delay. ▪ Collaborated with global stakeholders to support the international Women Deliver conference in London, 18–20 October 2007, including support to more than 20 participants and panelists. ACCESS and ACCESS-FP facilitated several panel discussions on PPH, SBA, postpartum family planning, FBOs and malaria in pregnancy (MIP). WRA representatives presented panel discussions and provided country examples; two representatives from faith-based health networks in Africa presented papers, raising awareness of the role of FBOs in providing health care services. ▪ WRA: 1) Supported leveraged by two Alliances (Malawi and Zambia) for additional funding from DFID to support roll-out of strategies; 2) developed or refined country-specific M&E tools to capture progress toward HIDN pathways; and 3) provided technical assistance (through George Washington University Capstone Program) to conduct a training on data collection and M&E and carry out focus group discussions and key informant interviews in five target facilities in Tanzania.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
1.2 Partner with faith-based health care networks to expand emergency maternal and newborn care interventions	▪ Organized a panel on improving maternal and newborn care through faith-based organizations at Women Deliver conference and enabled two representatives from faith-based health networks in Africa to participate and present papers at the Women Deliver conference, raising awareness of the role FBOs play in providing health care services to women and children. ▪ Developed toolkits for religious leaders—one for Christian leaders and one for Islamic leaders—to help build their capacity for promoting safe motherhood in their communities and within their constituencies. Drafts are in final review. ▪ Presented on “Role of Faith-Based Organizations in Improving Maternal and Newborn Health” at UNFPA Offices to the staff in the UN system, as well as at the Asia Forum for Christian Leaders. ▪ Completed FBO brief on health networks and community health programs focused on behavior change. ▪ Completed monograph on “Faith-Based Models for Improving Maternal and Newborn Health,” adding to the limited written resources about FBOs and health services. ▪ Disseminated ACCESS resources to 17 faith-based health networks in Africa and Asia. ▪ Through the FBO Small Grants Program, trained 70 providers in FANC, reached 49 facilities and provided them with supportive supervision to strengthen their ANC service delivery and improve linkages with the community.
1.3 Disseminate ACCESS Program materials and resources to stakeholders worldwide to advance knowledge of programming in maternal and newborn health	▪ 9,000 ACCESS materials disseminated: Women Deliver conference; PRIDE Project (Pakistan); national RH/CH meeting (Mozambique; supported by Jhpiego’s Forte Saude project); APHA; ICM World conference. ▪ Materials completed: Three e-learning course technical briefs (on PPH, PMTCT and PPC); second FP e-learning course; FBO health networks brief and monograph on FBO Models for Improving MNH; MAC final report and revised Malaria Resource Package; four ACCESS Program results briefs; and four ACCESS country briefs (Nigeria, Kenya, Bangladesh and Afghanistan). ▪ Training package and implementer’s guide on community-based use of misoprostol are in the final stages of editing and production. ▪ More than 3,100 people completed the seven e-learning courses on ANC, Postpartum Care, ENC, PMTCT, Maternal Disability and Preventing PPH developed by ACCESS this year. A new e-learning course, ACCESS-FP: Postpartum Family Planning e-learning course will be available soon. ▪ ACCESS Web site: 10,000 new visitors and nearly 250 downloads of major publications in this reporting period. In April, the first (of four) “ACCESS Update” was sent via email to ACCESS staff and more than 150 colleagues at USAID Missions, collaborating organizations, and HIDN and ACCESS-FP offices.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
IR 2: Preparation for childbirth improved	
2.1 India: Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program	▪ Nineteen ANMs trained to competency as SBAs in evidence-based care and posted to the community, and all 37 ACCESS-trained ANMs were provided continued support so that they could provide care in the community and at functional facilities. ▪ Among the reporting ANMs, AMTSL was provided at over 94% of deliveries—with 100% of AMTSL in 3 of 12 months—and over 98% of newborns delivered by ACCESS-trained ANMs had clean cord care, immediate breastfeeding (within an hour), and immediate drying and wrapping. ▪ Field-tested and finalized an ANM learning resource package. ▪ Continued to strengthen two hospitals and two ANM schools as training centers. ▪ Worked with NGO Chetna Vikas to mobilize 223 villages and train more than 3,700 community members, resulting in 100% of these ACCESS-supported villages with a functional emergency transport system for birth preparedness and complications readiness (BP/CR) during pregnancy and childbirth and 69% using the services provided by the ACCESS-trained ANMs in their area. ▪ 283 mahila mandals were formed and are conducting regular monthly meetings; 82% have monthly savings, which can be given out as loans for obstetric emergency, and 63% have opened bank accounts; over 9,000 home visits conducted focused on counseling on BP/CR messages, and over 7,000 resulting in a birth plan including all four key steps; and 2,358 new and more than 8,000 repeat/continuing pregnant and postpartum women visited at home. ▪ Block level workshops completed in all the 3 blocks for program briefing with block level officials of health and ICDS department along with service providers. ▪ Resources and experience shared with other Jharkhand SBA projects including participation in Vistaar planning meetings and trainings. ▪ Baseline report finalized, operations research ANM quarterly monitoring visit conducted, and ACCESS monitoring visits conducted.
2.2 Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa	▪ Completed (12/07) and published (2/08) the Malaria Action Coalition Final Report (October 2002–September 2007). ▪ Developed two global resources for MIP prevention and control: the MIP Implementation Guide and the revised Malaria Resource Package; launched on the Program website 5/08. ▪ Contributed to the development of a RBM global statement on community distribution of IPTp at the November 2007 RBM Malaria in Pregnancy Working Group meeting in Zambia. ▪ Provided short term technical assistance (10/06-9/08) in Nigeria to address bottlenecks to implementation of GF activities. ▪ Contributed to the development of the Roll Back Malaria (RBM) Global Malaria Action Plan (GMAP): 9/08.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
IR 3: Safe delivery, postpartum care and newborn health	
3.1 Contribute to the knowledge and expansion of prevention of PPH in ACCESS countries	**Cambodia** ▪ Supported 9 technical and advocacy meetings on prevention of PPH in Cambodia attended by 62 stakeholders representing USAID, UNICEF, UNFPA, WHO, JICA, GTZ, Save the Children, RACHA and RHAC, as well as the Director and Deputy Director of the NRHP, Pursat Provincial MCH staff, and national NRHP staff. ▪ Prepared for PPH project implementation: drafted a BCC package; developed training materials; conducted an assessment of the referral hospital in Pursat to examine its ability to treat referred PPH cases; and completed a detailed implementation plan in collaboration with the NRHP and RACHA. The PPH project proposal and accompanying materials were submitted for review to the Cambodian Ethical Review Committee. **Kenya** ▪ Completed MOH reference manual for the prevention and management of PPH. ▪ Twenty TOTs have been developed and provided supportive supervision to assist in the scale-up of PPH prevention efforts nationwide. **PPH Small Grants** ▪ As of October 2008, ACCESS has trained 236 health care providers and 47 community leaders, and reached more than 100,000 community members with its PPH subgrants.
3.2 Build strategic opportunities to improve safe delivery in Africa	**Rwanda** ▪ Expanded beyond the initial 4 districts and, with other implementing partners, assisted the Ministry of Health (MOH) to design a plan for national-level scale-up of MNH. In a collaborative effort, a new group of national-level trainers was trained. ▪ Helped to establish a KMC Center of Excellence at Muhima District Hospital. Initiated KMC services in 8 hospitals, including the university teaching hospital in Kigali. Trained 24 service providers in KMC from the 8 hospitals. ▪ Expanded the training of providers in FANC from 12 to 24 districts, and held two trainings to update district heads and providers in MIP using the ACCESS-revised LRP consistent with national MIP policies and guidelines. In 25 districts, 58 supervisors and trainers have been trained in FANC/MIP. ▪ Introduced SBM-R in 5 district hospitals. ▪ Nine hospitals and their corresponding health centers are benefiting from medical equipment and supplies donated by ACCESS. ▪ Health Facility Assessment and Qualitative Assessment were completed, and preliminary reports were finalized and submitted for dissemination to MOH and partners. The results of the assessment informed the development of a draft national-level community behavior change strategy.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
3.2 CONT.	▪ Through RCLS (Religious Leader Network to Fight Against AIDS) and in collaboration with IMA, drafted MNH messages for religious leaders to use during sermons related to both the Koran and Bible. ▪ Trained core group of 25 national-level trainers from 9 hospitals. ▪ Training of Nyamagabe District HCs staff through cost share with Twubakane. ▪ Increased EmONC and FANC capacity for 28 HCs providers in Nyamagabe District. ▪ Training of EmONC providers from 15 hospitals to replace turned over staff. ▪ In 3 of the 4 assessed districts, 15 of 21 target facilities are providing AMTSL. ▪ HCs EmONC tasks defined as a basis for training manual adaptation. ▪ Functional KMC Unit serving as a training center for KMC scaling up activities. More than 311 low birth weight babies admitted this reporting period. **Ghana** ▪ Completed SBM-R modules I, II and III of all facilities, which has resulted in the ability of key personnel in Birim health district to train and transfer updates, quality assurance and quality improvement. ▪ Of these facilities, 82% reached the target 85% of the standards by the close of the project. ▪ Trained 39 people on SBM-R Modules. ▪ Trained 5 external assessors to increase sustainability of the process and make Birim North a national model for the accreditation process. ▪ Received national attention and visits from the Director General and USAID Mission staff for achievements in services statistics. ▪ Trained 14 midwives in southern Birim North District in BEmONC. ▪ Completed Health Management Information Systems workshops for participants from all 11 facilities.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
3.3 Implement local financing mechanisms to increase equity of health services to the most vulnerable in Nigeria	▪ ACCESS staff supported Mada community members and stakeholders in Zamfara state to develop plans to overcome financial barriers to antenatal, obstetric and post-obstetric services. Plans include training of two female facilitators to organize and support a pilot Mothers' Club, which will provide its members with a means to save and use those savings to make loans to one another. This group will also discuss and reinforce positive RH and MNH practices within the group and in the larger community. ▪ Established 8 Mothers' Clubs in the Mada community. ▪ Trained 2 members of the community trained as facilitators for the Mothers' Clubs. ▪ 120 women joined as members of the Mothers' Clubs. ▪ Completed initial M&E report on the establishment of the Mothers' Clubs in Mada.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
IR 4: Management of obstetric complications and sick newborns improved	
4.1 Increase access to skilled attendance at birth through strengthening of pre-service midwifery education of front-line providers in four countries (Ethiopia, Ghana, Malawi and Tanzania)	▪ Integrated the MNH situation analysis into the MOH/Niger 2008 plan with Road Map partners in Niger. ▪ Collaborated with WHO-AFRO to plan and facilitate the Entebbe regional Road Map workshop to assist country teams in operationalizing the national Road Map document. Six country teams from eastern and southern Africa participated in the workshop, developing realistic plans for operationalization and identifying their need for technical assistance. ▪ Regional AFR/SD activities included upgrading pre-service training in four countries (Ethiopia, Ghana, Malawi and Tanzania), and participants from six countries (Ethiopia, Kenya, Malawi, Namibia, Uganda, and Zambia) shared their experiences developing and operationalizing their national Road Map document at a regional workshop planned and conducted by ACCESS and WHO-AFRO in April 2008. ▪ Planned and held second regional Clinical Training Skills and Curriculum Design course for approximately 20 pre-service midwifery educators from 3 countries (Ethiopia, Ghana, and Tanzania) in order to build more champions for implementing best practices in basic emergency obstetric and newborn care (BEmONC) into midwifery education and practice. Participants assisted in the facilitation of BEmONC Technical Update and Clinical Skills Standardizations in Ethiopia and Ghana, and will participate in upcoming advocacy meetings at the national level. ▪ Completed revisions to BEmONC LRP based on pre-test recommendations; package is in final production. ▪ The MOH in Madagascar, with advocacy and support from ACCESS, repeated the Road Map Forum held in September 2007 in Antananarivo.
4.2 Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC	▪ 10 health centers referring to Ambo Hospital Maternity Services were assessed, and EmONC service delivery improved at these health centers with ACCESS and Ethiopian Society of Obstetricians and Gynecologists (ESOG) support. Nine of 10 providers were trained in BEmONC (one provider was on leave), and referral linkages between 10 health centers and Ambo Hospital were strengthened.
4.3 Continue expansion of Kangaroo Mother Care services for improved management of low birth weight babies	▪ Field-tested and finalized global facility-based KMC facilitators' and participants' manuals (printing: December 2008). ▪ Held consultation meeting on community KMC with 43 key stakeholders from USAID, UNICEF, SNL, USAID cooperating agencies, researchers and field staff. A report of the meeting has been disseminated to meeting participants and staff of interested organizations that were not present at the meeting. ▪ Ethiopia: Adapted KMC training manual for use, conducted KMC TOT for 16 health staff, and introduced KMC services in 5 hospitals. ▪ Nepal: Integrated KMC into postnatal care for LBW/premature babies at four hospitals and 3 primary health centers; established facility-based KMC services at Mahakali Zonal Hospital and 3 primary health care centers; and trained 814

