# Maternal and Child Survival Start Up Report

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Jhpiego Corporation in cooperation with
Save the Children Federation, Inc., John Snow, Inc., ICF International, Results for Development Institute, Program for Appropriate Technologies in Health, Population Services International and CORE Group
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The Maternal and Child Survival Program (MCSP), is a global U.S. Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration and eHealth, among others. Visit www.mcsprogram.org to learn more.

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# Abbreviations and Acronyms

| | |
|---|---|
| AAP | American Academy of Pediatrics |
| ACNM | American College of Nurse-Midwives |
| ACS | Antenatal corticosteroids |
| AFRO | World Health Organization Africa Regional Office |
| AIDS | Acquired immune deficiency syndrome |
| ANC | Antenatal care |
| APC | Advancing Partners and Communities |
| ART | Antiretroviral therapy |
| ASH | African Strategies for Health |
| BCC | Behavior change communication |
| BEmONC | Basic emergency obstetric and newborn care |
| BMGF | Bill & Melinda Gates Foundation |
| CCM | Community case management |
| CHNRI | Child Health and Nutrition Research Initiative |
| CHP | Community health platform |
| CHW | Community health worker |
| CSHGP | Child Survival and Health Grants Program |
| CSO | Civil society organization |
| DoB | Day of Birth |
| DRC | Democratic Republic of Congo |
| ECSB | Essential Care for Small Babies |
| EmONC | Emergency obstetric and newborn care |
| ENA | Essential Nutrition Action |
| ENAP | Every Newborn Action Plan |
| ENC | Essential newborn care |
| EPCMD | Ending preventable child and maternal deaths |
| EPI | Expanded Program on Immunization |
| FP | Family planning |
| FY | Fiscal year |
| Gavi | GAVI Alliance (formerly the Global Alliance for Vaccines and Immunization) |
| GDA | Global Development Alliance |
| GF | Global Fund |
| HBB | Helping Babies Breathe |
| HIS | Health information system |
| HIV | Human immunodeficiency virus |
| HMIS | Health management information system |

| | |
|---|---|
| HSS | Health system strengthening |
| iCCM | Integrated community case management |
| IFA | Iron-folic acid |
| IIP | Immunization in Practice |
| IMCI | Integrated management of childhood illness |
| INAP | India Newborn Action Plan |
| IRB | Institutional Review Board |
| IYCF | Infant and young child feeding |
| IYCN | Infant and young child nutrition |
| JHU | Johns Hopkins University |
| JSI | John Snow, Inc. |
| K4H | Knowledge for Health |
| KMC | Kangaroo Mother Care |
| KPC | Knowledge, practice, coverage |
| LAC | Latin America and the Caribbean |
| LARC | Long-acting reversible contraception/contraceptive |
| LiST | Lives Saved Tool |
| M&E | Monitoring and evaluation |
| MAMA | Mobile Alliance for Maternal Action |
| MCH | Maternal and child health |
| MCHIP | Maternal and Child Health Integrated Program |
| MCSP | Maternal and Child Survival Program |
| MDG | Millennium Development Goal |
| MDSR | Maternal death surveillance and response |
| MHTF | Maternal Health Task Force |
| MIP | Malaria in pregnancy |
| MIYCN | Maternal, infant and young child nutrition |
| MMEL | Measurement, monitoring, evaluation, and learning |
| MNCH | Maternal, newborn, and child health |
| MNH | Maternal and newborn health |
| MOH | Ministry of Health |
| MSH | Management Sciences for Health |
| NGO | Nongovernmental organization |
| OIC | Organization of Islamic Cooperation |
| OR | Operations research |
| ORS | Oral rehydration salts |
| PAC | Postabortion care |
| PAHO | Pan American Health Organization |

| | |
|---|---|
| PD | Program Description |
| PDSR | Participatory disease surveillance and response |
| PMI | U.S. President's Malaria Initiative |
| PMNCH | Partnership for Maternal, Newborn & Child Health |
| PMP | Performance monitoring plan |
| PNC | Postnatal care |
| PPFP | Postpartum family planning |
| PPH | Postpartum hemorrhage |
| PSI | Population Services International |
| PY | Program Year |
| RBM | Roll Back Malaria |
| REC | Reaching Every Community |
| RI | Routine immunization |
| RMNCH | Reproductive, Maternal, Newborn, and Child Health |
| S&T | Survive & Thrive |
| SBCC | Social and behavior change communication |
| SEC | Soins Essentiels Communautaires |
| SLAB | Saving Lives at Birth |
| SMGL | Saving Mothers, Giving Life |
| TA | Technical assistance |
| TOR | Terms of Reference |
| TWG | Technical working group |
| UNCoLSC | UN Commission on Life Saving Commodities |
| UNEPI | Uganda National Expanded Programme on Immunization |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, sanitation, and hygiene |
| WMDA | Whole Market District Approach |
| WHO | World Health Organization |
| WHO/AFRO | World Health Organization/Regional Office for Africa |

# Executive Summary

The Maternal and Child Survival Program (MCSP) is a global $500 million dollar, five-year, U.S. Agency for International Development (USAID)-funded cooperative agreement to introduce and scale up high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. The Maternal and Child Survival Program supports programming in maternal, newborn and child health, immunization, family planning (FP) and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP engages governments, policymakers, private sector leaders, health care providers, civil society, faith-based organizations, and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn, and child mortality such as postpartum hemorrhage, birth asphyxia, and diarrhea, respectively, and improve the quality of health services from household to hospital. MCSP will tackle these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration, and eHealth, among others. The Maternal and Child Survival Program carries forward the momentum and lessons learned from the highly successful USAID-funded and Jhpiego-led Maternal and Child Health Integrated Program (MCHIP), which has made significant progress in improving the health of women and children in over 50 developing countries throughout Africa, Asia, Latin America, and the Caribbean. MCSP is implemented by a consortium of agencies let by Jhpiego and aims to allocate 20% of field funds to local institutions.

MCSP is motivated by a vision of self-reliant countries equipped with the analytical tools, effective systems, and technical and management capacity to eliminate preventable maternal, newborn, and child deaths. By design, we will inform global debate and catalyze countries to develop approaches, apply tools, and devote resources toward building a sustainable system from the household to the hospital to address the major causes of maternal, newborn, and childhood mortality.

This report covers program start-up activities implemented from March 17, 2014 to September 30, 2014. The startup period involved intensive work on two critical tracks: 1) supporting USAID's engagement in global technical and policy fora to keep focused momentum on Ending Preventable Child and Maternal Deaths (EPCMD) and 2) startup activities in many of the 24 priority countries that are linked to both global priorities as well as country-relevant needs. Intensive program start-up and planning included several months of active discussions with USAID to develop the technical priorities of MCSP and introduce new partners and cross-cutting teams to MCSP structures. Extensive work was put into the development of an 18-month workplan including active collaboration and coordination across technical teams, through iterative discussions with USAID and further refinement of integrated approaches such as Better Care on the Day of Birth and the Whole District Market Approach. Additional focus revolved around rapid field buy-in and implementation in 13 countries (see Objective 1). A notable success for MCSP was USAID's approval of its first 18-month workplan on August 8, 2014.

Simultaneously, teams worked hard to ensure a seamless transition from MCHIP to MCSP. Between March 17, 2014, and September 30, 2014, many activities and products were jointly funded by MCHIP and MCSP. The accomplishments below reflect this joint funding and activities and results linked to both projects.

One of MCSP's largest contributions to supporting USAID's role in global technical and policy dialogue on EPCMD included support to analytical work and country collaboration related to the 2014 "Acting on the Call" event and report. On June 25, 2014, USAID held an event to discuss new efforts to save the lives of 15 million children and nearly 600,000 women by 2020. More than 400 participants were in attendance,

including 23 Ministers of Health and representatives from USAID's priority countries. During the event, USAID released an action plan entitled *Acting on the Call: Ending Preventable Child and Maternal Deaths*. MCSP worked closely with USAID to prepare the 24-country analysis of child lives that could be saved in USAID priority countries, comparing a baseline case of historic trends in intervention coverage with a "best performer" case of accelerated intervention coverage, both based upon modeled estimates. The analysis, developed using the Lives Saved Tool (LiST), was highlighted in the report which was disseminated at the event and online (http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf). As a result of this analytical work supported by MCSP, USAID has established key milestones to track in each of its 24 priority countries. These milestones have also been supported by host countries and the report has been a touchstone for many stakeholders in taking a collaborative approach to addressing the key drivers of mortality.

MCSP provided all logistical support for Ministerial representation from 23 USAID priority countries for the event including travel, accommodation and transportation of participants. MCSP also coordinated closely with Legislative and Public Affairs on the luncheon program. This included remarks, press release and media outreach, MCSP collateral and social media efforts. As a result of MCSP's support, USAID's 24 prioirty countries were able to engage deeply in the Acting on the Call events, resulting in deeper engagement between global and country-level leaders and decision-makers.

Ariel Pablos-Mendez, Assistant Administrator for Global Health at USAID, announced the Agency's new flagship Maternal and Child Survival Program, during a lunch panel at the "Acting on the Call" event. This offered a prime opportunity for the Agency to highlight their new global health project and the investment of the American People in maternal and child health (MCH).

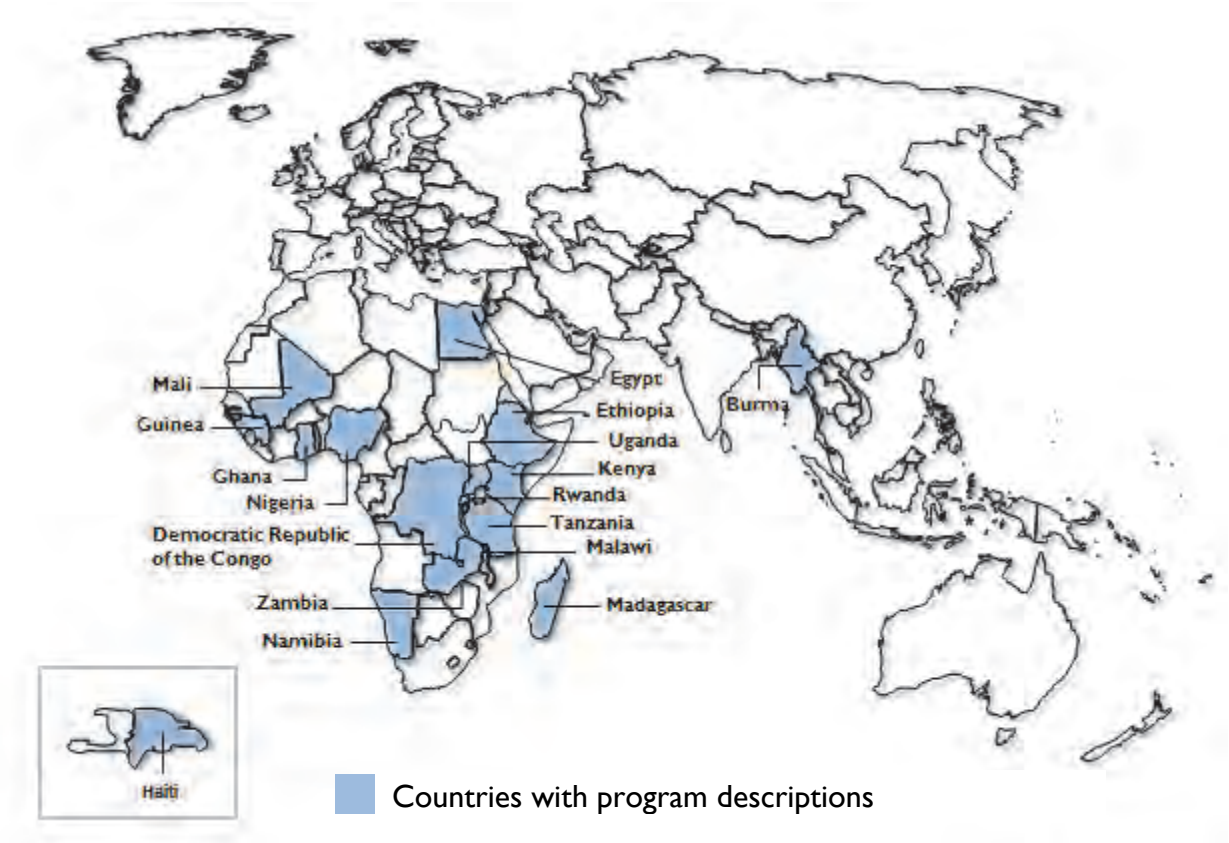
MCSP Director Koki Agarwal is greeted on stage by USAID's Assistant Administrator for Global Health at USAID, Dr. Ariel Pablos-Méndez.

## Objective 1: Scaling up and sustaining RMNCH coverage in 24 priority countries

Across the reproductive, maternal, newborn, and child health (RMNCH) continuum of care, MCSP is focusing on supporting host countries to improve coverage of high impact interventions and achieve results at scale. Achieving and sustaining scale requires that MCSP apply a consistent health systems strengthening (HSS) lens to our work, including the institutionalization of scalable and integrated service delivery, quality improvement, and community health platforms, and that we emphasize building the value added by civil society in working with public health systems.

The core workplans for all MCSP technical and cross-cutting teams specify how MCSP draws on country experience to inform global debate and to catalyze work at the country level to develop approaches, apply tools and devote resources to reach and sustain effective coverage at scale.
As part of these workplans, MCSP made progress in development and widespread dissemination of concept notes on two new focus areas including the Whole Market District Approach and Scalable, Integrated Community Health Platforms. MCSP is working to apply the concepts in differing country contexts and is drafting products to help advance different components of the concepts. See Summary of Technical and Cross-Cutting Achievements below for more details on MCSP core investments.

MCSP got off to a fast start for field buy-in and implementation. During the start up period, 13 program descriptions (PDs) came out for Haiti Social Marketing, Ethiopia (two), Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Rwanda, Tanzania, Uganda, and Zambia, and two USAID missions—Haiti (EPCMD) and Nigeria (immunization)—requested assessment/planning missions to guide development of additional PDs. MCSP undertook assessment/planning visits in ten countries—Ethiopia, Ghana, Haiti, Kenya, Malawi, Mali, Namibia, Nigeria, Tanzania, and Uganda. Eight workplans were submitted during the reporting period for Haiti (social marketing), Ethiopia (community-based newborn and basic emergency obstetric and newborn care), Malawi, Mali, Nigeria (polio), Tanzania, and Uganda; the other workplans were expected to be finalized in October. Of the eight workplans submitted before the end of the reporting period, three were approved (Haiti social marketing, Mali, Nigeria polio).




In Haiti and Mali, activities began in accordance with their workplans. While awaiting workplan submission and/or feedback, significant preparatory activities began in all countries, to ensure a quick and efficient start-up after approval. In former MCHIP countries, some level of technical assistance also continued as expectations for MCSP were clarified. (See Annex C for a summary of country achievements during the reporting period.)

Several other USAID missions have expressed interest in buying into the MCSP mechanism and PDs are expected during the next quarter for Burma, Democratic Republic of the Congo (DRC), Egypt, Guinea, Haiti (EPCMD), Namibia, and Nigeria (immunization).

Based on the program descriptions received and expected from USAID missions, MCSP's country work will focus primarily on the strengthening of maternal and newborn care, family planning, and immunization, with a few missions also investing in child health, nutrition, malaria, and HIV-related assistance.

