

Annex F: Associate Awards)*

ACCESS/CAMBODIA

ACCESS/Cambodia is a \$1.8 million project (December 15, 2006 - December 30, 2009) that aims to improve the availability of and access to high-quality, sustainable maternal and newborn health services. ACCESS/Cambodia works with the Cambodia Ministry of Health, USAID and their local partners, and key stakeholders to: strengthen maternal and newborn health policies and programs to reduce maternal and neonatal mortality; improve the capacity of the Cambodian government to increase access to skilled providers; and expand essential maternal and newborn care interventions through existing health services. The project is primarily focused at the national level; however, through strong collaboration with seven local partners, the integrated postpartum/postnatal care package pilot was field tested in 80 health facilities in 12 operational districts in seven provinces.

Major results include:

- Conducted a national survey to determine how AMTSL and management of eclampsia are practiced in Cambodia and identify key areas for improvement. In the 30 health facilities selected, 141 vaginal deliveries were observed and structured interviews were conducted with facility staff and new mothers. Results indicated the nationally representative percentage for AMTSL use among public facilities with 400 or more annual deliveries is 17.1%. No facility adhered to correct eclampsia practice according to international standards. Results led to an agreement by the MOH to revise the national safe motherhood polices for prevention of PPH and management of eclampsia to align with WHO recommendations and international standards.
- Led a coalition of seven partners to develop, field test, and finalize a national integrated postpartum/postnatal care in-service training package. Through this pilot, 335 midwives and 23 trainers were trained, including members from the NRHP training unit and provincial level trainers. Results from the field test indicated an overall trend toward improvement in PNC visits for mothers and babies, particularly within the first 24 hours of delivery. Target behaviors by pregnant women, mothers and newborns increased, such as coverage of Vitamin A (58% to 77%) and iron (57% to 75%) for mothers and immunizations (38% to 59% for Hepatitis B vaccination) and skin-to-skin care (32% to 42%) for babies. Contents of the package have been reflected in the recently revised national safe motherhood protocols.
- Reviewed all current midwifery in-service training packages in Cambodia and provided the MOH with a detailed assessment and an evidence-based plan to develop a single, cohesive, modular package that adheres to the national safe motherhood protocols.

ACCESS-FP

Initiated September 25, 2005, ACCESS-FP is an associate to the ACCESS Leader Program. It is a five year award with a total of \$17,217,000 obligated—\$8,252,000 core and \$8,965,000 field for eight countries—as of September 2009. The goal of ACCESS-FP is to reduce unmet need for family planning (FP) among postpartum women by strengthening FP in maternal, neonatal, and child health service delivery programs. Specifically, the program aims to:

1. Test alternative service delivery approaches to expand contraceptive options and increase the use of modern FP methods among postpartum women;
2. Improve use of the lactational amenorrhea method (LAM) and the transition to longer-term modern contraceptive methods;

⁷⁸ ACCESS activities continued through Associate Awards and MCHIP.

3. Promote healthy timing and spacing of pregnancy; and
4. Identify targets of opportunity to strengthen FP in maternal, neonatal, and child health programs.

Major Results Include:

- Created the term "PPFP" and crafted a working definition and strategy for addressing this significant gap at country level.
- Innovated application of DHS data for women in first year postpartum. Developed PPFP profiles for 17 countries (including 13 PRH priority countries) as well as synthesis of findings.
- Operationalized and tested integrated models of PPFP including postnatal care and FP in Kenya and community-based newborn care and FP in Bangladesh with research partners.
- Revitalized LAM with an emphasis on transition; pushed the field forward in thinking about transition from LAM to other methods through barrier analysis in three countries; harmonized integration strategies by promoting exclusive breastfeeding linked to LAM promotion. Complementary training package for LAM transition developed and disseminated.
- Revitalized PPIUCDs, leading integration with delivery care including AMSTL and midwives role in providing services; created country-level champions in India and Kenya in PPIUCD; In Kenya, 355 postpartum women received PPIUCD since October 2008 and ACCESS-FP is currently carrying out a follow-up survey of 49 providers and client satisfaction among 120 PPIUCD clients post-insertion and at six months.
- Established and led on-line PPFP community of practice through the IBP website. The PPFP community of practice has over 700 members and on line discussions with experts from a variety of organizations and projects are hosted three-times a year.
- Led and hosted three global PPFP technical meetings to facilitate learning and exchange in PPFP advocacy and programming. The last meeting in May 2009 convened 76 experts and learners in FP and MNCH from 22 organizations.
- Prepared global tools for PPFP including provider learning resource package, PPFP message guide, and community health worker learning training package for low literacy workers. Developed e-learning course for PPFP and PPFP toolkit website.
- Led and evaluated an application of systematic screening for breastfeeding and amenorrheic women in two hospital sites in Northern Nigeria.
- Introduced PPFP concepts and operationalized programs in ten countries, Afghanistan, Albania, Bangladesh, Burkina Faso, Guinea, Haiti, India, Kenya, Nigeria and Tanzania.
- Introduced PPFP concepts in Rwanda, Ghana and Mali for program application by other partners.
- Trained 1,116 service providers in Albania, Bangladesh, Burkina Faso, Guinea, Haiti Kenya and Uganda in areas of LAM, PPFP, PNC, EmONC/FP, PAFP or PPIUCD. In addition, 51 service providers were trained in Nigeria (also reported under ACCESS).
- Trained 937 community health workers Bangladesh, Burkina Faso, Guinea, Haiti Kenya and Uganda in PPFP; and 384 in Nigeria (also reported under ACCESS).
- Counseled 199,262 clients attending essential MNCH services for integrated family planning services in Albania, Bangladesh, Kenya and Nigeria.