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
4.3 CONT.	female community health volunteers on community KMC. National guidelines for management of LBW infants and KMC were developed and endorsed by the MOPH and will be included as part of a community-based integrated neonatal care package to be implemented nationally. Completed final report on the community-based management of LBW babies. ▪ Rwanda: Initiated KMC services in 7 hospitals, including the university teaching hospital in Kigali. Trained 24 service providers in KMC from the 8 hospitals. ▪ Bangladesh: Trained all 286 ACCESS counselors on how to coach mothers to provide KMC.
4.4 Prevention of pre-eclampsia/ eclampsia	▪ Provided technical assistance in Nepal to the USAID bilateral and MOH to introduce calcium into ANC and test its acceptability and effect on community-level prevention of eclampsia. ▪ Met with USAID and partners in Tanzania to outline need for strategy at community and facility levels for prevention and treatment of pre-eclampsia/eclampsia; USAID mission included this as part of proposed funding for basic emergency obstetric and newborn care throughout the country. ▪ Teleconference with partners from USAID and PATH regarding prevention and treatment of pre-eclampsia/ eclampsia, including discussion of next steps to raise this as a solvable issue in many countries. ▪ Meetings with USAID, MOH and other partners in Ethiopia, Kenya and South Africa to discuss importance of strategy to decrease maternal and newborn mortality due to pre-eclampsia/eclampsia.

CORE ACTIVITY	MAJOR PROGRAMMATIC OUTPUTS/DELIVERABLES PRODUCED
IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity)	
5.1 Field-test and finalize the revised post-abortion care curriculum	▪ Translated PAC LRP into French and field-tested the package during a training of 11 providers in Haiti. ▪ Collated feedback from field-tests in Bolivia and Haiti for incorporation into final draft of curriculum; expected date of completion is 30 October 2008.