## Objective 2: Closing innovation gaps to increase equitable coverage and integrated services across the continuum of care

To ensure alignment across MCSP with respect to work in innovations, discussions were held across teams to clarify how MCSP would define our work in the area of innovations. However, identifying the high-impact interventions that need to be delivered is only part of the solution, understanding *how* to deliver these interventions is critically important to reach the goal of equitable coverage at scale. To that end, MCSP anticipates that our work will support four general areas:

- **New products**: Introducing a product or drug new to a particular program or service delivery system. This may be adapted from another country or setting. See Saving Lives at Birth Landscape Analysis below for additional details on progress made during the reporting period.
- **New use of existing products**: Using an existing or known product in a new way or application or by a new user (e.g. Ketamine as anesthetic in Emergency Obstetric Care, chlorhexidine for umbilical cord care, using rapid diagnostic tests for intermittent screening and testing of pregnant women).
- **New "processes"**: Implementing a new process aimed at improving coverage, quality, and/or equity for one or more high impact interventions on which MCSP is focusing (e.g., task shifting, such as allowing new cadres of providers to offer services, new processes for data capture, visualization and/or use, performance-based financing or incentives approaches, m/eHealth innovations for patient tracking and HIS).
- **New configuration or combination of existing "processes"**: Delivering a package of high impact interventions that have not been combined in that setting previously or have not been combined effectively (e.g., integrating TB screening or gender-based violence screening into the ANC platform, ensuring better care on the day of birth, stronger integration of services across antenatal and postnatal care platforms).

During the reporting period, consultations across technical teams on the Day of Birth and Strengthening ANC-PNC platforms took place. It is anticipated that more detailed concept notes will be shared with USAID in early 2015 which will include related strategies to strengthen clinical governance and measurement and data use. Country implementation is expected to begin in spring 2015, with focus countries of Nigeria, Tanzania, and potentially Rwanda.

Further to the request of USAID, MCSP conducted a landscape analysis of the Saving Lives at Birth (SLB) portfolio to determine which emerging innovative solutions are good candidates for MCSP program introduction, either in the short term or for tracking as the evidence of these solutions and alignment with MCSP priorities evolves. The team is now finalizing the analysis in consultation with USAID. Some of the examples of highlighted innovations include the Uterine Balloon Tamponade (Massachusetts General Hospital), the Pumani bubble Continuous Positive Airway Pressure (bCPAP) device (Rice University and 3rd Stone) and some earlier stage innovative ideas such as PharmaChk (Boston University) and innovations focusing on detecting and managing newborn sepsis or pneumonia. Following the Saving Lives at Birth Development Exchange from July 29–August 1 the landscape analysis was further developed and specific follow-up meetings have taken place to gather additional information about the status of the projects. The team expects to have further interaction, even in an informal way, to learn more about the emerging or earlier stage innovation ideas of interest.

## Objective 3: Effective policy, program learning, and accountability for improved RMNCH outcomes across the continuum of care

Contributing to effective policy and accountability is central to MCSP's global and country-level approaches to work. A focus on monitoring progress (balancing feasibility with validity of information), putting data to use, and learning from practice at the country level is central to carrying out sharpened country plans. To this end, the MCSP MMEL team developed the overarching framework for the Action-oriented Learning Agenda. The themes will be:

1. Effective approaches for reaching sustainable impact at scale for high-impact interventions
2. Quality Improvement (QI) for service provision and essential implementation processes

3. Equity of preventive and curative service provision, including gender equity
4. How best to strengthen key components of local and district level Health Systems, including civil society organization (CSO) and private sector (focusing on the components of service provision, human resources, and health information)
5. Community and household production of health, including behavior change interventions
6. Innovations, especially e/mHealth approaches to strengthen and streamline the key health systems components outlined in Point #4
7. Gaining efficiencies and improving "fit to context" through smart integration of interventions and innovations within existing systems

The types and approaches to action-oriented learning also agreed upon are presented in Table 1.

**Table 1: MCSP Action-Oriented Learning Needs, Types, and Approaches**

| Action-oriented learning need | Types and Approaches to learning to address the need | Illustrative examples |
|---|---|---|
| **EXPLAIN**<br>How and why did an intervention work? | **Evaluations that include process documentation / strength of implementation** | What are the factors associated with success of the Mozambique Model Maternities Initiative? |
| **INFLUENCE DECISION-MAKERS**<br>Can we improve an intervention?<br>***Expansion / Scale-up Phase:***<br>Did an intervention improve coverage, quality, and equity? Was an intervention cost-effective and sustainable?<br>***Introduction Phase:***<br>Was an intervention feasible and acceptable? | **Large program/ intervention evaluations**<br>This could be dose-response, stepped wedge, time series studies | Was the national rollout of Helping Babies Breathe (HBB) successful in Malawi? |
| | **Small-scale special studies**<br>Operations research, participatory learning, and action | Can an audit/feedback QI approach improve provider performance for delivering antenatal corticosteroids? |
| | **Project-based monitoring & learning ("program learning")**<br>Routine health information system (his) or project data with additional qualitative information | Is on-the-job training more effective than traditional classroom training for improving maternity care practices? |
| **EXPLORE**<br>Characterize a situation to help plan the best intervention strategy. | **Formative / descriptive analyses**<br>Qualitative investigations | • Multi-country situation analysis for postpartum hemorrhage (PPH) prevention<br>• What are barriers and facilitators for use of community Kangaroo Mother Care (KMC)? |
| **PREDICT**<br>What would be the impact of an intervention or set of interventions? | **Planning analyses for activity prioritization**<br>Modeling using Lives Saved Tool (list), onehealth, or Marie Stopes Family Planning Policy Tool | LiST analysis of 24 USAID priority countries for prioritization of RMNCH interventions |

* Table is based on Table 5 in Peters, et al., 2013. "Implementation Research in Health: A Practical Guide," WHO, Geneva.

The learning questions for core technical teams for PY1 were finalized (see Annex B), in consultation with USAID. Technical assistance was provided to 12 country teams as they developed their workplans, in order to achieve alignment with the Program's overall action-oriented learning agenda. It was also agreed that teams

would develop short (one- to two-page) "Learning Activity Concept Notes" for learning activities that will not need Institutional Review Board (IRB) approval.

MMEL also developed and submitted to USAID for review a draft of the global performance monitoring plan (PMP) for MCSP. Finally, the MMEL team has been working closely with technical teams, specifically, maternal health, newborn health, and family planning teams to create data dashboards to facilitate program management and ultimately data use.

## Gender, Quality, and Equity

Ensuring effective coverage at scale includes increasing coverage while addressing quality and equity. MCSP is committed to ensuring that all of our work maintains a consistent focus on quality and equity, including gender. Key accomplishments during start up of MCSP include laying the foundation for introducing gender, quality, and equity approaches to technical and cross-cutting teams and working to integrate these approaches into MCSP activities. Gender, equity, and quality indicators have been included in the PMP to measure key processes and outcomes. For example, gender indicators will track whether country programs have conducted a gender analysis or have a gender strategy and the extent to which women are able to make decisions with respect to their health care. In addition, gender questions have been added to baseline surveys and assessments, namely the Quality of Care health facility survey and the Knowledge, Practices and Coverage household survey, and the Malaria in Pregnancy intervention mapping, in order to measure how well services have addressed gender and understand gender-based constraints in access to services and maintaining health practices. At the country level, gender strategies and activities have been included in the Tanzania, Nigeria, and Namibia workplans. Finally, MCSP has formed an internal Gender Working Group, with 14 representatives from technical and country teams, to promote learning and coordination on strategies to integrate gender into the program. The first meeting was held in October and focused on the review of a gender analysis toolkit that Jhpiego is developing to help programs collect data to assist with gender analyses. Specific activities related to quality, equity, and gender are described throughout the technical sections.

# Summary of Achievements by Technical Area

## Maternal Health

MCSP's strategic approach for maternal health aligns with and supports USAID's Maternal Health Vision for Action and emphasizes an integrated, outcomes-focused, systems-oriented approach to reducing direct and indirect causes of maternal morbidity and mortality. During start up, the maternal health team initiated planning and design exercises to define strategies and implementation approaches including strengthening the quality of care on the day of birth, improving antenatal and postnatal care, improving metrics and measurement for improved quality of maternal and perinatal care, and making strides in global leadership on key maternal health global initiatives and knowledge sharing. Program efforts during this period produced initial drafts of the Better Care on the Day of Birth strategy, and promoted the inclusion of MCSP Maternal Health approaches into the design for MCSP field programs. Program activities in Global Leadership for Maternal Health (e.g., engagement with the United Nations Commission on Life Saving Commodities [UNCoLSC] Technical Working Group [TWG] on antenatal corticosteroids [ACS], Maternal Health Task Force [MHTF], and Bill & Melinda Gates Foundation [BMGF]) enabled information sharing and consultative discussions which also informed the PY1 workplanning process.

### Accomplishments

- MCSP maternal health team members began actively engaging with field teams to support program design in the countries where USAID Missions expressed interest in funding a field program. Team members traveled to Haiti, Nigeria, and Tanzania to support program design, meeting with local USAID Missions, MCSP field teams, and local partners and stakeholders. Remote support was provided to other MCSP workplanning efforts including Kenya, Ethiopia, Madagascar, Ghana, Egypt, Burma, and India.
- MCSP initiated design activities toward the integrated theme of strengthening service delivery in antenatal and postnatal care, with emphasis on incorporation of screening and management of infectious diseases into those service delivery platforms. This activity is co-funded by the Africa Bureau (13.1.1). Design of this integrated approach to strengthening ANC and PNC services was initiated in the start up period, and a design workshop is planned for early in PY2.
- MCSP contributed to the UNCoLSC- and BMGF-supported Antenatal Corticosteroid for Preterm Birth Technical Working Group meeting in August 2014, sharing program implementation lessons learned and research findings with this key stakeholders group. MCSP's contribution to the ACS TWG included presentation of preliminary findings from the MCHIP Asia Bureau study on ACS, and contributions to priority-setting exercises and program implementation strategies. MCSP will continue to actively participate in this TWG in PY2, with particular focus on programmatic responses to findings from the antenatal corticosteroids trial. Engagement with this TWG enables MCSP to contribute to the global conversation on ACS and management of preterm birth, to solicit feedback on and buy-in for MCSP program activities (such as the training materials), and to help shape the global research agenda for ACS.
- MCSP finalized the design and plans for the collaboration with the Organization of Islamic Cooperation (OIC) during this reporting period. A detailed workplan and budget were developed for the OIC collaboration, in partnership with OIC, USAID, the Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC), and the World Health Organization (WHO). Survey tools were drafted and circulated for feedback from collaborating partners. These important first steps will enable the activity objectives of better understanding the common challenges and issues that limit full achievement of EPMM goals and WHO guidelines and recommendations among OIC countries.

- Learning priorities were drafted and presented for discussion with USAID in August 2014. After subsequent workplan design and prioritizations, a final list of Action-Oriented Learning Priorities was submitted to USAID for approval, which was granted in October 2014.The Action-Oriented Learning Priorities are drawn from MCSP maternal health workplan activities and will enable the team to capture learning on priority activities in a systematic way.

## Newborn Health

MCSP will strengthen country-led program planning, implementation, and M&E of quality, high-impact newborn health interventions to address the three major causes of newborn death—intrapartum-related complications, newborn infections and complications arising from prematurity—and reduce the incidence of stillbirths. During the reporting period, the newborn team worked to provide technical support to critical global initiatives (e.g., Every Newborn Action Plan[ENAP], UNCoLSC Technical Resource Teams, Survive & Thrive [S&T]) and to provide technical assistance to countries developing workplans with newborn activities under MCSP.

### Accomplishments

- The MCSP newborn team supported the global launch of the ENAP at the Partnership for Maternal, Newborn & Child Health (PMNCH) Partners' Forum in Johannesburg, South Africa, in July 2014, and committed significant time in Q4 to support the global ENAP secretariat to begin to determine the status of ENAP rollout in selected countries. This is significant, because ENAP tracking and support feature prominently in the MCSP team's global workplan, as the ENAP initiative provides guidance, avails technical resources, and helps to drive momentum for countries' newborn survival programs.
- In September 2014, MCSP supported the American Academy of Pediatrics (AAP) and the Kathmandu Medical College to undertake beta testing of the Essential Care for Small Babies (ECSB) curriculum and learning materials in Nepal, in coordination with the Survive and Thrive Global Development Alliance (GDA). Rich feedback was received from the participants of the two rounds of training—first the facilitators' training and the second the service providers' training. In addition, valuable feedback and input were received from observers, including WHO, the United Nations Children's Fund (UNICEF), and USAID. This was a critical step in the process of finalizing the ECSB materials, which MCSP will support to introduce and scale up in selected countries.
- The MCSP newborn team actively participated in India's "Helping 100,000 Babies Survive & Thrive" national stakeholders' meeting and the launch of the India Newborn Action Plan (INAP) in September 2014, in coordination with the Survive and Thrive GDA. The former was facilitated by the Indian Academy of Pediatrics and the National Neonatology Forum, and resulted in agreement to develop an implementation plan to include the rollout of the Helping Babies Survive (HBS) suite of materials in 10–15 initial districts. The INAP is a significant effort by the government of India to reduce the newborn mortality rate to a single digit by 2030—from 29/1,000 live births, ahead of the global deadline of 2035. As India accounts for approximately one-quarter of the world's annual newborn deaths, achievement of this ambitious target is especially important. The INAP spells out six key principles to achieve its targets and includes quality of care around the time of birth, partnership, accountability, and improving care around the day of birth, with efforts focused on care for both the laboring mother and her newborn baby. The MCSP newborn team is poised to provide technical assistance to these efforts through its engagements in the global S&T GDA as well as through an MCSP country program, should USAID/India buy in.

- MCSP participated in key newborn technical working groups and technical resource teams—on KMC acceleration, newborn indicators, neonatal resuscitation, chlorhexidine, ACS, and injectable antibiotics—as well as in the Survive & Thrive Global Development Alliance. MCSP's engagement served dual functions, ensuring that MCSP's global newborn experience and leadership are well-represented to and informed by the work of other partners, donors, projects, and researchers. Particularly in this start-up phase of MCSP, the newborn team's regular and robust participation on Technical Resource Teams and TWGs was critical to strengthening MCSP's position to provide technical assistance to new country programs.
- During the start up period, the newborn team developed, refined, and secured USAID's approval for five learning questions that are to be initiated or answered by September 2015. The questions were approved and countries proposed or selected for each question. The perinatal death audits to improve care for laboring women and newborn learning questions were included in the MCSP Tanzania country workplan, proposed for the MCSP Nigeria country workplan, and exploratory discussions held with the Malawi Ministry of Health (MOH), stakeholders, and implementing partners. Mutual commitment was made by MCSP global newborn, maternal, and MMEL teams to collaborate on respective perinatal death audits, maternal death surveillance and response (MDSR), and testing of intrapartum stillbirth indicator efforts. To understand the effect of training that integrates essential newborn care (ENC) with basic emergency obstetric and newborn care (BEmONC) on provider competence in both essential newborn care and in selected labor management competencies, potential countries identified include Tanzania and Kenya. Learning around key barriers to post-training provider performance of newborn resuscitation could be studied in Bangladesh, Malawi, and Tanzania. Finally, MCSP will identify a questions related to: 1) possible severe bacterial infections (PSBI) in newborns by Q3 (April – June); and 2) quality improvement of newborn health services in Q4 (July–September 2015).

## Child Health

MCSP's work in child health builds on rich MCHIP experiences. Under MCSP, Child Health continues to play a global role as the Integrated Community Case Management (iCCM) Task Force Secretariat to collaboratively work with UNICEF, WHO, Save the Children, and other iCCM partner organizations in an effort to develop and make accessible information and tools to improve iCCM implementation and scale-up. Unlike MCHIP, the MCSP Child Health approach is to strengthen facility-based integrated management of childhood illness (IMCI) services, with particular attention to developing strong links between facility- and community-based services including promoting appropriate household health practices. MCSP will collaborate with partner organizations (e.g., Management Sciences for Health [MSH], Save the Children, and Futures Institute) to draw on existing tools, databases, research, and expertise to effectively and efficiently accomplish PY1 core workplan key tasks and deliverables.

