

Executive Summary

The Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS) Program—a five-year, \$75 million Leader with Associates Award—aimed to improve the health and survival of mothers and their newborns through expansion of coverage, access and use of maternal and newborn health (MNH) services, and through improving household health behaviors and practices. The Program was implemented by Jhpiego in collaboration with Save the Children, Futures Group, Academy for Educational Development, American College of Nurse-Midwives and IMA World Health.

This report presents Program achievements over the period of 1 October 2004 to 31 December 2009. During these five years, ACCESS worked in 26 countries, reaching millions of women, newborns and families. The Program's largest country programs were in Bangladesh, Ethiopia, Kenya, Malawi, Nigeria, Rwanda, South Africa and Tanzania. ACCESS also received five associate awards: ACCESS-FP, Afghanistan—Health Services Support Program (HSSP), Cambodia, Kenya—UZIMA, and Tanzania—MAISHA.

ACCESS produced wide-ranging, global results in international leadership, capacity building, demand generation and service delivery in MNH. Working with its partners, the Program also developed or updated documents of global significance¹—including key international training materials recognized as the standard in maternal and newborn care—and disseminated these resources to stakeholders worldwide to advance knowledge of programming in MNH. In addition, nearly 8,000 people completed the seven ACCESS-developed United States Agency for International Development (USAID) Global Health eLearning courses.

Countries supported by the Program increased their coverage of evidence-based, high-impact interventions for women and newborns. Overall, ACCESS realized its vision of improved health for mothers and newborns by:

- Developing strategies and programs that integrated evidence-based maternal and newborn care with existing health delivery systems;
- Assisting in the development and implementation of policies that influenced the global agenda to improve MNH;

ACCESS addressed the serious challenges required in meeting MDGs 4 and 5 in regions that contribute the most to worldwide maternal and neonatal deaths.

Specifically, the Program:

- Reached over 30 million women of reproductive age in 26 countries with Program interventions
- Trained more than 20,000 health workers over the life of the project
- Introduced and/or expanded antenatal care services in 15 countries
- Increased the pool and improved the skills of birth attendants in 15 countries
- Scaled up PPH prevention efforts in 14 countries
- Worked in 16 countries to improve the health outcomes for newborns, including establishing or expanding KMC services in 5 key countries
- Strengthened the capacity to mobilize communities in 9 countries
- Disseminated key training and reference materials globally, and developed seven e-learning courses for the Global Health website (from which nearly 8,000 users have received certificates)

¹ These documents include: *Best Practices in Maternal and Newborn Care: A Learning Resource Package for Essential and Basic Emergency Obstetric and Newborn Care*; an online animated demonstration of active management of the third stage of labor; *Malaria in Pregnancy Resource Package*; *Christian and Islamic sermon guides*; and *Demystifying Community Mobilization: an Effective Strategy to Improve Maternal and Newborn Health*. For a full listing of ACCESS references, visit: www.accessstohealth.org.

- Bringing MNH services closer to households and communities; and
- Addressing operational barriers that prevent families from seeking care.

This report presents key Program results and activities over the life of the Program. Results are presented by the four results pathways of the USAID Office of Health, Infectious Diseases and Nutrition (HIDN): **skilled birth attendance, antenatal care (ANC), postpartum hemorrhage (PPH), and newborn care as well as by other technical and cross cutting topics**. Important lessons learned and results by country have also been included.

To be successful, ACCESS recognized that any approach to improve essential maternal and newborn care services must address the issues of the community and the health system together, systematically, and in close collaboration among all stakeholders. Therefore, a key Program approach was based on the **Household-to-Hospital Continuum of Care (HHCC) model**, which aims to improve health delivery by strengthening the facility, connecting the household to the facility, and mobilizing family and community members to make the links necessary to care for mothers and newborns. Projects in Asia and Africa expanded life-saving interventions along the HHCC to overcome the complex obstacles that prevent pregnant women and newborns from receiving appropriate and timely care—preferably as close to home as possible.