Annex B: Program Coverage Matrix

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

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

Table 1: ACCESS Program Coverage

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POPULATION (IN TARGET AREAS)	# OF WOMEN OF REPRODUCTIVE AGE (15–49)
AFGHANISTAN							
PPG skilled birth attendant intervention	N/A	381 BPHS health facilities[1]	119 out of 329 districts	36%	13 out of 32 provinces[2]	7,050,716	1,410,143
BANGLADESH							
Prenatal/postnatal community outreach visits and referral	7 sub-districts (upazillas)	N/A	1 out of 64 districts	1.6%	N/A	1,443,841	287,324

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POPULATION (IN TARGET AREAS)	# OF WOMEN OF REPRODUCTIVE AGE (15–49)
ETHIOPIA							
Hospitals strengthening in BEmONC for Accelerated Health Officer Training Program	N/A	8 out of 20 AHOTP Hospitals (total 115 hospitals in country)	N/A–Each of the hospitals are district hospitals and cover across regional states	NA	Total of 11 regions (9 regions and 2 city administrations-AA and Dire Dawa)	N/A	N/A
HEWs trained in safe and clean birth to increase access to safe delivery at the community level	~200 communities	12 health centers served as training facilities and 358 HEWs from ~200 health posts	8 of the 17 zones in the Oromia Region which cover 38 woredas/districts			Approximately 6,360,319 (the population size for 3 of the 38 woredas is unknown, so this number reflects the total population size for 35 woredas).	
GHANA							
Technical Updates and Clinical Skills Standardization for midwifery educators		11	1 (Accra City) out of 138 districts	1%	1 out of 10 regions	2,029,143	515,402 (estimate)
SBM-R process and MNH Technical Updates and Clinical Skills Standardization for maternity providers		11	1 (Birim North) out of 138 districts	1%	1 out of 10 regions	151,401	73,884

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POPULATION (IN TARGET AREAS)	# OF WOMEN OF REPRODUCTIVE AGE (15–49)
INDIA							
Skilled birth attendance (community-based and facility-based midwives plus community mobilization)	213 villages	3	1 district	4.1% (1 district out of the 24 districts in the State of Jarkhand)	N/A	118,878	20,208
KENYA							
ANC/ TB Pilot	N/A	4 pilot health facilities and 50 other facilities	9	11.8%	1	4,709,58	1,201,609
PMTCT	N/A	4	4	5.3%	4	3,506,347	856,733
PPH	N/A	25	17	22.4%	6	11,168,791	2,994,725
ART: HIV/FP/STI Integration	N/A	40	48	63.2%	8	24,801,943	6,451,092
Injection safety	12	12	12	15.8%	2	5,502,000	2,785,000
HCT/PICT	N/A	30	30	39.5%	8	14,310,448	3,739,501
Postpartum family planning (ACCESS FP)	N/A	4 facilities in one district (40%)	1 district: Embu	1.3%	1 out of 7	318,724	78,087
MALAWI							
PQI in RH	--	(RH) 14 district hospitals representing 100% of district hospitals in the 14 districts	14 districts	50% (14 out of 28 districts)	3 out of 3 regions	6,550,000	1,571,874
PQI in IP	--	(IP) 24 hospitals, representing 100% of target hospitals in the 21 districts	21 districts	75% (21 out of 28 districts)	3 out of 3 regions	9,825,000	2,357,811

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POPULATION (IN TARGET AREAS)	# OF WOMEN OF REPRODUCTIVE AGE (15–49)
FANC/MIP	--	730 health facilities representing 100% of health facilities countrywide	28 districts	100%	3 out of 3 regions	13,100,000	3,143,749
Pre-service and in-service	--	13 RN/M training institutions representing 100% of RN/M training institutions	8 districts	29% (8 out of 28 districts)	3 out of 3 regions	3,799,000	911,687
KMC	--	11 health facilities representing 100% of target health facilities in 3 districts	3 districts	11% (3 out of 28 districts)	3 out of 3 regions	341,000	81,833
Community MNH and community mobilization	816 villages	9 health centers representing 100% of target health centers in the 5 target areas	3 districts	11% (3 out of 28 districts)	3 out of 3 regions	336,358	80,719
NIGERIA							
Emergency obstetric and newborn care as an entry point to postpartum family planning and community mobilization	71	37: 14 general hospitals; 1 comprehensive health center and 22 primary health care centers	18 LGAs (districts) out of 774 (6 LGAs in each of 3 States including Kano, Zamfara and Katsina)	2.3%	1 out of 6	4,202,775	975,044 (estimate)

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POPULATION (IN TARGET AREAS)	# OF WOMEN OF REPRODUCTIVE AGE (15–49)
SOUTH AFRICA							
Implementation of Antiretroviral Service Standard-based Management	N/A	5	2 districts	4% of the 53 districts countrywide	2 out of 9	1,068,771	287,878
Cervical screening service provision using VIA and Cryotherapy	N/A	12	1 district	2% of the 53 districts countrywide	1 out of 9	632179	170,688
TANZANIA							
FANC/MIP service delivery scale-up	NA	1,575 (32% of all facilities)	133 out of 133 (mainland)	100%	21 out of 21 (100%)	39,400,000	7,880,000
Technical Updates and Clinical Skills Standardization for Midwifery Educators	NA	1 (clinical training facility)	1 (Morogoro) out of 130	1%	1 out of 21 NA	1,753,362	3,507,462

Note: Data sources for population figures include national census data; US Census Bureau, International Database, http://www.census.gov/ipc/www/idbpyr.html; World Gazetteer at www.world-gazetteer.com); http://population.wn.com http://www.odci.gov/cia/publications/factbook/index.html (Madagascar); *Kenya 1999 Population and Housing Census Volume VII: Analytical Report on Population Projections, 2002* (Kenya). Nigeria: Population Commission report. Malawi: Sources: Population Reference Bureau, 2007 World Population Datasheet. Population Reference Bureau, Family Planning Worldwide 2008 Data Sheet. Afghanistan and Tanzania: Women of reproductive age estimated at 20% of the total population.

Annex C: Success Stories

Bangladesh: Respect for TBA Increased after Training

Rasheda Begum, an experienced traditional birth attendant (TBA), has been delivering babies for more than 10 years. After the death of her mother-in-law, who taught her these traditional skills, the community began turning to Rasheda as the most trusted and dependable TBA in the area. Nevertheless, Rasheda confessed to knowing nothing about safe and clean delivery, handwashing, newborn stimulation, immediate breastfeeding, or community-based Kangaroo Mother Care (CKMC) practices at the time. Having now received TBA training from the ACCESS Program, she is feeling much more confident about her ability to help mothers and newborns.

TBAs at a training.

Since her training, Rasheda attended a delivery in which a baby stopped breathing. She was happy to see the impact of her training when she gave the newborn extra stimulation and the baby began breathing again. When, in a separate case, a placenta was taking longer than usual to expel, Rasheda gave the newborn to the mother and asked her to begin breastfeeding. Within minutes, the placenta came out smoothly. Rasheda also applied her new CKMC knowledge when confronted with a comparatively small newborn who was shivering after drying and wrapping. She put the newborn in CKMC position with the mother where it fell asleep quickly, and was warmed and well protected from risk.