### Accomplishments

- Provided technical support to the global dialogue with the Global Fund on implications for integrating diarrhea and pneumonia in community-based malaria case management, co-funding for non-malaria drugs and supplies, iCCM indicators, procurement and supply chain systems, and overall capacity at country level to implement integrated programs.

- Improved opportunities for the expansion of country iCCM programs by supporting several countries applying for funding under the GF NFM through the iCCM Task Force. At global level, supported the dialogue with the Global Fund on implications for integrating diarrhea and pneumonia in community-based malaria case management, co-funding for non-malaria drugs and supplies, iCCM indicators, procurement and supply chain systems, and overall capacity at country level to implement integrated programs. At country level, supported dialogue on the role of iCCM in improving access to curative services, conducted financial and program gap analyses in Ghana and Zambia, and developed integrated malaria and iCCM concept notes to the Global Fund under the NFM. The provisions of technical assistance from submitted concept notes for Ghana and Zambia (revised concept note); MCSP headquarters is also providing TA to Burkina Faso on concept note development and to Uganda on operational planning, building on successful TA under MCHIP that resulted in a successful application.
- Created the iCCM Demand Generation subgroup and created a new TOR under the iCCM M&E subgroup as part of the iCCM Task Force. These subgroups support development and dissemination of tools to improve community utilization of iCCM services and routine M&E of programs. These are key gaps conveyed at the 2014 iCCM Evidence Symposium in Ghana.
- Published the article, "The Child Health and Nutrition Research Initiative exercise in setting global research priorities for integrated community case management as part of the iCCM Child Health and Nutrition Research Initiative (CHNRI) Advisory Group", in collaboration with the Community Case Management Operational Research Group (CCM ORG). This article will help to harmonize partners and governments implementing or scaling up iCCM programs by identifying research gaps and prioritizing the need for resources for sustainable iCCM programming.
- Developed a manuscript for publication based on the report developed under MCHIP: "Feasibility of Measuring the iCCM Task Force Indicators through Existing Monitoring Systems in DRC, Niger, Madagascar, Senegal, South Sudan and Zambia Synthesis Report." The report highlights opportunities and challenges related to measuring iCCM indicators, aiming to assist governments and partners to monitor and evaluate their national iCCM programs. The manuscript will be submitted to the *Journal of Global Health* in November 2014.
- Indicators through Existing Monitoring Systems in DRC, Niger, Madagascar, Senegal, South Sudan, and Zambia Synthesis Report" developed under MCHIP. The report highlights opportunities and challenges related to measuring iCCM indicators, aiming to assisting governments and partners to monitor and evaluate their national iCCM programs. This manuscript will be submitted in November 2014 to the peer-reviewed journal Health Policy.
- The major priorities are to conduct research that will be able to inform and improve iCCM and facility-based child health services. Learning agenda research priorities were approved in late September 2014. Progress was made in two research priority areas:

    1. What is the feasibility of implementing iCCM in the Bondo District, Kenya? We conducted the Bondo District midline assessment and the Kenya policy landscape analysis in late August/early September. Both reports are being drafted and will be finalized at the end of the first quarter. Lessons from both documents will be used to inform the standardization of Kenya's iCCM guidelines and to advocate for a supportive policy allowing community-based health workers to treat pneumonia in children less than five years of age with antibiotics.

2. Country and global experiences in resource mobilization for iCCM scale-up: a case study of joint malaria/iCCM applications to the Global Funds under the New Funding Model. To inform future iCCM program planning for countries applying for funding under the Global Fund New Funding Model (GF NFM), we will draw lessons from the collaboration and dialogue processes among country-level MCH and malaria program stakeholders who submitted a joint application. We created a TOR and will be hiring consultants to carry out the work in November–December 2014.

## Immunization

MCSP strategically uses core and Africa Bureau funding to offer TA to selected Missions to strengthen immunization programs to address the following: stagnating, declining, or inequitable routine immunization (RI) coverage; low capacity to make good use of expensive new vaccines; inadequate engagement of civil society and nongovernmental organizations (NGOs); imbalanced partner approaches that overlook core functions; and inadequate service quality. MCSP works with country MOHs and partners, providing technical support at country-level, while sharing this experience through regional- and global-level mechanisms to amplify the program's learning, in addition to sharing promising approaches across countries. MCSP infuses the strategic and operational plans of key partners with pragmatic, operational considerations. Immunization core support is also used to exercise leadership and advocacy in shaping global policy, as well as focus on strategic country investments to build capacity to strengthen RI systems, introduce new vaccines, and link countries to global and regional initiatives. MCSP engages and collaborates with WHO, UNICEF, Gavi, and the Vaccine Alliance in the above-mentioned efforts.

### Accomplishments

MCSP/Immunization provided technical support to WHO, UNICEF, and Gavi in the following capacities:

- MCSP contributed to the design and drafting of the new WHO-led Global Routine Immunization Strategic Plan (GRISP). Once finalized, it will be used throughout the world to guide routine immunization planning.
- As a member of an expert advisory group on Global Immunization Data Management, MCSP provided technical input to WHO, UNICEF, and partners to guide strategic areas on improving data quality and use in immunization programming at national, regional, and country levels. MCSP reviewed research findings and provided technical input to the development of a guide for home-based vaccination records that WHO will be publishing to improve the design and use of home-based records for immunization programs.
- As a member of the WHO-led Immunization Practices Advisory Committee (IPAC), MCSP provided technical advice on inactivated polio vaccine (IPV) introduction, programmatic suitability of vaccine pre-qualification, home-based records, immunization supply chain and logistics, and Uniject field studies.
- WHO is in the process of updating its cold chain and logistics guidelines, which are used by countries to develop and refine national-level policies. MCSP provided technical input for the updating of: 1) vaccine volume calculation and cold chain capacity analysis; 2) cold chain maintenance; 3) vaccine forecasting; and 4) a stock management module.
- MCSP provided input into the development and finalization of the Gavi's immunization supply chain strategy that guides Gavi's support to immunization programs.
- MCSP provided support in the development of WHO Tools and Approaches for Understanding Health Worker and Caregiver Interactions for Immunization. MCSP continues to coordinate with WHO/Kenya to explore a pilot-test of the tool.

### *Polio*

- MCSP provided technical input to USAID/W and partners on the global polio legacy.
- MCSP provided support to polio campaigns in Kenya.
- MCSP has provided technical input into a Nigeria research study, led by Communications Initiative, on understanding household decision-making and attitudes on routine immunization and polio in Bauchi, Kano, and Sokoto States. Preliminary findings will be presented in Abuja in November 2014.

Additionally, MCSP provided technical support to three country programs transitioning from MCHIP to MCSP including workplan development and initiation of start-up activities in Malawi, Kenya, and Uganda. During this implementation period, Malawi transitioned from MCHIP to MCSP, developed and submitted a PY1 workplan, PMP, and budget, which is currently being reviewed and awaiting approval. Activities in Kenya focused on the successful national rollout of the rotavirus vaccine launch in July 2014. In Uganda, MCSP provided technical input for an updated Uganda immunization policy 2014, which was approved by the Cabinet.

## Family Planning/Reproductive Health

MCSP's strategic approach to FP centers on preventing unintended pregnancies, with a focus on those linked with poorer health outcomes such as giving birth too soon after a prior pregnancy, high-parity women, older women, and girls. This approach will be implemented using the following key strategies to accelerate achievements toward FP2020 and EPCMD goals:

- Expand and scale up postpartum family planning (PPFP) and integration of FP along the maternal, newborn, and child health (MNCH) continuum of care;
- Expand FP and PPFP method choices; and
- Reach young girls/adolescent mothers, their partners, and gatekeepers, with appropriately targeted FP communications and services (linked when appropriate with MNCH services).

### Accomplishments

- Guinea postabortion care (PAC)/long-acting reversible contraception (LARC) study writing workshop. MCSP FP held a writing workshop in August 2014 with colleagues from Guinea to produce a draft manuscript from a study conducted under MCHIP. The study was to confirm the reported high level of FP and LARC integration and uptake within PAC services and to offer lessons for other countries. For example, 95% of PAC clients are counseled, 73% accept FP, and 30% leave with a LARC method, mostly IUDs, as implants were only recently made widely available in Guinea.

**PPFP Integration study findings:** This study took an in-depth mixed method look at how FP services are integrated within MNCH in two countries, and two subnational areas each in India and Kenya. Provider, community health worker (CHW), and client interviews show the two states in India had a higher proportion of ANC clients and providers discussing FP during ANC. In Bondo sub-county in Kenya, where MCHIP implemented maternal, infant, and young child nutrition-family planning (MIYCN-FP), integration was shown to be more evenly distributed among child health clients as well as ANC, with lower rates for intrapartum clients, which reflects the program emphasis. Embu county ANC and intrapartum clients reported integration in fewer instances, but still at levels that demonstrate that PPFP/postpartum IUD (PPIUD) efforts in 2007 to 2009 were sustained. Perhaps unsurprisingly, provider reports of integration are at higher levels than what clients report, though the methods of reporting this are not directly comparable. Client flow analysis data are still being analyzed to examine the extent to which clients received integrated MNCH-FP services, but so far correlate well with client reports.

- PPFP integration study in Kenya and India writing workshop. Colleagues from India joined FP and M&E team members to pore through both quantitative and qualitative data of a descriptive study implemented under MCHIP. Two manuscripts are being prepared, one with general results triangulating all data sources, and the second with detailed analysis of the client flow, generated by week-long data collection on content of care for all pregnant women and women accompanying a child under two.

- USAID/WHO PPFP meeting. In September 2014, members of the MCSP FP team met with officials from USAID and WHO to discuss ways in which to actively orient and engage USAID priority countries on the "Programming Strategies for Postpartum Family Planning" document authored by WHO, USAID, and MCHIP. MCSP.

- As co-chair of the Maternal, Infant and Young Child Nutrition and Family Planning (MIYCN-FP) Working Group with the John Snow, Inc. (JSI) Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project, MCSP conducted a working group meeting in October 2014. Program experiences from Guinea and Bangladesh were shared, along with an update from the Health Communication Capacity Collaborative (HC3) project.

- Social and behavior change communication (SBCC), return to fertility, and MIYCN/FP in Tanzania. The purpose of this activity is to explore new ways to communicate the concepts of lactational amenorrhea, return to fertility, and pregnancy risk in the postpartum period. The purpose is also to explore alternative strategies to trigger timely transitions, for example, from exclusive breastfeeding to complementary foods, and for uptake of a FP method. A concept note was developed iteratively and shared with the USAID Mission in Tanzania.

- Comprehensive PPFP program in Ethiopia. The proposed activity in Ethiopia seeks to broaden previous PPFP efforts and will explore whether women and their newborns can be tracked from the time of pregnancy through to complete immunization. The approach will determine if systematically offering family planning at every health contact point (community and facility) will increase the uptake of FP in the extended postpartum period, increase optimal birth spacing, and improve immunization coverage for a triple benefit on child and maternal survival in Ethiopia.

- Age and stage counseling for adolescent sexual and reproductive health in Nigeria. A concept note was drafted and modified following a field visit and will focus on a set of provider counseling tools and training and youth-defined quality improvement (using Partnership Defined Quality for Youth [PDQ-Y]). This work will be complemented with development of global age and stage counseling materials and tools. MCSP met twice with colleagues at HC3 to coordinate efforts in the development of adolescent-friendly materials. HC3 is planning to develop training videos for providers to encourage the provisions of LARCs to adolescents.

Site visit at a Primary Health Center in Lokaja, Kogi State, Nigeria. This Center was located next to a market not far from the State Ministry of Health office.

- Development of draft research protocol for a retrospective chart review to examine incidence of method failure among implant users who are living with HIV and on

antiretroviral therapy (ART). The primary purpose of this study is to conduct a retrospective record review to identify cases of contraceptive implant method failure among women living with HIV on antiretroviral therapy and compare these to the published rates of method failure for HIV-negative women. Country selection is under way and we will seek IRB approval (both Johns Hopkins University [JHU] and in-country) by the end of 2014.

- Support to field workplanning. MCSP FP team members have been actively engaged in reviewing program descriptions (e.g., Nigeria, Madagascar, Egypt, Ghana) and providing input and reviewing several field workplans (Mali, Ethiopia, Tanzania, Nigeria, and Kenya). Team members visited both Yemen (MCHIP Associate Award) and Nigeria. In addition, the team developed an HIV&FP Brief for technical staff in the field to synthesize the new WHO guidelines on FP provision for women living with HIV. Lastly, The FP team organized HIV and FP compliance training for program and technical staff at the MCSP office. USAID policy staff from the Population and Reproductive Health (PRH) project and Office of HIV/AIDS (OHA) conducted the training. A headquarters-level compliance plan has been drafted and team members will work with each country office to ensure that field compliance plans and trainings have taken place and regular monitoring tools are being used.
- The MCSP-FP team has identified five learning areas for PY1. Four of those five are centered around new activities (described above). Initial planning, design, and country selection is under way.

## Malaria

The MCSP strategic approach for malaria recognizes that malaria is an MNCH disease, disproportionately affecting pregnant women and young children. Our approach is inherently woman-focused, addressing the needs of pregnant women and young children—building malaria prevention and control services into MNCH service platforms, such as antenatal care services, across the continuum of care. This approach, with a focus on those most vulnerable, builds equity, affording pregnant women and young children access to prevention and control measures. An underpinning of the MCSP malaria approach fosters building partnerships between MCH programs and malaria control programs as well as with HIV/AIDS and tuberculosis programs, and focusing on building country-level capacity and ownership to deliver quality services that will lend to sustained gains in malaria programming.

Building on the achievements of MCHIP, MCSP focuses on accelerating scale-up of proven approaches and innovative practices in countries that have not achieved nationwide coverage, and supporting countries to maintain malaria control where transmission levels have declined or are declining. MCSP targets two key technical areas of malaria prevention and control—malaria in pregnancy (MIP) and integrated community case management. At the global level, MCSP is advancing the global dialogue to ensure that WHO policies are disseminated effectively at the country level. MCSP is supporting MOHs to strengthen health systems at the country level at all points of care to achieve institutionalized quality services for both MIP and iCCM. Please refer to the Child Health section for more information on iCCM.

## Accomplishments

- MCSP has developed a tool to map MIP efforts across the 19 President's Malaria Initiative (PMI) focus countries. The mapping will look specifically, by country, at what MIP programming PMI is supporting, as well as other key donors, and what are the MIP program gaps or needs. From this exercise, MCSP and PMI will define two or three countries and specific TA that MCSP will provide to help address gaps and move country-level MIP programs closer to meeting their MIP targets. Use of the findings and recommendations from the 19-country MIP document review and the MIP health management information system review (HMIS) review, both developed during MCHIP, will inform the TA.
- MCSP has contributed substantially to advancing the objectives of the Roll Back Malaria-Malaria in Pregnancy Working Group. Key achievements include: 1) participation in the PMNCH Partners' Forum in Johannesburg, South Africa, in July 2014 highlighting the new WHO MIP policy on intermittent preventive treatment during pregnancy and the importance of addressing anemia in pregnancy; 2) input to the final Malaria Implementation Guidance in support of the preparation of Concept Notes for the Global Fund and input to an accompanying presentation targeting countries preparing GF proposals; 3) input to and writing of specific chapters for the Roll Back Malaria (RBM) Progress and Impact Series focused on maternal health and malaria; and 4) organization of and participation in annual RBM MIP Working Group meeting, which led to identification of key priorities for consideration into the 2014/15 workplan.
- MIP learning questions were finalized in September 2014. Each question directly links with the MIP workplan activities and will be answered based on the findings from the mapping, including country-level follow-up and continued collaboration with the RBM MIP Working Group.