HSSP INFO FOR ACCESS REPORT

The Health Services Support Project (HSSP)—which runs July 2006 to November 2011—is a \$57 million project that focuses on improving the delivery of high-quality health care services in health facilities across 13 (soon to be 17) provinces in Afghanistan. The HSSP strategic framework aims to develop stronger health systems, increase access to high-quality services at the primary and secondary health facility levels, increase capacity of the MoPH to design and implement effective and research-based behavior change communication programs, and increase community involvement in the protection and promotion of health. The cornerstone of HSSP is strong partnerships with the MoPH and NGOs implementing the BPHS. Gender is a key area that cuts across all activities, such as quality improvement, behavior change, and capacity building. HSSP has achieved significant results to date. Specifically, HSSP has

- Developed national quality assurance standards for 14 priority areas of the BPHS to improve health service delivery.
- Awarded 11 midwifery education grants to support the training of midwives. To date, 462 midwives have graduated from HSSP-supported hospital midwifery and community midwifery education programs.
- Supported the National Midwifery Education Accreditation Board to accredit 21 of the 27 midwifery education programs. This represents 78% of the total number of midwifery programs in the country.
- Trained 5,267 participants from NGOs, health facilities and the MoPH on subjects including basic emergency obstetric care, rational use of drugs, effective teaching skills, and behavior change and communication. Trainings target specific needs identified by the MoPH and the NGOs.

TANZANIA-MAISHA

The MAISHA (Mothers and Infants Safe, Healthy and Alive) program, which runs from October 2008 until September 2013, is a \$40 million project focusing delivering critical, evidence-based health interventions on a national scale to reduce maternal and newborn morbidity and mortality. As such, the MAISHA program is building local and national human and material capacity to address the following objectives:

- Reduction of maternal mortality due to major direct causes of mortality;
- Reduction of newborn mortality due to infection, hypothermia and asphyxia through immediate newborn care;
- Reduction of low birth weight, stillbirth and newborn mortality due to malaria and congenital syphilis; and
- Reduction of transmission of HIV infection from mother to child and increase of HIV free survival.

MAISHA has Achieved the Following Results to Date:

- Trained 1,425 additional providers in FANC/MIP/SIP on mainland and 123 on Zanzibar—equaling, on mainland, a cumulative total of 4,536 providers trained out of an estimated 6,000 reproductive health providers in FANC/MIP/SIP, and 123 on Zanzibar. In addition, through advocacy under ACCESS and MAISHA, an additional 845 providers were trained on mainland with district support between July 2008 and June 2009, for a cumulative total of 5,381 providers trained on mainland.
- Covered an additional 1,102 FANC facilities with a trained provider, equaling a cumulative total of 2,633 FANC facilities (54% coverage of all FANC facilities). In addition, 845 providers trained with district support represent an additional 309 facilities, for a total of 2,942 facilities with a FANC trained provider (60% coverage). On Zanzibar, 83 facilities have been covered to date through MAISHA-supported FANC training.
- Trained 30 service providers in BEmONC.

- Prepared 15 national KMC trainers to conduct KMC training.
- Trained 20 providers in KMC through transfer training.
- Established KMC services at regional hospital in Mtwara.
- Trained 19 regional RCH coordinators in facilitative supervision and use of FANC performance standards.
- Provided 15 facilities with initial supplies for strengthening BEmONC service delivery.
- Noted decreases in stockouts of SP, mebendazole and oxytocin.

KENYA-UZIMA

ACCESS-Uzima, a \$9,000,000 associate cooperative agreement of the ACCESS Program, ran from March 2009 to March 08, 2012. The program coverage is national and provincial mandated to improve maternal, newborn, reproductive health and HIV outcomes. The program aimed to: provide direct support to the ministries of health at central level, mainly the Division of Reproductive Health and NASCOP; strengthen central and provincial MOH capacity to rollout priority interventions; introduce key technical areas to enhance existing programs that directly impact services throughout the country; and collaborate with APHIA II partners and other stakeholders to enhance and expand implementation efforts.

Major Results Include:

- Trained 1,224 participants (service providers and supervisors) from the Ministry of Health and others, such as Community Health Workers (CHWs), to scale up high-impact interventions and increase utilization of family planning, reproductive health and HIV services in various program areas: PMTCT (74); ART and Clinical PwP (1,012); PITC (60); and PNC-FP/PPIUCD (78).
- Printed several documents: The RCO curriculum (20); FANC/MIP training packages (3,000); FP/HIV Orientation Packages (700); STI/HIV Orientation Packages (700); clinical mentorship guidelines (200); and the PPIUCD Learning Resource Package (300). The PNC-FP Orientation Package was also updated and printed. ACCESS-Uzima supported the revision of the Clinical Officers pre-service curriculum to strengthen Prevention and Treatment of Malaria in Pregnancy and the Performance Standards and Assessment Tool for PMTCT in Kenya.
- Supported the Division of Reproductive Health to conduct quarterly supportive supervision visits to all provinces. ACCESS-Uzima also supported four provincial general hospitals to provide HIV treatment to eligible pregnant women at the MCH clinic and to improve the quality of PMTCT care at eight provincial general hospitals through implementation of service standards using the SBM-R approach. ACCESS-Uzima supported several stakeholder, advocacy and mobilization meetings in all program areas in order to build consensus and get stakeholders buy-in.