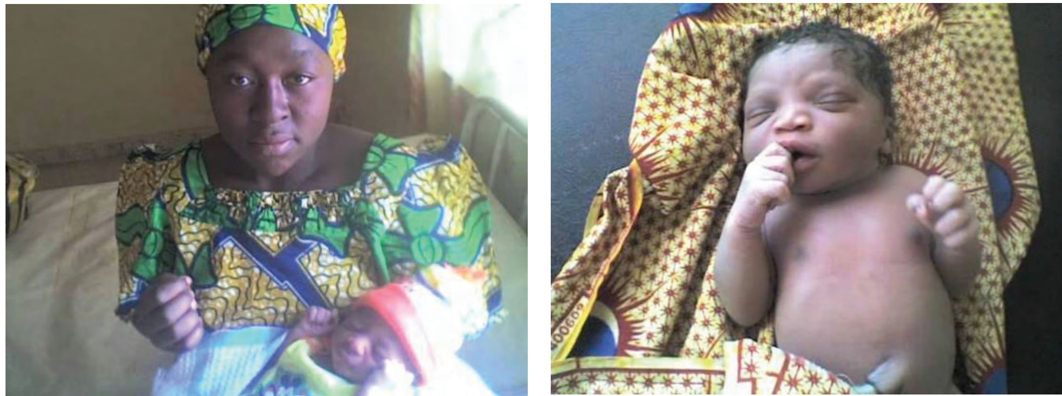
Ethiopia: Community Mobilization for Pregnancy-Related Complications

Mobilizing communities to inform, address and solicit support for maternal and neonatal health emergencies is a major activity of the ACCESS HEW Training Program in Ethiopia. Tekaye Seifu, a HEW who completed training in the first round, was able to implement some of the CM skills she was exposed to during the training in Urgesa Kebele, a remote village near Bedelle in southern Ethiopia. Within a couple of months, Tekaye was able to organize a group of 80 women to meet once a week and to each contribute the equivalent of five US cents during each meeting. Recently, one member of the group suffered from pregnancy-related complications, and the collection was used to help fund her transportation to Bedelle Health Center for treatment. Women withdrawing funds for maternal or neonatal emergencies are not required to replenish what they use. Tekaye is proud of her success in mobilizing the women to have access to treatment for complications, and anticipates continuing the group meetings to assist more women in her village.

Nigeria: Success of a Community Action Cycle

The objective of the community action cycle is to increase awareness of and strengthen access to EmONC services. After receiving proper training, the community mobilization team (CMT) members returned to their respective communities to begin the process of identifying groups and committees that will participate in the CM process. A broad spectrum of community members including women, men and adolescents were selected in Dawanau community and environs to form the community core group (CCG) and committees.

During the exploration process, the communities and core group discussed the state of maternal



Malama Hajara and her new born baby (first delivery at Dawanau PHC).

and newborn care and consensus was reached that the lack of skill birth attendants at Dawanau PHC is the root cause of high home delivery rates. To address this problem, the community requested the services of volunteer nurse-midwives from within and outside the community to establish delivery services at Dawanau PHC. In addition, the CCG and community partitioned a space at the PHC to serve as a labor room. It was laudable that three nurse-midwives volunteered to help provide delivery services at the health facility and resumed work there in November 2007. By the end of the quarter, nine deliveries had been recorded at Dawanau PHC.

During the quarter, nurse-midwives were trained to provide long-acting methods of FP. Hajiya Ramatu Usman, a nurse-midwife working at Zurmi General Hospital and mother of five children, was a participants. She was so impressed by the long-term contraceptive potential of JADELLE® that she accepted the method herself and had it inserted during the training. She indicated that she would like to use it for four years.

Hajiya Ramotu Usman.

During the SBM-R training which followed, she expressed complete satisfaction with the method, *"As the nurse-midwife-in-charge of the Maternity Unit in Zurmi General Hospital and after my training in IUD and JADELLE insertion/removal, I now see an average of six FP clients a day coming for different methods. I use the knowledge that I got during the ACCESS training to train my subordinates in the hospital. I am glad that I went through the training done by ACCESS, which has made me to be more confident to provide services to my clients. May the*

Almighty God continue to guide the ACCESS staff. I am ready to give my full support and will come to help whenever I am invited. My husband is also very happy with the JADELLE and wants my other two co-wives, who have 12 children between them, to also use the method."

Tanzania: Pre-service Education BEmONC for Nursing and Midwifery Schools in Tanzania

Deodata Kihuwe is a midwifery tutor who attended a clinical standardization course on BEmONC, one of the activities in the Pre-service Education Initiative for Africa Region supported by WHO-AFRO/ACCESS/Jhpiego and the MOHSW. Conducted in September 2007, the course helped midwifery tutors and preceptors improve their clinical skills. In April 2008, Deodata participated in the Effective Teaching Skills course to improve her teaching skills, ability to communicate her BEmONC knowledge, and demonstrate the related skills.

When Deodata went back to her school (Bagamoyo Nursing and Midwifery Certificate School) after the course, she gave feedback to the students, administrators and staff in the Department of Maternal Health at Bagamoyo District Hospital. Deodata explained the content of the course as well as the learning and teaching processes. Maro, the assistant medical officer-in-charge of the Maternal and Newborn Unit, was excited and said, *"Providers in the labor ward will now be getting additional support. Deodata, you went through critical topics like removal of retained placenta and resuscitation of newborn. You will provide updates to other service providers."*

Maro even phoned Jhpiego's office on the following day to express his appreciation and said, *"I am very happy to see that our hospital maternal and newborn care providers will be supported. Deodata will be of great help in the labor ward, especially on my absence! BEmNOC topics that Deodata went through are similar to what I was taught in LSS. Thanks to Jhpiego!"*

Ghana: SBM-R Success Leads to Improved Performance

Holy Horniel Maternity Home is a private facility located in the Birim North District, Ghana. The midwife in charge is also the owner. The primary assessment tool for the project was a standardized basic emergency obstetric and neonatal care assessment tool (adapted using Ghana's National Reproductive Health Standards and Protocols). The tool grouped standards under two areas: labor and delivery care and other infrastructure.

During a baseline assessment in January 2008 (after the midwife, Contance Asante, had completed SBM-R Module I), the facility scored 57% on labor and delivery care and 60% on other infrastructure. After the midwife had completed SBM-R Module II, a second assessment of the facility revealed tremendous improvements in labor and delivery care (97%) and other infrastructure (100%). On a recent visit to donate an advanced childbirth simulator, further improvements beyond the required standards were observed and the midwife said, "*We are most grateful to Jhpiego and its representatives. Our performance has improved so much and we promise to put this model to very good use and continue to improve on the standards attained*."

During the SBM-R Module III workshop, Parent to the District, Mr. Kyeremeh (also the Deputy Director of Nursing Services at the regional level) was so impressed with the concept and the achievements that he stated, *"I am going to apply SBM-R to all my activities at home!"*

ANNEX D: ACCESS Bureau and Country Funding Table (PY1–PY4)

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
ETHIOPIA	**1**	**$0**	
	2	**$0**	
	3 (new)	**$120,000 – Core**	▪ Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists ▪ Training health officers ▪ Training community health extension workers ▪ Collaboration with AFR/SD pre-service initiative
	4 (new)	**$1,792,476 – Field**	▪ Training health officers in BEmONC ▪ Training community health extension workers
		$105,000 – Core	▪ Build capacity of skilled providers in EMNC through Ethiopian Society of Obstetricians and Gynecologists ▪ Collaboration with AFR/SD pre-service initiative ($174,991, core, for 3 countries)
GHANA	**1**	**$0**	
	2	**$0**	
	3 (new)	**$180,000 – Core**	▪ Expand EmONC training ▪ Collaboration with AFR/SD preservice initiative
	4	**$114,000– Core**	▪ Expand EmONC training
		Core	▪ Collaboration with AFR/SD preservice initiative ($174,991, core, for 3 countries)

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
GUINEA	**1**	**$0**	
	2 (new)	**$100,000 – Field**	▪ Expansion of PAC
	3	**$30,000 (Field carry forward)**	▪ Expansion of PAC and FP
	4	**$100,000 - Field**	▪ Revise pre-service module for school of medicine ▪ Train medical faculty and update in clinical skills and instructional design
KENYA	**1**	**$0**	▪ Institutionalizing best practices for FP [activities began in PY 1 and will be reported in 1st annual report even though we never got an approved workplan]
	2 (new)	**$1,120,000 – Field**	▪ Institutionalizing best practices for FP ▪ Training for voluntary counseling and testing (VCT) counselors and antiretroviral therapy (ART) within PMTCT programs
	3	**$1,700.000 – Field (est.)** **$125,000 – Core**	▪ Strengthen counseling and testing services for HIV in clinical setting
	4	**$3,132,740 – Field (anticipated)**	▪ Strengthen counseling and testing services for HIV in clinical setting ▪ Scaling up ART services
		$64,000 – Core	▪ Expanding AMTSL service delivery
MADAGASCAR	**1**	**$0**	
	2	**$0**	
	3 (new)	**$50,000 – Field**	▪ Quality and sustainability of focused antenatal care (FANC), intermittent preventive therapy (IPT) services
	4	**$600,000-Field (FY08 PMI)**	▪ Scale up FANC and quality improvements