## Support to CSHGP

- MCSP provided support to a total of 15 projects with malaria interventions in 12 countries. This included checks to verify data quality in final knowledge, practice, coverage (KPC) reports for three projects that had ended in FY13. Four projects ending in FY14 received final evaluation support from EnCompass via a subgrant managed by MCSP. For those grantees doing community case management (CCM), MCSP recommended additional optional indicators they could use to benchmark the status of CCM implementation in conjunction with final evaluations. Results will become available with the submission of final evaluation reports by the end of December.

# Nutrition

MCSP is supporting new and existing evidence-based intervention approaches in the first 1,000 days—during pregnancy through two years of age—which is the period that has greatest impact in preventing maternal and child malnutrition. This includes continuing work begun under MCHIP of supporting global efforts to improve the coverage of effective anemia prevention and control programs. The Nutrition MCSP programmatic strategy is to work at the facility and community levels to improve maternal and child nutritional status in two ways: 1) using an integrated approach to prevent and control anemia; and 2) addressing the barriers to optimal MIYCN to prevent poor birth outcomes, stunting, and overweight. Through MCSP, the nutrition team seeks to implement strategies to address barriers to good nutrition by integrating with other sectors and teams, including MNCH, water and sanitation, malaria, and family planning. The nutrition team will explore social barriers to optimal nutrition including maternal autonomy, gender-based violence and gender differences in care-seeking behaviors, and wealth.

## Accomplishments

- A brief on giving folic acid in malaria-endemic areas was prepared and has been review by the maternal health and malaria teams at MCSP and malaria experts from the Centers for Disease Control and Prevention, USAID, and UNICEF. After incorporating these comments, the draft will be sent to the Nutrition Team at USAID before finalization.
- At the request of USAID, the nutrition team will be preparing a brief on maternal nutrition. A draft outline was developed and shared with the USAID Nutrition Team, which gave their approval to move forward on this activity.
- The Kenya experience in anemia prevention and control was featured in September on the Knowledge for Health (K4H) Integrated Anemia Prevention and Control Toolkit. It includes six videos of an interview with the Head of the Division of Nutrition along with Kenya policies, strategies, behavior change communication (BCC) materials, and other resources related to anemia prevention and control.
- A presentation by the MCHIP/MCSP nutrition team leader at the Annual Malaria in Pregnancy Working Group Meeting in July resulted in a commitment by the working group to develop and issue a consensus statement to countries in malaria-endemic areas to remove the five mg dose of folic acid from essential drug lists and supplies. The consensus statement was developed in collaboration with the MCHIP/MCSP malaria team and is under review by other members of the MIP Working Group and WHO.
- Three manuscripts are under development from the Egypt stunting study on the Trials for Improved Practices. The first manuscript related to in-depth interview portions "Exploring why junk foods are 'essential' foods and how culturally tailored recommendations improved feeding in Egyptian children" was written, submitted, and accepted for publication by the *Maternal and Child Nutrition* journal. Another manuscript from the Egypt stunting study entitled, "The rise in stunting in relation to avian influenza: a comparison of the 2005 and 2008 Egypt Demographic and Health Surveys" was prepared and submitted to *BMC Public Health* in September. A third manuscript and a detailed report for the Egypt stunting study on longitudinal follow-up of child growth is in preparation. A preliminary analysis of findings has been shared with USAID.
- The nutrition team learning priorities include improving infant and young child feeding and maternal diet by examining junk food consumption among young children as well as unaddressed barriers to exclusive breastfeeding and barriers to adequate maternal diet.
- Initial literature searches have been conducted for three of the MCSP nutrition team's learning questions regarding junk food consumption of mothers and young children; addressing barriers to exclusive breastfeeding; and addressing barriers to adequate food intake during pregnancy. Review of the literature for junk food consumption has begun and an outline has been drafted.
- The nutrition team's fourth learning area is regarding how messages about infant and young child feeding (IYCF) during and after illness are incorporated into child health and diarrhea corners and how effective they are. This activity is under the Kenya workplan, which is being reviewed by USAID.

# WASH

The MCSP WASH program works to support the three broader MCSP teams of maternal, newborn, and child health. Our maternal work seeks opportunities to support mothers, influencers, community workers, and clinic-level staff to prepare for a clean birth and a healthy, hygienic newborn period. Our newborn work focuses primarily on reducing infection on the day of birth and during the first month of life through improved handwashing. The child health work looks to reduce stunting in under-twos and diarrheal disease in under-fives by integrating with other technical sectors, most notably nutrition.

## Accomplishments

- Significant effort went into the coordination of the MCSP Kenya newborn handwashing initiative including study design and implementation planning. A scoping visit is scheduled from November 12–21, a calendar for final study design and implementation has been developed, and a division of roles and responsibilities has been outlined. A number of consultations with global partners including World Bank's Water and Sanitation Program (WSP), MCSP Kenya, Unilever, Children's Investment Fund Foundation (CIFF), and Population Services International (PSI)-Kenya guided the iterative process in developing questions and initial program design considerations. These meetings culminated with a one-day think tank (September 9, 2014), which led to refinement of the study design.
- Initial discussions with the Child Health team have resulted in a terms of reference for the evaluation of an MCHIP activity looking at introduction of Zinc and oral rehydration therapy corners for diarrhea treatment as a platform to deliver hygiene messages.
- The Kenya newborn handwashing activity is looking at the following question: What suite of interventions (communications platform and messages, use of mobile SMS messaging, inclusion of handwashing devices), and at what intensity (only at clinic level versus household level), will induce caregivers of newborns to increase the frequency of washing their hands before handling the newborn. The study is a randomized controlled trial with four potential arms: just messaging at clinic level; messaging at clinic level and at household level without handwashing device provision; messaging at clinic level and at household level with handwashing device provision; and a control group. Mobile SMS messaging will be implemented across groups, as will soap distribution. While the study will not assess the effect of SMS messaging, there is interest in understanding how it affects the results and people's perceptions, e.g., did people who reported receiving the SMS messages perform better than those that did not? Soap is being provided to eliminate any questions regarding availability of soap.

# Africa Bureau

## Maternal Health

The overall strategy for the Africa Regional Bureau maternal and newborn health activities includes support to integrated MCSP program efforts to strengthen service delivery in antenatal and postnatal care, with emphasis on incorporation of screening and management of infectious diseases into those service delivery platforms. Design of this integrated approach to strengthening ANC and PNC services was initiated in the start up period, and a design workshop is planned for December 2014. Additionally, an integrated maternal health/newborn activity is planned with the Africa Regional Bureau, with initial discussions focused on exploration of opportunities to support MDSR in the Africa region. MCSP will work with partners and global leaders in this area including WHO/Africa Regional Office (AFRO), African Strategies for Health (ASH), and others.

### *Accomplishments*

- The MCSP team held consultative discussions with the ASH program to gather information on planned activities and consider opportunities for collaboration on MDSR and participatory disease surveillance and response (PDSR) in the Africa region. Collaborative activities may include identifying countries with potential for integration of MDSR into existing integrated disease surveillance and response (IDSR) or PDSR programs.

## Child Health

The MCSP Child Health Africa Bureau workplan builds on activities from the PY1 child health core workplan with a specific Africa region focus. Our strategy is to collaborate with our existing partner networks and build new partnerships with WHO/AFRO and UNICEF/East and Southern Africa Regional Office (ESARO). These partnerships will allow us to draw on existing African-based databases, research, and expertise. As with our MCSP PY1 core workplan, we will collaborate across MCSP's technical areas (e.g., newborn, nutrition, and immunization) and cross-cutting team expertise (WASH, equity, community and civil society).

## Accomplishments

- The child health team met with MSH's Africa Bureau-funded African Strategies for Health (ASH) Project to share tools used to study iCCM underutilization in Mali that were developed under MCHIP. Using these tools in additional African countries will improve our understanding of underutilization of iCCM and help to shape programming for iCCM in Africa.
- Additionally, ASH shared their Africa regional institutional briefs that were developed for a landscape analysis activity. We are using these brief as part of our literature review for mapping the leadership for child health in sub-Saharan African countries.

# Asia Bureau

The overall strategy for the Asia Bureau maternal and newborn health activities includes supporting the Asia region in accelerating progress toward EPCMD through technical assistance to Missions or other stakeholders (in response to field support requests) and the generation of information through implementation research and analysis in multiple countries. The planned implementation research will be led by an integrated research team from MCSP and will include a literature review and landscape analysis, as well as a review of regional epidemiology, to inform the research questions and study design.

Initial discussions with the Asia Bureau were held in the start up period to share ideas for technical assistance to Missions in the region and to narrow the focus of the planned implementation research. Structured plans for TA and study design are planned for early in the next reporting period.

## Accomplishments

- The MCSP team drafted an implementation research concept note on facility- and community-based patient tracking for improved postnatal care and shared it with the Asia Bureau for consideration. A series of discussions was held to discuss the concept as well as targeted TA to Missions in the region.

# LAC Bureau

Participants in the Third Annual LAC Alliance meeting represented 19 countries in the region. Brianna Casciello/ PATH.

MCSP continues to support regional efforts to reduce maternal and newborn morbidity and mortality in Latin America and the Caribbean (LAC) through the utilization of and participation in regional platforms. Under MCHIP, the LAC Neonatal Alliance served as a key mechanism through which TA and programmatic support were provided to the region. Globally, the Alliance has achieved a "seat at the table" through its participation in

the Technical Advisory Group for ENAP and other global strategies. The ongoing participation of MCSP as a member of the Alliance steering committee maximizes limited funding available in the region, and continues to be a successful strategy under MCSP to promote and scale up regional and global priorities addressing the main causes of newborn mortality: complications of prematurity, sepsis, and asphyxia. MCSP also provides technical leadership in the Regional Maternal Mortality Reduction Task Force to promote information-sharing and scale-up of evidence-based practices in MNH. Other key activities include strengthening Caribbean regional leaders in midwifery education, and South-to-South learning to support the launch and implementation of a competency-based education midwifery curriculum in Paraguay and Guatemala.

### Accomplishments

- With technical assistance from MCSP, an abstract on the achievements of the Caribbean Regional Midwifery Association was submitted to the American College of Nurse-Midwives (ACNM) for their 60th Annual Meeting in June 2015.
- In September 2014, MCSP co-organized the Third Annual Meeting of the LAC Neonatal Alliance in Bogota, Colombia, convening the most widely representative group to date with nearly 100 participants from 19 countries in the region. The draft workplan for 2015 was discussed among all partners and will be finalized by November 2014, which allows for the continuation of activities to support country plans focused on newborn health.
- The LAC Neonatal Alliance now has 20 members, including non-profit and international organizations, regional professional associations, and MOHs. During this reporting period, the Alliance welcomed its two newest members, the Dominican Kangaroo Program and the Latter Day Saints Charities. The continued expansion of the LAC Alliance allows for wider representation in countries where partners implement programs, contributing to the scale-up of priority newborn health interventions.
- Building on successful experiences in scaling-up of KMC in the LAC region, MCSP has assumed an advisory role in global efforts for KMC implementation and measurement as a member of the KMC Every Newborn Action Plan metrics task team. This will provide the opportunity to share lessons learned in scaling up KMC in LAC with other regions of the world.
- During the annual meeting, MCSP co-organized an expert consultation on newborn mortality surveillance. Participants shared useful country experiences and tools; a key output of the meeting was a group recommendation that a standardized approach for the LAC region could be useful. As a result of the meeting, a TWG will be formed and MCSP will continue to be part of the efforts.
- Pending funding, MCSP will test the effectiveness of newborn death surveillance in one LAC country.

# Summary of Achievements by Cross-Cutting Area

## Health Systems Strengthening

Health systems strengthening (HSS) and equity are cross-cutting approaches MCSP seeks to incorporate throughout core and field-funded work. Such approaches are critical to ensuring that MCSP can scale and sustain its technical interventions equitably to accelerate progress toward eliminating preventable maternal, newborn, and child deaths. HSS and equity approaches include leveraging the efforts of other USAID projects and previous applications of health systems tools to ensure that MCSP applies a systems approach in addressing bottlenecks to achieving effective, equitable, and sustainable RMNCH coverage. Key highlights for

the reporting period include: Obtaining strong understanding of former MCHIP work and new MCSP opportunities to inform HSS and equity approaches under MCSP; defining the HSS and equity workplan, indicators, and learning agenda, and initiating workplan activities; and integrating HSS and equity approaches into MCSP strategy and planning for core and country work.

## Accomplishments

- Identified opportunities for cross-team collaboration through more than twenty consultations with MCSP Technical and Cross-cutting teams (approximately 45 individuals).
- Participated in global workplanning, MMEL, gender, and country planning meetings to help integrate an HSS and equity approach into MCSP workplans and products. Produced HSS and equity activity workplan and learning agenda, and contributed to broader MCSP strategy, PMP indicators, and planning at global and country levels.
- Devised and proposed the concept of the WMDA as one of the MCSP "big ideas," prepared a detailed workplan, conducted research to further develop the WMDA concept, and presented the concept to MCSP staff through 20 consultations and at three "big ideas" presentations with MCSP technical and cross-cutting teams and country staff. Currently working with MCSP partner Broad Branch Associates to conduct a literature review to compile lessons from past initiatives with similar objectives and plan to share these findings with and seek feedback from MCSP teams in early 2015. The following stages of work will be to draw on these lessons to develop a diagnostic framework, tools, and practical steps that can be used at the country level to apply the WMDA and to begin working with one or more MCSP countries to adapt and introduce the approach.

MCSP's Marty Makinen conducts focus group during the MCSP Ghana workplanning visit to CHPS compounds

- Developed diagnostic tool to identify health system strengths and weaknesses on the Day of Birth, with the aim to strengthen these systems to better support Day of Birth technical interventions. Participated in Better Care on the Day of Birth kickoff meeting with the maternal and newborn health teams and intervention package development workshop.
- Produced a draft Health Systems Diagnostic Checklist for MCSP, a tool to help MCSP country planning teams to 1) document the presence and status in a given MCSP country of key health system components employing the WHO systems framework (leadership and governance, information, financing, service delivery, human resources, and medicines and technology) in order to 2) identify ongoing health systems gaps or challenges related to the initiatives that MCSP should consider working on in the country and 3) gather information on which health systems items and potential activities are of highest priority for MCSP work in the country. This check-list was adapted for the Country Assessment Tool but can also be shared with MCSP teams and USAID in its entirety.

- Collaborated with MCSP Community Health team to produce the first draft of the Country Assessment Tool, a compilation of key data needs from each technical and cross-cutting team at MCSP to inform the country planning process.
- Created a repository of tools and resources (e.g. Health Systems Assessment Approach) that can be used/applied by MCSP project members and partners to incorporate or strengthen health systems dimensions of the project. This database tracks which tools have been applied in MCSP countries, and can also be used to identify opportunities to apply HSS tools to support MCSP work. This database will be finalized and made available to MCSP teams in PY2.
- Supported MCSP country planning activities in Ghana, Tanzania, Ethiopia, Uganda, Kenya, and Haiti to incorporate HSS approaches and tools. For Ghana, participated in a workplanning visit from August 18–28, presented trip findings to the MCSP team, and co-led the development and submission of the Ghana country workplan.