In northern Nigeria, for example, an environment of poor service utilization for maternal care, the HHCC approach allowed staff to work at the policy level to improve the service delivery environment to eventually increase the availability of skilled providers, while at the same time improving the quality of services by renovating dilapidated primary health centers and mobilizing communities to increase demand for and utilization of life saving services. Similarly in Malawi, ACCESS worked across the continuum, from strengthening midwifery pre-service education, to supporting the Ministry of Health to finalize national standards for EmONC and community MNH counseling, to improving the quality of services in hospitals and health centers, to mobilizing communities to better prepare for birth and access services. At the facility level, the HHCC strengthened the capacity of health service providers in peripheral health facilities and referral hospitals to improve the access to and quality of MNH care. At the community level—notably in Afghanistan, Bangladesh and Nepal—ACCESS promoted healthy pregnancy and birth practices, better self care, recognition of complications, and timely health service seeking.² While many countries and ministries of health have a vision to provide services across a continuum of care that reaches from the household to the hospital, it is a difficult vision to achieve. The HHCC model provided a useful framework for ACCESS to work with host country governments to assess gaps and provide strategic inputs so that their vision could become reality.

To further improve health outcomes for women and their babies, ACCESS helped to expand the pool and improve the skills of birth attendants in 15 countries³. As part of this effort, the Program strengthened clinical training sites and labs, revised midwifery curricula, and updated the knowledge and practices of midwives in basic emergency obstetric and newborn care (BEmONC). For instance, in Rwanda, ACCESS trained more than 150 health care providers and community health workers in BEmONC, leading to 100% of births in ACCESS-targeted facilities occurring with a skilled attendant using a partograph and active management of the third stage of labor (AMTSL). These efforts, coupled with work to improve the skills of midwifery tutors and preceptors in 126 pre-service education institutions (schools and training centers) in seven countries (Ethiopia, Ghana, Malawi, Tanzania, Nigeria, Afghanistan and India), helped to improve the quality of

² Otchere, S. and Ransom, E. 2006 Bringing Care Closer to Mothers and Newborns: Using the Gap Analysis Tool to Develop a Household to Hospital Continuum of Care. Save the Children. Washington, DC: 2006.

³ Afghanistan, Cameroon, Ethiopia, Ghana, Guinea, Haiti, India, Malawi, Mauritania, Nepal, Niger, Nigeria, Rwanda, Tanzania and Togo

skilled attendance at birth, and will lead to more skilled midwives graduating in the future. In Nepal, ACCESS also strengthened the skilled birth attendant content of the national pre-service and in-service training curriculum.

In 15 countries⁴, ACCESS introduced and/or expanded **antenatal care (ANC) services**, facilitated Road Map development and, where appropriate, used ANC as a platform to strengthen services to prevent malaria in pregnancy (MIP). More than 28,000 women at targeted facilities in Haiti were provided with prevention of mother-to-child transmission of HIV services and, in Burkina Faso alone, more than 3.8 million people were covered by focused ANC and MIP services. ACCESS was also a committed partner to the Roll Back Malaria (RBM) Initiative and promoted the World Health Organization's (WHO) three-pronged strategy to address MIP prevention and control in areas of stable transmission. Program support and active participation in regional coalitions in Africa contributed to improved coordination and implementation support in 29 countries. Through its membership in the MIP working group, ACCESS contributed to the development of the RBM Global Malaria Action Plan, which is considered the global road map for malaria control and elimination around which all stakeholders can coordinate their actions. The Program, in close collaboration with WHO, also revised and updated the *Malaria in Pregnancy Resource Package*, which outlines seven essential programming components necessary for putting MIP policy into practice at the health facility level, and draws on existing country experiences, best practices and lessons learned for practical implementation.

To combat the primary cause of maternal death, ACCESS introduced and/or expanded efforts in 14 countries⁵ to **prevent and treat PPH**. The Program trained thousands of health care providers to correctly practice AMTSL to prevent PPH. These trained providers in turn employed this life-saving practice at tens of thousands of births. As a frontline intervention to prevent PPH, ACCESS piloted community-focused birth preparedness programs emphasizing obstetric care by a skilled birth attendant during and immediately after childbirth. Program experience showed that community-based education and distribution of misoprostol is a safe, acceptable, feasible and programmatically effective tool for preventing PPH in low-resource settings where access to skilled attendance is limited. As a result, in areas like Afghanistan, ACCESS achieved near-universal coverage of a method to prevent PPH in the intervention area, and the MOPH will expand the intervention to areas of the country where access to emergency obstetric care remains a challenge. And in Nepal, the proportion of deliveries protected by a uterotonic increased from 10.4% to 72.5% during the Program, with the largest increases being among the poor, illiterate and those living in remote areas.