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
MALAWI	**1**	**$0**	
	2	**$0**	
	3	**$ 215,000 – Core**	▪ Expand EmONC training ▪ Collaboration with AFR/SD pre-service initiative
	4 (new)	**$2,690,000 – Field**	▪ Expansion of PAC, FP and Emergency Obstetric and Newborn Care (EmONC) in eight districts ▪ FANC/IPT ▪ Community-based maternal and newborn care ▪ Kangaroo Mother Care (KMC)
NIGERIA	**1**	**$0**	
	2 (new)	**$1,000,000 – Field (multi-year)**	▪ Emergency obstetric care and obstetric fistula
	3	**$2,000,000 – Field**	▪ Improvement of EmONC services ▪ Community mobilization regarding access to skilled providers ▪ Policy work on deployment of skilled providers
		$125,000 – Core	▪ Conduct study on local financing mechanisms to increase equity of health services in Nigeria
	4	**$2,323,000 – Field**	▪ Improvement of EmONC services ▪ Community mobilization regarding access to skilled providers ▪ Policy work on deployment of skilled providers
		$130,000 – Core	▪ Apply lessons learned on local financing mechanisms to increase equity of health services in Nigeria

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
RWANDA	**1**	**$0**	
	2	**$0**	
	3 (new)	**$650,000 – Core**	▪ Implementation of Safe Birth Africa Initiative
	4 (new)	**$782,000 – Core**	▪ Implementation of Safe Birth Africa Initiative
		$350,000 – Field/PMI	▪ Expand FANC/MIP
SOUTH AFRICA	**1**	**$0**	
	2	**$0**	
	3 (new)	**$600,000 – Field**	▪ Dissemination of clinical guidelines around HIV/ AIDS prevention and treatment
	4	**$1,245,000 – Field**	▪ Dissemination of clinical guidelines and quality improvement around HIV/AIDS prevention and treatment
TANZANIA	**1 (new)**	**$950,000 – Field**	▪ Integrated ANC and PMTCT ▪ Pre-service training in focused ANC ▪ Dissemination of IP guidelines ▪ Support to WRA
	2	**$1,625,000 – Field**	▪ Integrated ANC and PMTCT ▪ Preservice training in focused ANC ▪ Dissemination of IP guidelines ▪ Support to WRA ▪ Support to CEEMI (Malaria Center)
	3	**$1,962,000 – Field**	▪ Scale up FANC and MIP ▪ Strengthen nutrition in in-service and pre-service training
		$80,000 – Core	▪ Collaboration with AFR/SD pre-service initiative ($250,000, core, for 3 countries)
	4	**$3,973,000 – Field**	▪ Scale up FANC and MIP
		Core	▪ Collaboration with AFR/SD pre-service initiative ($174,991, core, for 3 countries)

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
ZAMBIA	**1**	**$0**	
	2	**$0**	
	3 (new)	**$50,000 - Field (pay back)**	▪ Enhance the Social Mobilization effort to fight HIV/AIDS
	4	**$0**	
MALARIA ACTION COALITION	**1**	**$920,000 – MAC Core** **$770,000 – MAC Field**	▪ Field support from Kenya, Madagascar, REDSO ESA, Rwanda and WARP ▪ Coordination with MAC core funding
	2	**$900,000 – MAC Core** **$685,000 – MAC Field**	▪ Field support from Kenya, Madagascar, REDSO and Mali
	3	**$440,000 – MAC Core** **($200,000 new + $240,000 estimated carry forward)**	▪ Personnel support in field and HQ to consolidate lessons learned
	4	**$100,000 – MAC Core**	▪ Personnel support in field and HQ to consolidate lessons learned
AFGHANISTAN	**1**	**$0**	
	2 (new)	**$3,000,000 - Field**	▪ Support to the Afghan Midwives Association (AMA) ▪ Assist in the development of a new maternal and newborn health strategy ▪ Establish demonstration project for the prevention of postpartum hemorrhage (PPH) for home births ▪ Feasibility study for a maternity waiting home in Badakhshan Province
	3 (new)	**Carry forward – Field** **$8,500,000 – Associate Award/HSSP (multi-year)**	▪ Support to AMA ▪ Continuation of PPH study ▪ Activities to support new program on improving quality of care in 13 provinces and training community midwives
AFGHANISTAN (CONT.)	**4**	**$4,391,056 – Associate Award/HSSP**	▪ Expansion and scale up of PPH prevention ▪ Activities to support new program on improving quality of care in 13 provinces

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
			and training community midwives
		$112,624 – Field	▪ Support to AMA
BANGLADESH	**1**	**$0**	
	2 (new)	**$2,600,000 – Field (multi-year)**	▪ Support a community based initiative in Sylhet to improve access to evidence-based maternal and newborn health interventions
	3	**$3,061,000 – Field**	▪ Community mobilization and behavior change for maternal and newborn health ▪ Policy work and advocacy for strengthening services
	4	**$0**	
CAMBODIA	**1**	**$0**	
	2	**$95,000 – Core/ANE**	▪ Policy support for maternal and newborn health ▪ Strengthen midwifery skills and increasing access to skilled providers
	3 (new)	**$600,000 – Associate Award (1.8 million multi-year funding)**	▪ Policy support for maternal and newborn health ▪ Strengthen midwifery skills and increasing access to skilled providers ▪ Expansion of evidence-based maternal and new born interventions
		$200,000 – Core	▪ PPH prevention
	4	**$1,100,000 – AA (over three years)**	▪ Policy support for maternal and newborn health ▪ Strengthen midwifery skills and increasing access to skilled providers ▪ Expansion of evidence-based maternal and new born interventions
		$120,317 – Core (includes carry forward)	▪ PPH prevention

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
INDIA	**1**	**$0**	
	2 (new)	**Core**	▪ Improving auxiliary nurse midwives (ANMs) skills to provide services and increasing demand in the community
	3	**$500,000 – Core** **$50,000 – Field**	▪ Improving ANM skills to provide services and increasing demand in the community
	4	**$496,000 – Core**	▪ Improving ANM skills to provide services and increasing demand in the community
NEPAL	**1 (new)**	**$200,000 – Field**	▪ Development of human resource strategy for skilled birth attendants (SBAs) and community-based maternal and newborn care
	2	**$2,450,000 – Field (multi-year)**	▪ Develop SBA learning resource package ▪ Develop and test a community strategy for the identification and management of low birth weight (LBW) infants ▪ Assist with national guidelines for LBW in the National Neonatal Health strategy ▪ Policy work on the enabling environment of SBAs in rural communities. ▪ CEDPA (adolescent health)
	3	**$1,000,000 – Field (carry forward)**	▪ Curriculum development and training for skilled providers ▪ Guidelines development for LBW infants ▪ Community management of LBW infants
		$160,000 – Core	▪ KMC
	4	**Carry forward TBD – Field** **TBD – Core**	▪ Continue expansion of KMC