## Community Health and Civil Society Engagement

MCSP's vision is to strengthen and inform the institutionalization of community health as a fundamental and necessary strategy for ending preventable maternal and child deaths in priority countries. The community health strategy is focused on the institutionalization of scalable and integrated community health platforms (CHPs), the advancement of action-oriented learning, and the development of enabling policies from national to global levels, with an emphasis on building the value added by civil society in working with public health systems. Civil society provides resources and key stakeholders for successful community health efforts, health services delivery, and shared accountability with and advocacy to governments. Support to local civil society networks and their relationships to government are thus central to this strategy.

This strategy is implemented by supporting synergies with field funding and technical streams of activity, thus creating opportunities to build the four pillars of viable CHPs: 1) optimizing intervention packages (health promotion, preventive and curative services) for country and subnational contexts; 2) strengthening the CHW workforce and its required support through community/social structures; 3) more effective government-civil-private partnerships to institutionalize and coordinate community health; and 4) an emphasis on use of local information for equity, learning, and adaptation.

### Accomplishments

- The Community Health and Civil Society Engagement Team developed a concept for Scalable, Integrated Community Health Platforms in response to an identified need to address community health from an integrated, systems perspective, cutting across discrete technical interventions. It was shared broadly to disseminate the concept and solicit country engagement. The Team is engaging with other technical teams to apply the concept in differing country contexts, and products to help advance different components of the concept are in process.
- CHW workforce investment is an important part of strengthening community health platforms. To date, MCSP has initiated planning for a CHW Forum, scheduled for November 12, to bring together various USAID partners working with CHWs to advance application of learning around large-scale CHW program implementation. Meanwhile, MCSP has initiated development of a CHW Modeling Tool to assist program planners in considering the impact of multiple variables on CHW program design. Also, information on the CHW Reference Guide was disseminated at the Health Systems Research symposium in Cape Town in September 2014.

- Civil society strengthening is central to MCSP's Community Health and Civil Society Engagement Strategy. Accomplishments include creation of a draft civil society profile for Haiti, groundwork to leverage the CORE Group's Polio Secretariat for advancement of the Every Newborn Action Plan in Ethiopia, and many activities of the CORE Group Community Health Network, including:
    - Hosted a Technical Advisory Group Meeting with Food and Nutrition Technical Assistance (FANTA) to update the Nutrition Program Development Assistant Guide; and Developed Essential Nutrition Action (ENA) case studies, posted to the CORE website.
    - Hosted webinars, including "Social Capital and Maternal and Child Health in Low- and Middle-Income Countries: Evidence from India" on June 30,2014, by Will Story; "Systematic Review of Evidence for WASH Behavior Change" in collaboration with the Johns Hopkins Bloomberg School of Public Health; "Images Save Lives: Improving Health Communications and Messaging Through Images" with Hesperian Health Guides; and "Applying Learning Principles to Our Work in the World" in collaboration with Global Learning Partners,
    - Community Child Health Working Group Co-Chair Alfonso Rosales represented CORE Group at the Latin America Alliance on Newborn Care, held in Bogota, Colombia. on September 23–25, 2014.
    - Continued development of Make Me a Change Agent SBC Toolkit for CHWs in collaboration with TOPS.
- Support provided to the CSHGP grantees during start up included:
    - Data quality checks for 13 grantees with final KPC surveys completed in 2013—important for maintaining the integrity of individual project findings and cross-project analyses;
    - Completion of Technical Reference Materials (with CORE Group Working Group input) and eToolkits on the following topics: malaria, immunization, social and behavior change, and quality improvement; and
    - KPC survey module revisions on the sick child, malaria, and immunization.
    - Additionally, MCSP worked with EnCompass to provide technical assistance to 10 Child Survival and Health Grants Program (CSHGP) grantees with final evaluations that took place in fiscal year (FY14). EnCompass reviewed evaluator scopes of work, provided feedback to grantees on their respective results frameworks, and identified common learning themes across projects for which they also developed a graphic and tools to support related data collection that grantees could choose to apply to their evaluations. EnCompass also reviewed draft evaluation reports and provided feedback to improve the final content, due December 31, 2014. Later deliverables will include two-page summaries of each project evaluation and a white paper based on the learning themes and findings from all projects in the cohort. MCSP has also coordinated with the Evidence Project to monitor learning from FY 2014 CSHGP Grantees.
    - The MMEL and Community Health and Civil Society Engagement teams have reviewed the list of grantee projects ending in FY 2015–2017, and plan to map grantee learning questions (primarily operations research [OR] but also evaluation) to MCSP core- and field-funded learning agenda questions. MCSP has been developing a plan to take on technical assistance to these grantees on both evaluation and OR starting in January 2015, following which the two teams will extract and disseminate lessons learned, including through involvement of Country Program Officers and MCSP country leadership.

- The Community Health and Civil Society Engagement PY1 learning agenda consists of four learning questions, with two related to major global issues around community health, including CHW programs and supportive community infrastructure, and two related to specific workplan activities. The first question aims to increase the knowledge base about the key characteristics and components of large-scale CHW programs in the 24 priority countries. Collaboration has begun with Advancing Partners and Communities (APC) to add relevant questions to their community health assessment tool, which will be included in the next round of country profiles. The second question will follow a similar methodological process (collaboration with APC on their community health community tool) to understand the functionality and success at scale of community structures, both formal and informal, and their roles in health decision-making, policy, accountability, access/use, and supervision of CHWs. The third question will involve collaboration with Johns Hopkins University–Institute for International Programs to apply a system thinking model to complex problems facing MCSP. The last question is related to a pilot activity to document lessons learned around civil society engagement in the Every Newborn Action Plan.

## eHealth

The goal of the eHealth team under MCSP is to identify and support the implementation and scale-up of eHealth solutions for improved equity in RMNCH programs and to incorporate these solutions systematically into country health systems. Toward that end, the eHealth team is working to improve understanding of eHealth solutions and their systematic uses in country programs by providing resources, TA, and training across technical teams and within the country Missions.

### Accomplishments

- Met with technical teams to a develop prioritization framework, which links eHealth solutions to support high-impact RMNCH interventions and supports country workplanning processes.
- Developed a visual framework for a patient tracking system to aid technical teams and Missions in understanding how eHealth interventions can be implemented as part of a larger health information system.
- Developed guidance for data collection tools that supports systematic development, better integration with national and international guidelines, and adherence to Greentree principles.
- MCSP Ghana finalized the eLearning feasibility study that began under MCHIP, which showed that users appreciated the methodology, and lessons were learned about the need for information technology support at the schools. This study will inform further scale-up of eLearning to support pre- and post-service midwifery training in Ghana.

# Measurement, Monitoring and Evaluation, Learning (MMEL)


MCSP has advanced its MMEL priorities for PY1, including: 1) providing global leadership for improved metrics, tools, and methodologies; 2) strengthening country-level routine data collection, quality, visualization, sharing, and use; 3) enhancing information for program planning, performance monitoring, and accountability; and 4) supporting action-oriented learning to improve RMNCH outcomes. Gender analyses are being considered from program outset in workplanning sessions, and gender indicators/analyses are currently part of the Yemen and Tanzania workplans. Key strategies to achieving these priorities include linking global and country experiences, enhancing M&E systems and practices, and leveraging routine data, process documentation, and studies to create a thoughtful, explicit, and organized learning strategy.

## Accomplishments

- As referenced above, MCSP prepared the 24-country analysis of child lives that could be saved in USAID priority countries, which was disseminated in the *A Promise Renewed* report (http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf). This work focused on child lives that could be saved, comparing a baseline case of historic trends in intervention coverage with a "best performer" case of accelerated intervention coverage, both based upon modeled estimates.
- As part of its global leadership role in improving RMNCH metrics, leading the newborn resuscitation coverage task team under the Every Newborn Action Plan (ENAP) Metrics working group at the request of the co-chairs, WHO and the London School of Hygiene and Tropical Medicine. The task team is charged with identifying feasible intervention coverage indicators as well as program-related indicators.
- The final version of the short Quality of Care survey labor and delivery checklist that incorporates findings from the pilot test in Tanzania is now available along with a brief summarizing the results. The MCSP Tanzania program is planning on using the shortened checklist as part of their supervision activities. The MCHIP Yemen and MCHIP Mozambique Associate Award programs are using the shortened checklist as part of health facility surveys that will serve as a baseline and endline, respectively.

**Stregthening iCCM M&E**

The iCCM Task Force sought to assess the feasibility of collecting the Indicator Guide for M&E of iCCM's indicators through existing monitoring systems. The MCHIP review of 10 countries' systems summarized the opportunities and challenges for collecting the Indicator Guide's 18 routine monitoring indicators: four studies in Ethiopia, Malawi, Mali, Mozambique, DRC, Madagascar, Niger, Senegal, South Sudan, and Zambia. A document review of iCCM monitoring tools, protocols, reports, and related documents was conducted. The findings show that the information needed to calculate many of the Indicator Guide's routine monitoring indicators is already being collected through existing monitoring systems, although much of this information is available only at health facility level, not district and national levels. The findings also highlight the limitations of relying on supervision checklists as a data source, maintaining accurate CHW deployment data, and defining meaningful

- In March 2014, the iCCM Task Force published an Indicator Guide for Monitoring and Evaluating iCCM—a "menu" of indicators with agreed definitions and methodology—to encourage routine and episodic monitoring of iCCM programs. Based on a review conducted by MCHIP in 10 countries of the extent to which they are monitoring the indicators recommended in the guide, MCSP drafted a manuscript for publication to be submitted to *Health Policy and Planning* (see highlights from review in text box). Findings from the review will support further development and use of the Indicator Guide, and help MOHs and implementing partners as they continue to develop their own, contextually appropriate monitoring systems for iCCM.
- Planning for the Mapping Maternal Mortality meeting began. The purpose of the meeting is to "Identify the progress, challenges, and opportunities and vision for routine mapping of maternal deaths in countries with high maternal mortality." The meeting will take place in January 2015 and recommendations from the meeting will be presented at the WHO/World Bank/USAID-sponsored "Measurement Summit" to be held in March 2015. A steering committee has been established and has developed a draft agenda, concept note, and list of participants. A "save the date" has been sent out to ensure good participation, and a venue has been secured.
- An "umbrella," or multi-country, IRB protocol for the KPC survey has been developed and submitted to USAID for review. The WASH questionnaire modules are under preparation. The MCSP gender advisor has been working with USAID for input on gender components of the KPC, some of which will be included in the Yemen MCHIP KPC survey.
- In this start-up phase of the new global MCSP award, we have been working closely with USAID on finalization and approval of the global PMP, especially the global performance indicators. This has been an iterative process. While the finalization process has been under way, we have shared the draft global indicators with country programs. To maximize harmonization between the MCSP global and country program PMPs, each update on the PMP has been shared through email and SharePoint with country- and US-based teams.
- Work to improve monitoring of intrapartum stillbirth and very early neonatal death has advanced. The concept note has been shared across the program team and feedback is being incorporated. A literature review is in process and protocol is being drafted. A technical advisory group member list has been created, and invitations will be sent out in November. The country selection process continues, with Tanzania confirmed, and Pakistan (MCHIP Associate Award) a possibility.
- The MMEL team oversaw the development of the global PY1 Learning Agenda and life-of-project learning activities and will track these moving forward. It has worked with USAID and technical and country teams to develop their learning agendas (see Learning Questions in Annex B). MMEL has also developed a Learning and Studies Database, which is currently operational. The database allows comprehensive tracking and management of all learning activities, both human subjects research being submitted to IRB and other learning activities, and helps identify needs for targeted technical assistance to country and technical teams. Use of the database will facilitate completion of activities and dissemination of practical information to improve programming.
- The MMEL team provided technical assistance to MCSP countries that issued PDs during the reporting period, including Tanzania, Ethiopia, Uganda, Kenya, Madagascar, and Ghana, to assist with the formulation of the learning agenda during workplan development and the design of monitoring and evaluation plans and formative assessments, as in Madagascar. Assistance was provide to the Zimbabwe Associate Award, and previous MCHIP experience was leveraged to formulate learning portfolio development tools—a learning agenda development workshop and procedures and formats for developing concept notes.

- MCSP held an introductory, two-day workshop on systematic support for and study of scale-up with ExpandNet personnel as facilitators and participation of MCSP headquarters staff, USAID Agreement Officer's Representatives (AORs), and key implementation science experts from JHU. The results of the workshop included providing MCSP with a common framework and language for scale-up and discussing approaches to operationalize "real time" use of monitoring for learning and action, systematic documentation of processes, and a focus on impact at scale. Follow-up meetings with technical teams to plan the way forward have been held. The workshop will be adapted for delivery to MCSP focus countries starting in early 2015, with priority for those identified as participating in MCSP's scale-up case studies. A headquarters Scale-up Resource Team will be convened to formulate a scale-up strategy that includes guidance on process and outcome documentation, including recommended indicators, and tools; and best practice guidance on implementation strategies. Interventions to be studied in depth will be misoprostol for PPH prevention, newborn resuscitation (HBB), and possibly iCCM/IMCI, with addition of chlorhexidine at the end of the start up period.
- As a critical part of the broader MCSP's knowledge management strategy, a new MCSP SharePoint site has been launched as a document library and sharing platform for MCSP. Early in the next quarter, SharePoint experts and super-users will begin the delivery of targeted training to headquarters staff in order to meet each team's needs and to enhance collaboration and knowledge-sharing throughout MCSP. Rollout of SharePoint to field staff will be piloted in three to five countries in the next quarter.
- The Learning Advisor and the Knowledge Management Advisor, working with JHU staff, have adapted a curriculum for implementation research that will be used to deliver a monthly practitioner seminar series for MCSP staff beginning in calendar year 2015. The seminar series will build capacity in order to mainstream implementation research competencies throughout MCSP, and will focus on the program's learning themes (scale-up, quality improvement, equity, integration, and community/social systems).

# Partnerships

## Saving Mothers, Giving Life (SMGL)

Launched in 2012, Saving Mothers, Giving Life (SMGL) is a public-private partnership that supports countries where women are dying at alarming rates during pregnancy and childbirth to aggressively reduce maternal mortality. MCSP enables the function of the secretariat of SMGL, provides management, operations, and administrative support, and provides technical expertise as well as technical oversight on deliverables.

### Accomplishments

- MCSP coordinated timely and efficient hiring and onboarding for Susan Rae Ross, SMGL Initiative Manager, and Melinda Pavin, M&E Advisor., two key SMGL staff whose roles are critical for MCSP's support of the partnership. Although both Susan and Melinda had already been selected by USAID, we made sure that all compliance issues in their hiring mechanisms were taken care of efficiently and smoothly, to prevent any disturbances to the scope of work.

- MCSP has provided logistical and administrative support to the consultants, including travel arrangements, concurrence, and processing of expense reports and invoices.
- Refer to the Zambia section of this report for MCSP's progress under SMGL as the primary emergency obstetric and newborn care (EmONC) and ENC clinical implementing partner for three districts, and as the ENC clinical implementing partner for all U.S. Government-supported SMGL target districts.

## Mobile Alliance for Maternal Action (MAMA)

Mobile Alliance for Maternal Action (MAMA) delivers vital health information via mobile phones to new and expectant mothers living in poverty throughout the developing world. Hosted by the United Nations Foundation, MAMA provides age- and stage-based messages aligned with global best practices, empowering women to make the best decisions for themselves and their families. With a an intentional focus on countries where high maternal and newborn mortality rates intersect with an increasing proliferation of mobile phones, MAMA directly assists programs in Bangladesh, South Africa, and India. Additionally, we support a growing community of more than 300 organizations in over 70 countries who utilize our tools and information. By bringing together leaders from a cross-section of industries, MAMA harnesses the strengths and assets from the corporate, non-profit, and government sectors. MAMA was launched in 2011 by then Secretary of State Hillary Clinton as a public-private partnership between USAID, Johnson & Johnson, United Nations Foundation, mHealth Alliance, and BabyCenter.