ACCESS also worked in 16 countries⁶ to **improve the health outcomes of newborns**. Essential newborn care practices (warming and drying of the infant, resuscitation if needed, early and exclusive breastfeeding and clean cord care) were promoted in all ACCESS SBA training and facility-based quality improvement efforts. Interventions also led to increased knowledge of essential newborn care—such as in Bangladesh and India where 100% of targeted workers are now equipped with such knowledge. The Program significantly expanded coverage of Kangaroo Mother Care (KMC), a life-saving, low-tech, low-cost intervention to protect vulnerable preterm/low birth weight newborns, especially from hypothermia. In Nigeria, Rwanda and Nepal, ACCESS established the foundation for future expansion of KMC services by establishing KMC learning centers and supporting the provision of KMC services in a number of hospitals. In Malawi and Ethiopia, the Program built on the foundation of already established programs to expand KMC services to additional hospitals.

⁴ Afghanistan, Burkina Faso, Cameroon, Ethiopia, Haiti, India, Kenya, Madagascar, Malawi, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia

⁵ Afghanistan, Cameroon, DRC, Ghana, Haiti, India, Kenya, Malawi, Mauritania, Nepal, Niger, Nigeria, Tanzania and Togo

⁶ Afghanistan, Bangladesh, Cambodia, Cameroon, Ethiopia, Ghana, India, Kenya, Malawi, Mauritania, Nepal, Niger, Nigeria, Rwanda (KMC), Tanzania and Togo

ACCESS recognized that partnerships among faith-based organizations (FBOs) and other stakeholders are critical in promoting and delivering improved MNH services, and the Program's collaboration with FBOs and their facilities enhanced opportunities for scale-up of MNH interventions. ACCESS led efforts to highlight the value of FBO contributions and partnerships on a global scale through presentations at key international meetings—the 2008 Women Deliver Conference; 2009 Global Health Council's Faith and Global Health Caucus Meeting; and Christian Connections for International Health conference—and established partnerships with the World Health Organization's Partnerships Office and the World Council of Churches. Staff also developed a technical brief, *Faith-Based Models for Improving Maternal and Newborn Health*, which was widely shared with audiences in the US, Africa and Asia.

And on a local level, ACCESS helped FBOs become connected to wider networks, for instance by helping The Protestant Church of Congo and the Uganda Protestant Medical Bureau gain visibility by sponsoring their participation in a panel presentation at the 2008 Women Deliver conference. To train religious leaders to successfully advocate for women's health, ACCESS worked with Christian and Islamic leaders in three countries and developed two sermon guides⁷ to help them change attitudes and behavior toward maternal and newborn health among their constituents with appropriate Safe Motherhood messages.

In addition, ACCESS hosted a regional workshop in Tanzania on high-quality focused ANC for, among others, 40 faith-based healthcare service providers and FBOs from five East African countries. As a result, country teams developed action plans, some of which received ACCESS support, to train providers and community health workers in focused ANC and MIP. ACCESS' technical assistance also helped a number of FBOs improve their funding prospects by linking faith-based health service delivery networks in Africa with the United Nations Population Fund (UNFPA), WHO and other stakeholders.

ACCESS achieved lasting impact for women and children through its support of evidence-based program expansion, improved policies and tools, and strengthening of individual and institutional capacity within governments, in health training centers, facilities and communities. The processes and results described throughout this report are evidence of the important progress the Program made toward meeting the critical needs of women and newborns in developing countries for life-saving services and information. ACCESS staff have been proud to contribute to these achievements, working alongside thousands of dedicated public servants, policymakers, health professionals, community health workers, volunteers, women and their families.

⁷ *Muslim Khutbah Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders*; and *Christian Sermon Guide to Save the Lives of Mothers and Newborns: A Toolkit for Religious Leaders*