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
HAITI	**1 (new)**	**$1,500,000 – Field**	▪ Increased accessibility and use of PMTCT ▪ Strengthened reproductive health—postabortion care (PAC), infection prevention and family planning (FP) ▪ Assess cervical cancer prevention
	2	**$695,000 – Field**	▪ Increase accessibility and use of PMTCT services ▪ Strengthen RH – PAC, FP, IP ▪ Assess Cervical Cancer Prevention activities
	3	**$450,000 – Field**	▪ Strengthen PMTCT training and services ▪ Strengthen RH – PAC, FP, IP
	4	**$130,000- Core FP/RH**	▪ Field-test PAC module ▪ Revise curriculum
USAID/EAST AFRICA	**1**	**$0**	
	2	**$0**	
	3	**$127,000**	▪ Kenya
	4	**$0 (carry forward)**	
AFR/SD BUREAU	**1 (new)**	**$200,000**	▪ Angola, Ethiopia, Ghana, Mozambique, Nigeria, Mali, Senegal, Tanzania
	2	**$400,000**	▪ Zambia, Niger, Senegal, Burkina Faso, Mauritania, Ghana*, Ethiopia*, Malawi*, Tanzania*
	3	**$400,000**	▪ Ghana, Tanzania, Ethiopia, Malawi
	4	**$400,000**	▪ Ghana, Tanzania, Ethiopia

ACCESS COUNTRY	PROGRAM YEAR	FUNDING OBLIGATED (*ANTICIPATED)	KEY ACTIVITIES
ANE BUREAU	**1**	**$430,000**	▪ Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor
	2	**$0 ($373,150 carry forward)**	▪ Nepal, Bangladesh, Cambodia, Afghanistan, India, Indonesia, Philippines, Pakistan, West Timor
	3	**$0 ($208,932 carry forward)**	
	4	**$0 ($34,722 carry forward)**	
LAC BUREAU	**1 (new)**	**$50,000**	▪ Guatemala, Peru, Bolivia, DR, Paraguay
	2	**$75,000 (received as GH/HIDN core)**	▪ Bolivia, DR, Guatemala, Peru
	3	***$0 ($17,271 carry forward)**	
	4	**$0**	
USAID/WEST AFRICA	**1 (new)**	**$300,000**	▪ Mauritania, Cameroon
	2	**$300,000**	▪ Cameroon, one new country TBD
	3	**$300,000**	▪ Cameroon, Mauritania, Togo, Niger
	4	**$0 (carry forward)**	▪ Cameroon, Mauritania, Togo, Niger

ANNEX E: HIDN RESULTS PATHWAYS REPORT AND OP INDICATORS

MATERNAL HEALTH PATHWAYS

Skilled Care at Delivery

Maternal mortality ratios reflect the widest disparity in human development indicators between developed and developing countries and between the rich and the poor within countries. Each year more than 500,000 women die due to complications of pregnancy and childbirth. Another 15 to 20 million women suffer direct and long-term disabilities that are easily prevented if safe delivery care is provided to the majority of childbearing and referral to specialized level of care to a small percentage who develop complications. The major direct causes of maternal mortality are: hemorrhage, hypertensive disorders, infection, abortion, obstructed labor and anemia. Many of these complications can be prevented or appropriately managed if a skilled birth attendant (SBA) is conducting the delivery at a facility or at home. Skilled birth attendant (SBA) is defined as a health provider with medical training such as a doctor, midwife or nurse. These skilled individuals require the mandate, commodities, drugs and equipment to provide skilled care. USAID is supporting polices, strategies and programs that promote safe delivery by skilled birth attendants, as well as immediate postpartum care. Because of the stagnant or increasing maternal morality ratios in Africa, USAID will focus its activities to address this problem particularly in African countries.

1. ***Research*** to analyze global data to guide programming; to assess new interventions and document effectiveness and cost effectiveness of selected strategies; to address remaining challenges, including human resources constraints, financial barriers and equity gaps to service utilization and in particular SBA use by the marginalized and underserved women.

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08–9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 Results	FY09 Target	
Assessment of maternity care and birth outcomes	▪ Direct causes of maternal mortality (MM) ▪ Perinatal and neonatal mortality ▪ MM global estimates ▪ Impact of cesarean section ▪ Physical, psychological and economic consequence of mortality and morbidity ▪ Impact of FP on MM	FY06 FY06 FY07 FY 07 FY08/09 FY 07	Completed Completed Ongoing Ongoing Ongoing			
Maternal mortality measurement tools	▪ Sampling at service site (SSS) to measure MM ▪ RAPID to measure MM in facilities ▪ Verbal autopsy	FY08 FY 08 FY08	Ongoing Ongoing Ongoing			
Implementation approaches	▪ Quality improvement collaboratives ▪ Continuity and quality of care ▪ Financing	FY08 FY 09 FY 09	Ongoing Ongoing Ongoing			

2. **Introduction and expansion of proven interventions** includes technical leadership, advocacy and policy dialogue with MOH and Missions to ensure safe birth promoting use of proven interventions, such as clean delivery, use of the partograph, etc., by SBAs to address the major direct causes of maternal death. Introduction in countries which have weak maternal health services will focus on one district (at least 20% of population or facilities). Expansion is defined as moving beyond one district and covering 20% of the population in a district/state/country. SBA is an indicator captured by DHS. Attempt will also be made to capture data at the distinct/provisional level where USAID partners are active. Also see the pathway on prevention of postpartum hemorrhage.

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08–9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 RESULTS	FY09 TARGET	
Technical leadership and partnership to advance SBA activities at a country level	Tools disseminated & partnership with FBOs, PMNCH & WRA to initiate country level SBA activities	FY08	completed	Completed	Project close-out	Documents shared with partners and its use expended through FBOs, WRA and other partners. Wider dissemination of documents and programmatic lessons learnt will be shared at the project close-out meetings.
Introduction of interventions for skilled birth attendance through Essential Maternal and Newborn Health (EMNH)	SBA introduced in 7 countries (at least 20% in one district)	FY09	On-going	9 (Core: Ghana, India, Tanzania, Ethiopia) (Field: Haiti, Cameroon, Mauritania, Niger, Ethiopia, Togo)	3 (Ghana, India, Ethiopia)	ACCESS had field support funds for PAC from the PRH Office through Dec. 31, 2007.
Expansion of skilled birth attendance in countries	SBA expanded in 3 countries through pre-service training	FY09	On-going	4 (Field: Malawi, Tanzania, Nigeria, Afghanistan)	7 (Field: Malawi, Tanzania, Ethiopia, Nigeria,Ghana, India, Afghanistan)	Mission funds expanded activities in Tanzania, Malawi, Nigeria, Afghanistan. Activities will expand to national level in Ghana and state level in India using other non-ACCESS resources. Pre -service training picked up by Mission funding in Malawi, Tanzania, and Ethiopia.
Safe Birth Africa Initiative (SBAI)	Focus in 1 African countries to increase SBA and coverage with proven interventions	FY09	On-going	1 (Rwanda)	1 (Rwanda)	Include national-level supportive activities for SBA and focused activities in 4 districts continuing.

Antenatal Care Pathway

While antenatal care (ANC) attendance has been rising slowly throughout the world, it remains quite low in Asia. Most pregnant women in Asia and Africa do not make the recommended minimal number of antenatal visits (4 visits). Quality antenatal care (ANC) improves maternal health and helps to promote healthy outcomes for women and newborns. Antenatal care (ANC) can assist in early detection of obstetric complications and medical problems exacerbated by pregnancy. It is a key entry point for pregnant women to receive a broad range of preventive health services including nutrition supplementation; prevention and treatment of malaria, HIV/AIDS, syphilis; and tetanus toxoid immunization; and counseling about use of a skilled birth attendant. GH will expand programs to strengthen focused antenatal care that provide assessment and action to provide care for each woman's individual situation—taking into consideration the existing country specific prevalence of infections, such as malaria and HIV/AIDS for malaria in pregnancy (MIP) and prevention of maternal-to-child-transmission of HIV (PMTCT) programs.

3. Research to assess the effectiveness of micronutrients supplementation and nutritional approaches on neonatal and maternal survival.