### Accomplishments

- MAMA played a significant role at the high-level PMNCH forum, hosting a panel, "Bridging the Digital Divide: Making Mobile and ICTs a Reality for All," as well as a reception, and conducted site visits for UNF press fellows, the MAMA Advisory Board, and potential funders. Furthermore, MAMA was an active participant at the United Nations General Assembly, during which MAMA's Executive Director spoke on a panel hosted by Unilever; other participants included Unilever CEO Paul Polman and USAID Administrator Dr. Rajiv Shah.
- MAMA Bangladesh has already reached its 1,000,000th user, a noteworthy milestone along its continued trajectory of success. MAMA South Africa has reached more than 500,000 users, surpassing its goal of reaching this number in two years. In Bangladesh, an external evaluation is being conducted by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), and in South Africa, a seminal research study is being launched that will use clinic data to asses change at the health outcome level among MAMA users.
- MAMA Global secured a $5 million commitment over four years from the USAID Nigeria Mission to scale up across the USAID priority states and is currently engaging stakeholders to secure the match funding.
- In August and September, MAMA Global planned its annual in-country workshop, which was held in October in Timor-Leste. It was designed for implementers to learn firsthand from peers about a range of critical topics such as engagement with mobile network operators, content localization, sustainability, and M&E.

## Mpowering Frontline Health Workers (Mpowering)

mPowering Frontline Health Workers (mPowering) aims to accelerate the use of mobile technology to improve the skills and performance of frontline health workers, as part of a global effort to end preventable child and maternal deaths. A partnership of USAID and 15 other organizations from the public and private sectors, mPowering focuses on four key areas: global tools; country programs; research/global learning; and advocacy. More than 80 organizations are directly contributing to mPowering activities. The Maternal and Child Survival Program, as mPowering's Secretariat, provides financial management, human resources, communications, and administrative support to mPowering, as well as technical partnership.

### Accomplishments

- mPowering provided direct support to mHealth programs in eight countries, including to frontline health worker mHealth programs in India and Ethiopia; and strategic support, development, and fundraising activities for mHealth programs in India, Ghana, Malawi, Sierra Leone, Tanzania, and Zambia, resulting in improved quality, scale, and relevance of in-country mHealth programs.
- mPowering launched Phase I of its Content Platform, which was evaluated by 35 independent individuals from the global health sector; and established the Content Review Team (CRT) and Medical Expert Team (MEP) with membership from 34 organizations. This global tool strengthens the quality and standards of content and training to reach our goal of improving frontline health workers' skills, and reduces duplication of effort and wasted resources.
- mPowering promoted global learning with a series of six international workshops on the learning needs of CHWs. The workshops were held in five countries, with more than 90 participating organizations, thereby generating engagement in the potential of a global content resource for CHWs to improve standards and consistency for training and furthering the WHO harmonization discussions regarding standardization of CHW competencies and training. Participants of mHealth Solutions' "What's the Cost?" workshop also developed an initial framework for costing mHealth programs, which will help inform next stage planning of the Ghana mHealth Strategy.
- With membership in nine Steering Committees and Working Groups, two reports on the learning needs of CHWs, and blog posts in collaboration with K4H, mPowering is establishing strong leadership in mHealth and global health debates related to MCH, and the role of technologies to support frontline health workers.
- mPowering has secured private sector funding for a Knowledge Management Advisor position from GlaxoSmithKline for phase two platform development, as well as in-kind support from USAID Global Development Lab staff.
- A focus on partnership building activities has led to increased engagement from private sector and donor partners, with direct and in-kind representing 49% of the overall mPowering budget by the end of the financial year.

# Strategic Communications

MCSP laid the foundation to embed a robust communications department within MCSP —growing on the lessons learned and strategic communications capabilities under MCHIP—with the development of a strategic communications workplan. This workplan leverages existing platforms within the global health community to

communicate the work of the Program, highlight its impact, disseminate resources, collaborate with like-minded organizations, and share knowledge and lessons learned. During start up, MCSP has, harnessed a variety of communications tools to promote USAID's new flagship MCSP to strategically interact with key audiences, such as the MCSP website, e-communications, digital and social media, traditional news media, conferences, special events, and key Program informational products. MCSP also instituted a monthly communications working group, which included representation from each of the implementing partner organizations in the MCSP consortium. The group will continue to strategically communicate the project work and leverage the partnership to advocate and promote RMNCH messages.

MCSP Communications used dissemination platforms such as:

- Brochure (English and French)
- E-Communications
- Website
- Social media
- Traditional news media
- Events and conferences

## Program Name and Logo

Formerly known as USAID's flagship Reproductive, Maternal, Newborn and Child Health Program (RMNCH), the program underwent a formal process in order to have a unique name associated with it approved by the Agency. The "iconic M" (which was very recognizable as an entity in the MCHIP logo), was incorporated into the final logo design. A revised Branding and Marking Strategy, to include the new name and logo, was submitted to USAID and subsequently approved.

## Program Launch

The communications team worked closely with USAID Legislative and Public Affairs to launch MCSP by means of an Agency press release, in which the new award was announced, and a Jhpiego press release. There were over 20 hits about the new award, and both the MCSP Director and the Administrator participated in interviews to discuss the anticipated work of MCSP.

## Program Website

It was important that MCSP have a web presence in advance of the June 25 launch event, so on June 23, www.mcsprogram.org was launched live online. The site contains a dynamic slideshow feature promoting the mission statement of MCSP, as well as information about us, our vision, approach, the unique partnership, and how to sign up to receive future updates.

The MCSP website (launched June 25) has had 2,594 sessions and 1,853 new users (according to Google analytics). Forty-two percent of sessions occurred outside of the United States, in countries such as India, Tanzania, Brazil, United Kingdom, Kenya, Pakistan, and Ethiopia.

## Program Materials and Collateral

To take advantage of the high visibility forum in which MCSP would be announced, communications worked to develop a program brochure, which was distributed at the Acting on the Call event, and since translated into French. Within three months, over 5,000 copies have been disseminated both in the states and worldwide. From July through September, there was a major focus on the development of branding guidance, in adherence to and in association with the aforementioned Branding and Marking Strategy. This guide clearly spells out to MCSP staff branding guidance such as colors, fonts, logo usage, co-marking and co-branding, email signature templates, and the like. Additionally, essential MCSP collateral such as letterhead, envelopes, report cover designs, fact sheet templates, pens, banners and banner stands, business cards, etc. were all designed and finalized. Also, an MCSP Overview Presentation was developed, which presents what is new and different about the Program. A big focus in the initial months in PY2 will be on properly educating Program staff on branding requirements and on which resources/collateral are available to them.

## Special Events

MCSP provided all logistical support for Ministerial representation from 23 USAID priority countries for the Acting on the Call event held in Washington, D.C. Associated duties included arranging flights, accommodations (with associated room block at two area hotels), per diem, and transportation, among other support. MCSP was pleased that the efforts were considered a success and that proper protocol was observed when handling the participation of these high-level guests and their delegations.

MCSP also organized several other events to include two high-level panels during the United Nations General Assembly week and a booth/panel at USAID's Frontier's in Development event. Additional information on special events can be found in Annex D.

## Online Engagement

MCSP employed several means via online engagement to increase the visibility of MCSP, including via social media, an online digital campaign, and electronic communications to our mailing list.

## Program Social Media

On September 16, we switched over our digital communications resources (Facebook and Twitter) from MCHIP to MCSP to reflect the new program and name, thus enabling us to maintain the followers that we had under MCHIP. We are now MCSP Global across all platforms. We also started new MCSP Flickr and YouTube channels that will be populated with content over time as MCSP grows. As part of this re-brand effort, a digital media toolkit was developed and shared widely, not only with MCSP partners but also others in the larger RMNCH community. The effort was hugely successful, with a 48% increase in fans on Facebook within 24 hours!

### #Day456- A Digital Campaign

On September 30, MCSP led a 24-hour digital/social campaign online to raise awareness of 456 days left in the Millennium Development Goal (MDG) countdown. MCSP organized and authored a Digital Advocacy Day Toolkit, which included sharable graphics, with input from USAID, and invited like-minded partners to participate. In the 24 hours of this online event, 1,368 tweets were generated with #Day456 600 contributors, resulting in a 1.24M reach and 6.4M timeline deliveries (also known as possible views). Top reach was from @UNFoundation, @HuffPostImpact, @USAIDGH, and top contributors included @USAIDGH, @Jhpiego, @GirlsGlobe, and @JnJGlobalHealth. MCSP also created a "Countdown Clock" (http://mcsprogram.org/MDG-countdown-2014/) that can be embedded on other sites/blogs and shared out via social media. Partners such as CORE Group and Jhpiego have since linked, among others.


### Program e-communications

MCSP distributed two electronic newsletter notices out to our 8,000 subscribers during September, to include an inaugural e-blast from the Director announcing MCSP and our program work, and another rallying the global health community around Day 456. Both e-blasts had a 26–27% open rate, which is incredibly successful as compared to industry standards. During the month of September alone, our mailing list increased by 2,000 subscribers, thus indicating not only the keen interest in MCSP but also of the success of communication efforts to raise visibility of MCSP.

# Challenges and Opportunities

## Challenges

- Start up has been a period of intense activity. All technical teams spent significant time and effort on core workplan development and selecting countries for core funded activities; the final core workplan was approved in August. Making progress on core workplan activities being implemented in coordination with country programs has been challenging as most country work plans are still in draft and not yet approved by Missions. Simultaneously, teams were working to complete deliverables under MCHIP and continue to support MCHIP AAs as the technical aspects of these awards and the learning from these programs closely align with MCHIP and MCSP priorities.

- Teams are also juggling contributions to the high volume of PDs that have been released during this period. Teams have been actively engaged in reviewing PDs, participating in review and workplanning meetings and supporting the workplan approval process. It has been challenging for some teams to identify which countries would benefit most from country-level support particularly for new areas such as HSS, equity and community health and civil society engagement teams because some countries' activities under MCSP are envisioned as a continuation of work done during MCHIP. Furthermore, teams are working hard to balance the divergent expectations of USAID staff in Washington D.C. with the expressed needs of Missions.
- New and cross-cutting theme have required concentrated effort to bring internal and USAID colleagues into alignment on common definitions and key concepts and ensuring our approach aligns with that of the extended AOR team. For example, without being too prescriptive or limiting, MCSP needs common language about how we define "innovation" and how we differentiate that from scaling up high impact or "proven" interventions, so that we can better capture, define, and disseminate our innovative solution development, our catalytic role with emerging innovations from country programs and CORE activities. This is likely going to be an ongoing process of reviewing and refining descriptions. Similarly, the eHealth team has experienced challenges in the lack of understanding within our program for how eHealth can impact RMNCH outcomes.
- MCSP provided optional common indicators to benchmarking progress of CCM implementation for those CSHGP grantees implementing CCM and undergoing final evaluations in FY14. However, as this process was beyond their contractual obligations, use of the indicators could not be mandated. Participation will be confirmed upon receipt of the final evaluation reports in December 2014.
- mPowering is increasingly called on for services including strategic support, connections, and advice relating to mHealth programs and research. This has led to unsustainable levels of expectation and delivery for mPowering's two staff members and constrains the potential of the partnership to respond to new opportunities. In order to increase mPowering's capacity, we are requesting additional funding for a deputy director as soon as is possible. mPowering needs technical assistance at a senior level to (1) support development of the platform in Phase II; (2) fundraise for Phase II; (3) lead the content review process; and (4) lead the advocacy and outreach work to secure content and promote use of the platform.

## Opportunities

- The 20 internal consultations and 3 "big ideas" presentations revealed interest in integrating HSS into MCSP country activities where appropriate, recognizing that MCSP is different than MCHIP. There is particular interest in better understanding what the Whole Market District Approach is and how it might be applied in MCSP countries.
- MCSP is building on the very rich experience of MCHIP learning activities. Under MCSP, the MMEL team is working to develop a strategically-aligned and well-managed portfolio of learning activities. Currently MMEL is focusing on ensuring that country learning agendas are responsive not only to context-specific learning priorities, but are also strategically aligned to the Program's learning themes. This will increase opportunities for South-South learning as commonalities emerge across the country learning agendas.

- The small immunization team is approached often by multilateral partners and philanthropic institutions; we have the opportunity to influence global policies, strategies and approaches that will affect many countries. We also have the opportunity to provide direct country technical support, however getting the balance right between these two objectives is a challenge.
- Through collaboration with the RBM MIP working group, MCSP contributes to raising visibility for MIP programming at a global level as well as engaging national malaria control and MNH stakeholders in supporting the prioritization of MIP as a comprehensive component of MNH programming.
- An opportunity for the Nutrition Team is to work with the Child Health and WASH teams to evaluate the integration of IYCF messages during and after illness activity as part of the MCSP Kenya work plan and to identify the success and challenges gleaned from the diarrhea corners experience.
- The Nutrition Team is exploring community-based distribution (CBD) of iron folic acid (IFA) supplements as part of the Ghana CHPS program and will be working in Sindh Province in Pakistan to improve CBD through Lady Health Workers.

Per USAID DEC guidelines, this page has been removed as it contains protected information.

# Annex B: Learning Questions

## MCSP Action-Oriented Learning Agenda, PY1

Learning questions are being finalized in consultation with USAID's M&E/Research Team

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.4.2 | What are the most effective strategies and delivery mechanisms for reaching impact at scale? *(Systematic Support for & Prospective Study of Scale-up)* | TBD | x | | | | | | | MH, NB, CH, JHU Immunization in Practice (IIP) | USAID Global Development Lab, local implementers, and research institutions |
| 4.1.5 | How feasible and useful are new metrics for quality of intrapartum care? *(fresh stillbirth and very early newborn death indicators)* | TBD | | | | | | | x | Maternal | |
| 4.3.3 | What key RMNCH information is included in HMIS of the 24 USAID priority countries? | All MCSP priority | | | | | | | x | Maternal, Newborn, Child | |
| 4.3.2 | How can we improve modeling of the impact of maternal care interventions? *(LiST-revised)* | All MCSP priority | x | | | | | | | IIP, Futures | |
| 4.1.3 | How feasible and useful is it to integrate the new streamlined labor and delivery observation checklist into routine supervision visits by district health management teams? | Tanzania; other MCSP priority countries as feasible | | x | | | | | | Maternal, Newborn | |
| **Maternal Health** | | | | | | | | | | | |
| 5.3.4 | What are the enabling factors that support scale-up of misoprostol for prevention of PPH at home birth in countries? | TBD | x | | | | | | | MMEL | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5.2.3 | Using outcome measurement as a driver of intervention implementation: can we improve quality and coverage of health services on the Day of Birth by supporting routine, facility-based monitoring? | TBD | | x | | | | | | Family Planning, MMEL, Newborn | |
| TBD | Asia Bureau Research question: TBC in development with Asia Bureau and dependent on country selection and regional bureau priorities. | TBD | | | | | | | | | |
| **Newborn Health** | | | | | | | | | | | |
| 6.3.2 | What are the key barriers to post-training provider performance of newborn resuscitation and how can those barriers be addressed? | TBD | x | x | | | | | | MMEL | Saving Newborn Lives, local academic/research institutes |
| 6.3.4 | What is the effect of training that integrates ENC with BEmONC on provider competence in essential newborn care and in selected labor management competencies? | TBD | | x | | | | | | Maternal, MMEL | Saving Newborn Lives, local academic/research institutes |
| 14.2.2.3 | Under what conditions do perinatal death audits improve care for laboring women and newborns? | 1 LAC country | | x | | | | | | Maternal, MMEL | |
| TBD | MCSP will identify a question related to possible severe bacterial infections (PSBI) in newborns by Nov. 2014. | TBD | | | | | | | | Child, MMEL | |
| TBD | MCSP will identify a question related to quality improvement of newborn health services by Q4 (July–Sept. 2015). | TBD | | x | | | | | | MMEL | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Child Health** | | | | | | | | | | | |
| 7.1.1 | What are feasible measures for tracking the additional coverage achieved from implementing iCCM? What are feasible measures for quality of iCCM programs using routine information systems? | TBD | x | | | | | | x | MMEL | PSI |
| 13.2.2 | What is the country and global experience in resource mobilization for iCCM scale-up? | TBD | x | | | | | | | Malaria, HSS, Community, MMEL | PMI |
| 7.3.1 | What is the feasibility of implementing iCCM in Kenya? (*Carried over from MCHIP: Bondo operational study.)* | Kenya | x | | | | | | | MMEL | |
| 7.3.2 | How can existing QI tools and approaches be adapted to monitor and improve quality of care in child health services? | TBD | x | | | | | | | MMEL, HSS | TBD |
| **Immunization** | | | | | | | | | | | |
| 13.3.1 & 13.3.2 | What process indicators are appropriate for providing real-time routine immunization system data that are predictive of immunization performance? | TBD | | x | | | | | x | | MCSP is unlikely to lead work on this question, but rather will participate in efforts that Gavi and other partners are highly likely to be initiating within the next 12–24 months. |
| 13.3.2 | What steps and processes are needed to improve the generation and active use of reliable routine immunization (RI) data? | TBD | | | | | | | x | HSS, MMEL | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13.3.2 | What approaches are most effective and efficient to build health worker capacity for routine immunization? | TBD | | | | | | | x | HSS, MMEL | |
| 13.3.2 | How can the community engage in birth tracking to improve routine immunization and other interventions? | TBD | | | | | | x | x | Maternal, Newborn, mHealth, FP, MMEL, Community | |
| **Family Planning** | | | | | | | | | | | |
| 9.1.4 | What are effective mechanisms and models of PPFP implementation for integrating FP with MNCH services including immunization and nutrition? *(Disseminate through country-level implementation, South-to-South learning/exchange, and global leadership.)* | Kenya, India | | | | x | | | | Maternal, Newborn, Nutrition, Immunization | SPRING, Integra Initiative, Jhpiego |
| 9.2.2 | Identify and test new tracking and referral systems to follow women through the continuum from pregnancy to 2 years postpartum, and from community-based to facility-based care, to ensure that every woman is offered a method of contraception prior to the return of her fecundity after a birth. | Ethiopia | | | | | x | | x | MMEL, Immunization, Community, HSS | |
| 9.2.3 | Test age- and stage-specific counseling tools and techniques to improve the quality of services for adolescent girls/young mothers and expand PPFP utilization by this age group. | Nigeria | | x | x | | | x | | Maternal, Newborn, MMEL | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 9.2.1 | Test new approaches for communicating about the lactational amenorrhea method (LAM) and transition in context of optimal maternal, infant and young child nutrition (MIYCN) practices. | Tanzania | | | | | | | | Nutrition, MMEL | |
| 9.1.1 | What does a chart review reveal about the incidence of method failure in implant users in relation to specific antiretroviral therapy regimens? | TBD | | | | | | | | HIV | |
| **Malaria** | | | | | | | | | | | |
| 10.1.1 & 10.2.1 | What are effective approaches to ensure countries maintain and disseminate updated MIP guidance? | PMI focus countries[1] | | | | | | | | Maternal | |
| 10.1.2 | What are the most effective MIP strategies for attaining target outcomes? *(Carried over from MCHIP-Ghana.)* | PMI focus countries[1] | | | | | | | x | Maternal | |
| 10.1.3 | What are the most effective community engagement strategies to improve malaria in pregnancy outcomes? | PMI focus countries[1] | | | | | | x | | Community | |
| **Nutrition** | | | | | | | | | | | |
| 11.2.1 | What innovative approaches are programs taking to address the major barriers to and also factors facilitating/motivating exclusive breastfeeding (EBF) in the first 6 months? | Mali, Tanzania, Kenya, Yemen | | | | | | x | | Maternal, Newborn, Child | WHO, UNICEF |
| 11.2.2 | Is the consumption of junk food by mothers and children <2 years a nutrition problem in the USAID-MCSP 24 priority countries, and what are the drivers behind the consumption of these foods? | MCSP priority | | | | | | x | | Maternal, Newborn, Child, MMEL | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11.2.3 | What are the major barriers to adequate food intake during pregnancy, and what are programs doing to address the problem in the 24 USAID-MCSP countries? | MCSP priority | | | | | | x | | Maternal, Newborn | |
| 11.2.4 | Formative research on key messages for IYCN during/after child illness. | MCSP priority | | | | | | | | | |
| 11.2.4 | How are messages about infant and young child feeding (IYCF) during and after illness incorporated into child health (CH) and diarrhea corners (DC), and were they effective at changing behaviors on IYCF during and after illness? | Kenya | | | | | | | | MH, NB | |
| Field | Is community-based distribution (CBD) of iron-folic acid (IFA) supplements practiced in the 24 USAID-MCSP priority countries, and what are the barriers in moving CBD of IFA supplementation forward? | MCSP priority | | | | | | x | | Community | |
| **HIV** | | | | | | | | | | | |
| | Nothing Currently Planned (No Start Up Funding Available) | | | | | | | | | | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Community** | | | | | | | | | | | |
| 2.5.4 | What are the key components and characteristics (such as policy, incentives, scopes of work, and intervention packages) of government CHW programs in the 24 priority countries? Additionally, in 2–4 MCSP priority countries with significant community health engagement, we will conduct further analysis to understand how the key components and characteristics are being implemented and document successes/challenges, including equity and gender issues. | MCSP Priority | | | | | | x | | Family Planning, HSS, Immunization, Maternal, MMEL, Newborn, Nutrition | APC |
| 2.5.4 | Does policy in the 24 priority countries address health facility committees, village/local development committees, women's groups, and other similar types of community structures? In 2–4 priority countries: What are the characteristics of community health/development committees and/or informal community participation/groups and the contexts in which they operate? How do these structures support CHW programming and mobilize the community for improved health? | MCSP Priority | | | | | | x | | Child, Family Planning, Immunization, Maternal, MMEL, Newborn, Nutrition | APC |
| 2.5.3 | How can systems science innovations be practically applied to complex questions in MCSP countries to achieve EPCMD? | Global | x | | | x | | | x | JHU IIP | USAID Global Development Lab |
| 2.2.3 | What are the lessons learned from a pilot country activity to harmonize civil society essential newborn care behavior change messaging for families and communities at scale, using NGO health and development platforms in order to influence | TBD | | | | | | | x | MMEL, Newborn | |

| Workplan | Learning Question | Location | Scale-Up | Quality Improvement | Equity/Gender | Integration of Services | e/mHealth | Community Action | HSS, incl. CSO/Private | Other MCSP Teams | Collaborating Groups |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | possible replication in other countries where NGOs have a large-scale presence? *(Maximizing civil society engagement in ENAP.)* | | | | | | | | | | |
| **Local HSS** | | | | | | | | | | | |
| 1.2.2 | How can MCSP mobilize various actors, including private commercial, private not-for-profit, public, community-based, and informal providers, to increase coverage and utilization, quality, and equity of RMNCH interventions? | Ghana; other MCSP priority countries as feasible | | | | | | | x | Child, Community, Family Planning, Immunization,Malaria, Maternal, Newborn, Nutrition | |
| 1.1.1 | What are the most frequent and highest priority health systems issues/constraints related to human resources for health supervision for RMNCH services, and what are the components of an effective supervision model (technical, financial, managerial, etc.) in countries where MCSP will work during Program Year 1? | Ghana; other MCSP priority countries as feasible | | | | | | | x | | |
| 3.1.1 | What are the most frequent and highest priority health systems issues/constraints related to effective care on the Day of Birth in countries where MCSP will work during Program Year 1? | TBD | | | | | | | x | Community, Maternal, Newborn | |