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08–9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 Results	FY09 Target	
Nutritional approaches for neonatal/maternal health	Effects of low dose Vit A on birth outcomes	FY08	Ongoing			

4. Introduction and expansion will include activities to increase focused antenatal care in African countries with high malaria and HIV/AIDS prevalence to prevent HIV transmission from mothers to child. Strengthening ANC will be part of Essential Maternal and Newborn Health (EMNC) activities in most targeted countries.

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08–9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 RESULTS	**FY09 TARGET**	
Promotion of focused ANC with WHO, ICM, WRA and FBOs	Development and dissemination of technical materials and promotion of focused ANC at country level	FY07		On-going	Completed	Core funding supported partners to use and disseminate technical materials to promote focused ANC. Most implementation is covered by field support see below. Malaria prevention during pregnancy is a key focus of ANC activities.
Introduction of focused ANC within EMNC	Focused ANC implemented in 3 countries	FY08		5 (Core: India) (Field: Rwanda, Ethiopia, RSA, Kenya)	4 (Core: India, Malawi) (Field: RSA, Kenya)	Core OHA funds support integration of PMTCT in FANC in Malawi. PMTCT field support funds used in Kenya for FY08.
Expansion of Anemia prevention activities *See also the nutrition pathways*	Scale up anemia prevention activities in one country	FY08		4 (Field: Malawi, Nigeria, Tanzania, Afghanistan)	5 (Field: Malawi, Nigeria, Tanzania, Afghanistan, Rwanda)	Mission funding FANC included in Malawi RH standards
Expansion of focused ANC in Tanzania	All ANC services upgraded with MIP and PMTCT nation wide	FY09		On-going	Ongoing	Mission funding

Prevention of Postpartum Hemorrhage Pathway

Severe bleeding is the single most important cause of maternal death worldwide. Over 30% of all maternal deaths are due to hemorrhage in Asia and Africa. An estimated 14 million cases of severe postpartum hemorrhage (PPH) occur every year with a case fatality rate of approximately 1% (140,000 deaths). Uterine atony accounts for 70–90% of all PPH cases; active management of the third stage of labor (AMTSL) is an evidence-based, feasible, low-cost intervention that can prevent 60 percent of uterine atony that leads to hemorrhage and maternal death.

1. Research to develop a simple syringe mechanism to deliver a uterotonic drug (oxytocin) in a pre-filled device (Uniject), a multi-country survey to determine the coverage of AMTSL practice, and comparison of the relative impact of oxytocin versus controlled cord traction.

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08-9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 RESULTS	FY09 TARGET	
Oxytocin in Uniject development	Oxytocin in Uniject available for field trial, pilots, and commercialization	FY09	On-going			
Global survey of AMTSL practices	Coverage of AMTSL practices assessed and disseminated in 10 countries	FY08	Completed 8 countries			
Feasibility of using community midwives (matrones) to administer Oxytocin in Uniject	Feasibility of using community midwives to administer Oxytocin in Uniject demonstrated in Senegal	FY09	Continuing			
Comparison of relative effectiveness of three AMTSL components	Relative effectiveness of oxytocin vs. controlled cord traction clarified for future program emphasis	FY 09	Planning			

2. Introduction and expansion will include technical leadership in mobilizing Mission support for prevention of PPH prevention programs; assisting Missions with the introduction and expansion of PPH interventions in a total of 29 countries (expansion in 10 countries by FY 2008 ('07 funds).

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08-9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 Results	**FY09 Target**	
Technical leadership	Increased awareness of AMTSL standards in 25 countries	FY06	On-going	On-going	Project close-out	Contribution to regional and national level meetings and POPPHI working groups. Wider dissemination of documents and programmatic lessons learnt will be shared at close-out meetings.
	New global policy for community-based PPH	FY06				
	Global and country policies for PPH in mid and low-resource settings	FY09				
	Improved systems for uterotonics	FY09				
Introduction of PPH prevention programs into countries	PPH programs introduced in at least 17 focus countries (at least 25% of facilities in one district)	FY09	On-going	10 (Core: Ghana, India, DRC, Tanzania, Ethiopia, Kenya) (Field: Cameroon, Mauritania, Niger,Togo, Ethiopia)	4 (Core: Ghana, India, Ethiopia) (Field, Kenya)	Pilot activities initiated by core funds. Mission funds though ACCESS or other bilateral are expanding PPH activities. Ghana and Ethiopia will continue to receive core preservice funds. Kenya will introduce PPH at provincial level through Associate Award.
Expansion of PPH prevention programs in countries	PPH prevention programs expanded in 10 countries (20% of facilities in country)	FY09	On-going	4 (Core: Rwanda) (Field: Malawi, Nigeria, Afghanistan)	8 (Core: Rwanda), (Field: Afghanistan, Nigeria, Ethiopia, Malawi, Tanzania, India, Ghana,)	Activities will expand to national level in Ghana and state level in India using other non-ACCESS resources.

Newborn Health Pathway

Each year, approximately 4 million newborns die within the first month of life accounting for over 60% of infant mortality and almost 40% of deaths among children under five years of age. Most neonatal deaths are caused directly by infections (36%) and low birth weight is the most important indirect cause of death with 60 to 80% of neonatal deaths occurring among newborns that are born too small. Priority must be placed on home- and community-based approaches because a large majority of births occur at home and can be prevented and managed at home. An additional consideration in the African context is that over half a million newborns are infected by the HIV virus annually through mother-to-child- transmission (MTCT). The uptake of prevention of mother-to-child transmission of HIV (PMTCT) continues to be limited, ranging from 1% to 10% in sub-Saharan Africa. The relatively high antenatal care coverage in Africa (over 75% for one visit) and skilled birth attendance (45%) provide an excellent platform for scaling up PMTCT if the two programs are better linked.

1. **Research** to assess program feasibility and effectiveness of community based **Essential Newborn Care** *(*clean delivery and cord care, warmth, early and exclusive breastfeeding, and early recognition and referral for complications); community based **infection management** (home-based postnatal care, Chlorhexidine for cord care, simplified antibiotic regimen); **newborn care and PMTCT integration***; and* **newborn technology development** *(*Gentamicin in Uniject, Chlorhexidine, Resuscitation device).

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08-9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 RESULTS	FY09 TARGET	
Community based ENC in Bangladesh	Program feasibility of community based ENC demonstrated	FY06	Completed in 2006			
Community based infection prevention and management: ▪ Chlorhexidine (JHU, B'desh) ▪ Multi-center sepsis (WHO & BU) ▪ Standby-by antibiotic & resuscitation (BU, Zambia) ▪ Gentamicin in Uniject	Effectiveness & program feasibility demonstrated	FY09	CHX: Continuing Sepsis: planning Zambia: Continuing Genta: planning			
Newborn technology	▪ Gentamicin in Uniject	FY09	Genta: started			

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08-9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
	available for field trial ▪ Delivery mechanism for CHX developed ▪ Use of resuscitation devices evaluated in India and more widely available in Africa ▪ Sepsis screening landscape analysis	FY08	CHX: started Resus: continuing Sepsis scr. tool analysis: completed			
Meta-analysis of global newborn data (30 countries)	Global status of newborn care assessed	FY06	Completed			

2. **Introduction and expansion** will include technical leadership in mobilizing Mission support for newborn health programs; assisting Missions with the introduction and expansion of newborn interventions in a total of 27 countries (18 introduction and 9 expansion) by 2008

ACTIVITY TITLE	EXPECTED RESULT	END DATE	INDICATOR	STATUS DURING FISCAL YEAR (FY08 REFERS TO RESULTS ACCOMPLISHED DURING FY08 WITH ALL RESOURCES); FY 09 TARGET REFERS TO RESULTS PLANNED TO BE ACCOMPLISHED DURING 10/1/08–9/30/09 WILL ALL RESOURCES		NARRATIVE PARAGRAPH
				FY08 RESULTS	**FY09 TARGET**	
Technical leadership	Technical guidelines and materials developed	FY09	On-going	9 countries (Rwanda, Nigeria, Malawi, Cambodia, India, Afghanistan, Nepal, Ethiopia Bangladesh)	Project close-out	Wider dissemination of documents and programmatic lessons learnt will be shared at the project close-out meetings
Introduction of newborn care into countries	ENC introduced in at least 12 new countries (at least 3 districts)	FY09	On-going	9 (Core: India, Ghana, Tanzania, Ethiopia, Kenya) (Field:, Mauritania, Togo, Niger, Cameroon, Ethiopia)	4 (Core: India, Ghana, Ethiopia) (Field: Kenya)	Kenya: At provincial level through Associate Award in FY09.
Expansion of newborn care in countries	ENC expanded in 9 new countries (>3 district)	FY09	On-going	7 (Core: Rwanda, Nepal) (Field: Nigeria, Bangladesh, Afghanistan, Cambodia, Malawi)	10 (Core: Rwanda) (Field: Ethiopia, Nigeria, Bangladesh, Afghanistan, Malawi, Cambodia, Tanzania, India, Ghana)	Core funds in Rwanda. Activities will expand to national level in Ghana and state level in India using other non-ACCESS resources. Through Mission funding in Nigeria, Bangladesh, Afghanistan, Cambodia, and Malawi, Tanzania and Ethiopia.

OP INDICATORS

MATERNAL AND CHILD HEALTH						
	08 target, to be achieved with all funds, as of 9/30/08 (as set in November, 2007 PR)	**08 actual, achieved with all funds, as of 9/30/08 (as reported in December, 2008 PR)**	**Explanation: 1,000 character text box (per indicator) required to explain deviation (10%) when targets are not met, targets are significantly exceeded, or when dropping an indicator. Drop-down includes: a) shift in programming emphasis; b) unexpected program implementation delays; c) host government environment; d) late arrival of programming funds; e) dropping indicator; or f) other.**	**09 target, to be achieved with all funds, as of 9/30/09 (as set in December, 2008 PR)**	**2010 target, to be achieved with all funds, as of 9/30/10 (as set in December, 2008 PR)**	**DQA: Date DQA was completed for this indicator**
Number of people trained in research with USG assistance	3,900					
Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	80,000	818 Ghana, India				
Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	210,000	5,850 India				
Number of people trained in maternal/ newborn health through USG-supported programs*	65,000	7,276	Actual exceeds target since ACCESS-supported e-learning courses granted more certificates than anticipated when the targets were set and more mahila mandal leaders participated in trainings as part of the India activities than anticipated			
Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	110,000	12,879 Ghana, Rwanda, India				

MATERNAL AND CHILD HEALTH						
	08 target, to be achieved with all funds, as of 9/30/08 (as set in November, 2007 PR)	**08 actual, achieved with all funds, as of 9/30/08 (as reported in December, 2008 PR)**	**Explanation: 1,000 character text box (per indicator) required to explain deviation (10%) when targets are not met, targets are significantly exceeded, or when dropping an indicator. Drop-down includes: a) shift in programming emphasis; b) unexpected program implementation delays; c) host government environment; d) late arrival of programming funds; e) dropping indicator; or f) other.**	**09 target, to be achieved with all funds, as of 9/30/09 (as set in December, 2008 PR)**	**2010 target, to be achieved with all funds, as of 9/30/10 (as set in December, 2008 PR)**	**DQA: Date DQA was complete d for this indicator**
Number of people trained in child health and nutrition through USG-supported health area programs *	350,000					
Number of women receiving active management of the third stage of labor (AMSTL) through USG-supported programs	22,000	9,247 Ghana, Rwanda, India				
Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	12,000					
Number of newborns receiving essential newborn care through USG-supported programs	75,000	674 India				
Number of children reached by USG-supported nutrition programs	750,000					

MATERNAL AND CHILD HEALTH						
	08 target, to be achieved with all funds, as of 9/30/08 (as set in November, 2007 PR)	08 actual, achieved with all funds, as of 9/30/08 (as reported in December, 2008 PR)	Explanation: 1,000 character text box (per indicator) required to explain deviation (10%) when targets are not met, targets are significantly exceeded, or when dropping an indicator. Drop-down includes: a) shift in programming emphasis; b) unexpected program implementation delays; c) host government environment; d) late arrival of programming funds; e) dropping indicator; or f) other.	09 target, to be achieved with all funds, as of 9/30/09 (as set in December, 2008 PR)	2010 target, to be achieved with all funds, as of 9/30/10 (as set in December, 2008 PR)	DQA: Date DQA was complete d for this indicator
Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	13,000					
Number of children less than 12 months of age who received DPT3 from USG-supported programs (can not drop this indicator)*	180,000					
Number of children under 5 years of age who received vitamin A from USG-supported programs (can not drop this indicator)	620,000					
Liters of drinking water disinfected with USG-supported point-of-use treatment products	360,000,000					
Number of cases of child diarrhea treated in USAID-assisted programs*	1,000,000					
Number of baseline or feasibility studies *	1	2	Baseline studies were conducted in Rwanda and India during this period.	0		
Number of special studies	80					

MATERNAL AND CHILD HEALTH						
	08 target, to be achieved with all funds, as of 9/30/08 (as set in November, 2007 PR)	**08 actual, achieved with all funds, as of 9/30/08 (as reported in December, 2008 PR)**	**Explanation: 1,000 character text box (per indicator) required to explain deviation (10%) when targets are not met, targets are significantly exceeded, or when dropping an indicator. Drop-down includes: a) shift in programming emphasis; b) unexpected program implementation delays; c) host government environment; d) late arrival of programming funds; e) dropping indicator; or f) other.**	**09 target, to be achieved with all funds, as of 9/30/09 (as set in December, 2008 PR)**	**2010 target, to be achieved with all funds, as of 9/30/10 (as set in December, 2008 PR)**	**DQA: Date DQA was completed for this indicator**
Number of information gathering or research activities	130					
Number of countries with expansion of postpartum hemorrhage prevention interventions (AMTSL)*	22	4 India, Ghana, Ethiopia, Rwanda	India, Ghana and Ethiopia introduced AMTSL and expanded in Ghana	4 India, Ghana, Ethiopia and Rwanda	N/A	
Number of countries with introduction and expansion of cutting edge nutrition interventions (e.g., CTC and MN fortification)	49					
Number of countries with introduction and expansion of new diarrheal disease prevention and management programs (POU, zinc and ORT)*	23					
Person-days of technical support provided to missions through TDYs	500					

MATERNAL AND CHILD HEALTH						
	08 target, to be achieved with all funds, as of 9/30/08 (as set in November, 2007 PR)	**08 actual, achieved with all funds, as of 9/30/08 (as reported in December, 2008 PR)**	**Explanation: 1,000 character text box (per indicator) required to explain deviation (10%) when targets are not met, targets are significantly exceeded, or when dropping an indicator. Drop-down includes: a) shift in programming emphasis; b) unexpected program implementation delays; c) host government environment; d) late arrival of programming funds; e) dropping indicator; or f) other.**	**09 target, to be achieved with all funds, as of 9/30/09 (as set in December, 2008 PR)**	**2010 target, to be achieved with all funds, as of 9/30/10 (as set in December, 2008 PR)**	**DQA: Date DQA was complete d for this indicator**
Number of missions accessing centrally-designed or managed mechanisms using their own funding*	38					
Ratio of mission funding to core funding in centrally-managed mechanisms designed to support the field*	42,000,000/ 38,000,000					
Number of technologies under development	8					
Number of instances of interventions being introduced or expanded in countries	214					