# Annex C: Country Results Matrix

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Countries with approved workplans prior to the end of the reporting period | | |
| Haiti Social Marketing | Approved 6/30/2014 | • With MCSP, the field team will build upon lessons learned from a previous project PROMARK (contract with PSI for the past 5 years) to implement its work. During this quarter, many meetings and conference calls were conducted to lead the discussion and the process in order to finalize the transfer of activities from PROMARK to MCSP so as not to interrupt the different activities at the field level.<br>• During this period, MCSP updated and adapted its training curriculum for support groups (composed of women leaders in the community). Twenty support groups, which include 5 women each, have been trained on the new curriculum. These support groups conducted interpersonal communication activities and reached the following individuals: 52,655 with FP messaging, 46,973 (WASH), and 34,602 (MCH).<br>• In collaboration with partner POZ, MCSP implemented a youth hotline that provides access to information about FP services (including referrals) to young girls and women in the community. During this implementation period, the hotline received 17,542 calls.<br>• The team completed 22 large group events to promote healthy behaviors, reaching 20,400 people with key MCH, WASH, and FP messages. In addition, MCSP supported MOH health centers by providing them with video documentaries that addressed the different health messages promoted by the project. MCSP also renewed their media plan (contracts) with radio and TV stations in their network.<br>• As a support to the MOH, MCSP is also providing training in communication skills, counseling, and how to lead and facilitate a sensitization and interpersonal communication session around FP, cholera, and MCH to nursing school students from public sector schools (112 to date).<br>• MCSP continued to expand access to quality WASH, MCH, and FP branded products through the following activities:<br>  • A total of 387 promotional activities were conducted for our FP, WASH, and MCH products, reaching a total of 164,539 persons.<br>  • Sold products including Pilplan, injectables, IUD Confiance Plus, Sel Lavi, and Dlo Lavi Tab.<br>  • Supported other partners in the social marketing of their health products (University of Notre Dame and Meds & Food for Kids.<br>  • Launched SRO Plus (oral rehydration salts [ORS] + zinc): MCSP has shared with the different partners the packaging design for the new product OraZinc. After the product's approval by USAID/Haiti, the procurement team has started the bidding process with the final artwork in order to identify the vendor for both products (zinc and ORS). |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Mali | Approved 8/8/2014 | • As a 1-year follow-on project to MCHIP, MCSP is positioned to continue supporting and maintaining the momentum around high-impact interventions put in place by its predecessor, and seeks to build upon its successful foundation. During this implementation period, MCSP/Mali worked with the government of Mali, civil society, the private sector, health care providers, and communities to improve the population's access to an affordable, integrated package of health services (MNCH/FP-Mal-Nut-WASH) through the following activities:<br>  • Support to meetings to discuss approval/financial support for the Strategic National Plan for Essential Community Care (SEC) and also to finalize the Strategic National Plan for SEC (soins essentiels communautaire) (action plans created for different regions).<br>  • MCSP participated in a training organized by the United Nations Population Fund (UNFPA) to train the national Health Information System Unit in using the MNCH Scorecard system.<br>  • MCSP also supported the meeting of a temporary sub-technical working group under MIP that was designated to harmonize the protocol for treatment of negative cases of malaria among children among the national malaria protocols, norms, and procedures; the IMCI protocol, and the Integrated Management of Malnutrition protocol.<br>  • The program also disseminated exclusive breastfeeding messages through ASCs to raise community awareness during the campaign in 5 districts in Sikasso: 1,002 home visit session were organized (5,321 people received messages) and 706 educational talk sessions were organized (10,804 people received messages).<br>• MCSP worked to improve the quality and efficiency of MNCH/FP-Mal-Nut-WASH services through trainings for *Director Technique de centre* (DTCs) and ASCs (community health workers) on the SEC package, financial support for DTCs to conduct supportive supervision and nationwide distribution of social marketing products including male and female condoms; water sanitation, Aquatabs, oral rehydration salts (ORS) and zinc. MCSP also supported the nationwide diffusion of 8 TV handwashing, and 8 TV spots on the importance and use of water treatment products and ensured motivation payments for ASCs in 7 districts. Two successful rounds of the Seasonal Malaria Chemoprevention (SMC) intervention were organized, with a high level of coverage for both rounds.<br>• The project continued to improve access to high-quality integrated MNCH/FP services in public health facilities, private clinics, and ProFam sites in project areas. Support included refresher training in KMC and neonatal sepsis management for staff from the CSREF (referral health center) and CSCOM (community health center); training in lifesaving approaches for premature infants for 44 DTCs; financial support to improve staff capacity in MIP; and organization of 250 integrated FP/immunization days. Supervisions on all relevant health topics were conducted. MCSP also reinforced 98 private clinics to provide comprehensive FP counseling and services to women of reproductive age.<br>• The MCSP project launched its exciting pilot intended to increase youth access to sexual and reproductive health services through the private sector. Building on the youth platform developed under MCHIP, the PSI youth volunteer team organized 15 youth groups called "GRINS" in the vicinity of 15 supported private clinics to offer youth-friendly reproductive health services in Bamako. |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Nigeria – Polio Research | Approved 8/22/2014 | • This study, which is being led by MCSP partner The Communications Initiative, is to understand household factors affecting the demand for polio vaccination and the continuing high rates of missed children in northern Nigeria. This research initiative was started under the Maternal and Child Health Integrated Program (MCHIP) and will be completed and findings will be disseminated under the MCSP award.<br>• Field data collection was completed under MCHIP; MCSP then assumed responsibility for final data cleaning, initial analysis, and diseemination of the initial findings and their validation with key stakeholders in Nigeria. Results of the validation workshops and meetings with Government of Nigeria and other polio partners resulted in a revised and expanded plan for final analysis and dissemination of the study's findings. |
| Programs in development during the period: | | |
| Ethiopia – Community Based Newborn Care | PD received: 5/6/2014<br><br>In development | • USAID/Ethiopia requested MCSP to support the Government of Ethiopia's scale up of high-impact essential newborn care interventions in communities and primary health care facilities through demand creation, universal provision of quality services, and strengthened support systems. MCSP will support the implementation of the GoE's national Community-based Newborn Care Implementation Plan in four regions with the overall goal of contributing to reductions in neonatal morbidity and mortality in Ethiopia through capacity building to provide high-impact services both at the community and the PHCU level.<br>• Completed discussions with USAID/Ethiopia, the bilateral USAID Integrated Family Health Program (IFHP) and the MOH to determine the geographic scope and package of MCSP technical support that will be provided for scale up of the CBNC strategy as one of the MOH's primary partners.<br>• Completed and submitted a draft workplan to USAID/Ethiopia on 8/15/2014 |
| Ethiopia - BEmONC | PD received: 5/14/2014<br><br>In development | • MCSP is increasing availability and utilization of quality MNH services in the USAID priority regions. MCSP will work with and provide support to the FMOH and key partners to improve capacity of health facilities and skilled birth attendants to provide high quality MNH services, prioritizing BEmONC, to improve linkages between facilities and the community level to increase MNH health care seeking practices, to increase access to PPFP and strengthened FP service provision, to enhance the FMOH's capacity to develop the national operations research and program learning agenda for MNH, and to design and conduct MCSP specific operations research in the above areas.<br>• Completed discussions with USAID/Ethiopia, the bilateral USAID Integrated Family Health Program (IFHP) and the MOH to determine the geographic scope and package of MCSP technical support that will be provided to support scale up of the BEmONC training strategy as one of the MOH's primary partners.<br>• Completed and submitted a draft workplan to USAID/Ethiopia on 9/28/2014 |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Ghana | PD received: 6/23/2014<br><br>In development | • This project aims to support the Ministry of Health and the Ghana Health Services to improve health outcomes for HIV, malaria, nutrition, family planning and maternal, newborn and child health services through improving providers' competency and quality of primary care through Community-based Health Planning Services.<br>• Continued MCHIP support for Pre-Service Education for nurses and midwives<br>• Completed an assessment/planning mission to further expand the eLearning aspects of PSE support and develop this component of the MCSP workplan<br>• Completed an assessment/planning mission that identified the gaps and opportunities for strengthening the national CHPS policy and its implementation under the second component of the MCSP workplan<br>• Workplan will be finalized and submitted early in the next quarter. |
| Kenya | PD received: 7/28/201<br><br>In development | • In July 2014, USAID-Kenya worked with MCSP to implement integrated reproductive health/FP/MNCH/Nutrition/WASH activities in Migori and Kisumu counties (newly selected) and in East Pokot and Igembe North sub-counties, where work had been started under MCHIP. The scope of the program was expanded to reflect a changing global RMNCH landscape as well as shifts in USAID's priorities.<br>• In September 2014, the MCSP technical advisors worked together, and in close consultation with county government MOH representatives, national-level MOH technical leads, and USAID to develop a 2-year workplan that is practical, achievable, and results-focused. Specifically, County Executive Committee members for health (health ministers at the county level), national-level MOH officials from the Division of Family Health, and MCSP program managers at USAID-Kenya were in attendance. To align itself to the new focus of service delivery at the county level and to the renewed commitment for true integration of technical interventions, the process adopted for the development of the workplan represented a significant departure from the process that was used during MCHIP.<br>• The workplan was submitted in October 2014.<br>• *[Using core funds]* MCSP focused on the successful national rollout of the rotavirus vaccine launch in July 2014. |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Madagascar | PD received: 7/21/2014<br><br>In development | • An assessment of the status of maternal, newborn, and FP service delivery at primary health centers, district hospitals, and regional hospitals was undertaken in USAID intervention zones. The assessment included a desk review of previous evaluations and relevant reference documents in MNH and FP, a cross-sectional readiness assessment in public health facilities, and an assessment of public midwifery pre-service institutions.<br>• Major accomplishments in achieving Objective 1, to improve the quality of maternal, neonatal, and child care in Madagascar during the period of July 1–September 30, 2014, were:<br>  • Developed protocol and data collection tools for the assessment, and obtained authorization from the MOH (DSMER) to implement the evaluation within the 15 regions (out of 22 regions) in Madagascar.<br>  • Performed a literature review on MNH and FP.<br>  • Oriented 27 field investigators to assessment and data collection tools before the survey began.<br>  • Assessed 52 public health facilities (6 teaching hospitals [CHU], 9 regional referral hospital [CHRR], 5 district referral hospitals [CHD], and 32 basic centers) and 6 public midwifery pre-service institutions.<br>• The development of the Year 1 workplan is in process. The workplan will be finalized after completion of an analysis of the assessment results. |
| Malawi | PD received: 6/13/2014<br><br>In development | • MCSP continued providing immunization technical support to the MOH/EPI, most notably to update the country comprehensive multi-year plan and accompanying annual plan of action, while developing the PY 1 (July 2014–September 2015) immunization workplan, PMP, and budget. Submission expected early in the next quarter.<br>• Achievements in sub-national routine immunization technical support included:<br>  • Improved cold chain maintenance, vaccine distribution, and updating of vaccine monitoring charts and stock books; use of stockbooks increased in about 70% in the facilities visited in the northern region.<br>  • In September 2014, officials from training colleges, MOH/EPI, and MCSP revised and finalized the EPI curricula, which were under final review at the end of the period. Printing and distribution is planned in November 2014 with MCSP support to all institutions.<br>  • As recommended from recent data quality self-assessment findings, Malawi is in the process of integrating an "Under Two Register," which will be used to track child vaccination status. MCSP is providing technical input to the design and layout of the updated registers, and will also support with their printing and distribution, once finalized.<br>  • MCSP supported the distribution of Fridge Tags 2, co-facilitated a national training of trainers and is supporting EPI trainings in the southwest zone in seven districts. Trainers will train Health Surveillance Assistants in health facilities in furture quarters. |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Namibia | PD received: 7/23/2014<br><br>In development | • MCSP continued support to the national Health Extension Program (HEP) while beginning the development of the PY1 workplan with the MOH and expanding and replacing the former MCHP staff.<br>• The initial PD requested MCSP support for the scale up of the HEP and minimal support to continue work on improving data quality, also with the MOH. During the period, a revised PD added an HIV/Sexual and Reproductive Health component to the program and also called for strengthening the HIV content of the HEP component. Plans were made for a planning visit and for follow-up work to further develop the iCCM content of the HEP that was drafted at the end of MCHIP.<br>• Discussions continued with USAID/Namibia about implementation of the PEPFAR Strategic Information initiative started under MCHIP and changes in PEPFAR strategy worldwide that will impact the geographic focus of MCSP's work in Namibia. Further changes are expected in the PD once the 2014 MOP is approved. A draft PY1 workplan will be submitted for Mission comment and provisional approval during the first quarter of the coming period. |
| Nigeria – Maternal Newborn Health | PD received: 7/1/2014<br><br>In development | • The MCSP maternal and newborn health program description was received from USAID/Nigeria in July 2014. In September, an MCSP design trip was conducted to develop the MCSP workplan "Improving Maternal and Newborn Health in Ebonyi and Kogi States". Program objectives are: 1) improved quality of facility-based maternal and newborn health (MNH) services; 2) improved information systems to monitor and evaluate health outcomes; and 3) increased use of life-saving innovations.<br>• The MCSP team met with the FMOH and the State Ministries of Health (SMOHs) from Kogi and Ebonyi to discuss these objectives and the FMOH and SMOHs pledged their support to the program.<br>• MCSP is anticipating that a memorandum of understanding between USAID and Ebonyi and Kogi states will be signed early in the next reporting period. In the interim, planning is moving ahead. |
| Rwanda - Malaria | PD received: 7/21/2014<br><br>In development | • MCSP started the development of the PY1 malaria workplan (FY 2013 funding) which will respond in part to recommendations from the Malaria Program Performance Review conducted in 2011, align with the vision of the draft 2013-2018 National Malaria Control Strategy and Plan to achieve pre-elimination by 2018, and build on investments made by PMI and other partners notably Global Fund to improve and expand malaria-related services. Primary activities will focus on malaria in pregnancy, strengthening decentralized diagnostic capacity (case management), active surveillance and case investigation in two epidemic-prone districts, and behavior change communications. |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Tanzania | PD received: 3/31/2014<br><br>Start-up plan approved 9/15/2014<br><br>LOP strategy and PY1 workplan in development | • In the first quarter of implementation, MCSP focused on workplanning, continuing national support started under the MAISHA program, and starting up the new program with hiring, establishing regional presence and orienting regional partners, and providing TA to partners. The program was introduced to Kagera and Mara Regions via introductory meetings with a focus on determining program needs and priority RMNCH interventions, and participated in regional planning. Reaching Every Community (REC) supportive supervision visits were conducted in Tabora, Kagera, and Simiyu Regions. MCSP also conducted assessments in Mara and Kagera Regions, including of pre-service education institutions, communities, the Zonal Health Resource Centre in Mwanza, and selected health facilities.<br>• National-level TA included support for an integrated supportive supervision tool, development of key RMNCH messages for Wazazi na Mwana, participation in the PHFS (Partnership for HIV Free Survivals) Steering Committee, CBHC Strategic Plan, CHW Cadre Curriculum, and National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania. Technical support was extended to the Immunization and Vaccine Division (IVD) in the compilation of the Annual Progress Reports of the Gavi-supported HSS and Infrastructure Support (ISS); inclusion/integration of a vaccine module into the electronic Logistics Management Information System (eLMIS); establishment of an immunization data management working group; and conducting of a needs assessment around HIS strengthening using enterprise architecture.<br>• MCSP provided TA on CHW interventions to TUNAJALI and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), on cervical cancer prevention to IMA World Health/Christian Social Services Commission, PSI, and EGPAF. MCSP was represented at a number of national and international meetings, including International Confederation of Midwives, 2014 Congress (June, 2014) East, Central and Southern Africa College of Nursing, Saving Lives at Birth (SLAB), Helping Mothers Survive, the International AIDS Conference, Stop Cervical, Breast and Prostate Cancer in Africa Conference, and the Annual Reproductive and Child Health Section (MOH) Meeting. In addition, a special session was conducted for Parliamentarians to educate them on cervical cancer prevention.<br>• Key activities included:<br>  • MCSP introduced at national level with the Ministry of Health and Social Welfare, the Prime Minister's Office Regional Administration and Kagera and Mara regional authorities.<br>  • 3-year program strategy and Year 1 workplan and budgets developed and submitted to USAID for review.<br>  • Key MCSP staff hired and field office identification started.<br>  • Kagera and Mara MCSP RMNCH program priorities and implementation strategies identified and discussed with stakeholders to align regional rollout of the RMNCH Sharpened One Plan.<br>  • MCSP start-up workplan (June–September 2014) developed, submitted, and approved by USAID.<br>  • Drafts of RMNCH Integrated Supportive Supervision Tools (ISSTs) for hospitals, health centers, and dispensaries pretested.<br>  • Supported development of RMNCH clinical mentorship guidelines, Learning Resource Package, and community home-based care national Strategic Plan drafts.<br>  • Conducted national rollout of measles-rubella vaccination campaign.<br>  • Conducted assessment of pre-service nursing and midwifery education in 4 nursing and midwifery schools in Mara and Kagera.<br>  • TA provided to EGPAF, IMA World/CSSC, PSI in training and 37 VIA/Cryotherapy-skilled providers trained<br>  • Assessment of Health Information System (HIS) conducted and report prepared |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Uganda | PD received: 5/30/2014<br><br>In development | • During this reporting period, the final MCHIP activities were implemented and the PY1 year of the MCSP was initiated. When appropriate, and based on the program description (PD) provided by the USAID Uganda Mission (May 30, 2014), activities transitioned from MCHIP to MCSP with a continued focus on strengthening Routine Immunization (RI) at the national level and in 5 selected MCHIP/MCSP districts.<br>• Based on the PD, MCSP continues to support the capacity development of the Uganda National Expanded Programme on Immunization (UNEPI) and districts to deliver high-quality immunization services at scale. MCSP focuses on expanding the promising work on Reaching Every Community-Quality Improvement (REC-QI) concepts from MCHIP, continually exploring possible solutions to bottlenecks to successful REC implementation through answering possible program learning questions, innovating, and working with other partners/stakeholders.<br>• Progress was made to determine key focal areas and activities under the new MCSP award, based on the PD. Senior Technical Immunization Officers conducted field visits to Uganda in June to help define program areas for MCSP. Based on the PD and discussions with the Uganda Country Support Team, program partners, USAID Uganda, and home office staff, an outline for possible future directions for implementation of REC-QI was defined.<br>• A draft workplan was developed based on the findings of these discussions and submitted to USAID (May 6, 2014) for feedback. MCSP awaits finalization of the MCSP PY1 workplan, which is likely to take place during the next reporting period.<br>• A component of developing the workplan included refining and revising the cost estimates for REC-QI implementation for districts considered "strong, medium, or weak." This costing was done by the MCSP Uganda Finance Administrative Manager and supportive technical teams. The cost estimate enabled the workplan budget for the 5 existing districts plus scale-up into new MCSP districts to be defined.<br>• *[Using core funds],* during this transition period and start-up of MCSP Uganda activities, progress was made on how to "lighten" the REC-QI model, based on lessons learned under MCHIP. A key component was to further develop and refine the REC-QI How to Guide, developing sections based on field work conducted under MCHIP. An aspect of this process was to better understand from partners what the vetting process should be, once the How to Guide is finalized. MCSP engaged with UNEPI, UNICEF, WHO, and other program partners to ensure that all stakeholders were aware of plans to develop the How to Guide, including the review stage, whereby program partners will be asked to vet the Guide prior to dissemination and launch.<br>• *[Using core funds],* MCSP continued to strengthen UNEPI's institutional/technical capacity to plan, coordinate, manage, and implement immunization activities at national level through activities including gaining approval of the Immunization Policy 2014 by the cabinet and participating in the review and revision of the training curriculum for midwives in Uganda.<br>• To improve district capacity to manage and coordinate the immunization program, the district team and in-charges for 4 districts were oriented on the technical steps of implementing REC-QI, and a District Health Team integrated supportive supervision was conducted. |

| Country Name | Workplan Status as of September 30, 2014 | Key Accomplishments |
|---|---|---|
| Zambia *(includes core funds)* | PD received: 5/24/2014<br><br>In development | • From July to September, MCSP Zambia was primarily in the start-up phase of the project with the majority of work focused on developing and finalizing the workplan and budget, hiring staff, and initiating processes for assessments.<br>• **Major start-up activities initiated:**<br>  • *Procurement for supplies and materials necessary to carry out program activities initiated.* Procurement includes models and materials necessary to conduct EmONC and ENC trainings, such as MamaNatalies, NeoNatalies, and Helping Mothers Survive and HBB facilitator materials and learning guides. As certain supplies, especially models, can take longer to procure, it was important to initiate the process as early as possible to ensure that items were received in time for trainings.<br>  • *Vacant positions filled to ensure program activities can be adequately carried out and supported.* Positions hired include a Program Manager, 2 MNH Technical Officers, and an M&E Officer.<br>  • *Initiated the recruitment of SMGL coordinators to be seconded to the Ministry of Health and Ministry of Community Development Mother and Child Health.* A total of 6 coordinators are being recruited to support 12 SMGL districts in 4 provinces of Zambia to strengthen the capacity of the government's provincial and district health offices to coordinate implementation of all SMGL activities.<br>  • *Health Facility Assessment IRB process initiated.* USAID and local IRB approval completed and currently awaiting Johns Hopkins approval before the health facility assessment can be undertaken.<br>• **Provided continuous support for essential activities being carried over from MCHIP:**<br>  • *Supported monthly mentorship visits in Samfya and Lunga Districts, bi-monthly visits in Mansa and Chembe Districts.* Continuous mentorship visits ensure provider application of EmONC and ENC skills as well as FP services in target facilities.<br>  • *Continued secondment of 6 midwives to Mansa and Chembe District health facilities to alleviate constraints from human resources shortages.*<br>• **Participated in partner meetings.** MCSP staff participated in quarterly district SMGL meetings as well as the monthly SMGL meeting at the national level hosted by the Ministry of Community Development Mother and Child Health. The national meeting included the participation of all stakeholders involved in SMGL activities at national level.<br>• **PPH prevention training package finalized and submitted to Permanent Secretary for final approval.** |

# Annex D: List of Communication Events

| Month, Year | Name of Event | Location | MCSP Activity | Staff | Co-Sponsors | Link |
|---|---|---|---|---|---|---|
| June, 2014 | Acting on the Call Event | Washington, D.C. | Support all logistics for MOH and representatives to include flights, hotels, per diem, accommodations, etc. | Communications Team | USAID; UNICEF; Government of India | http://www.usaid.gov/news-information/press-releases/june-25-2014-usaid-and-partners-unveil-new-efforts-save-millions-women-children-preventable-deaths |
| September, 2014 | Frontiers in Development | Washington, D.C. | Booth on Innovations in Maternal and Child Health | Communications Team | U.S. Global Development Lab | http://www.usaid.gov/frontiers/2014/innovation-marketplace |
| September, 2014 | Frontiers in Development | Washington, D.C. | Demonstration of lifesaving interventions: Demonstrations of MamaNatalie, BabyNatalie | Alyssa Om'Iniabohs, Sara Chace, Blami Dao | U.S. Global Development Lab | http://www.usaid.gov/sites/default/files/documents/15396/Webpage_Agenda.pdf |
| September, 2014 | Innovating for Impact: Acting to End Preventable Child and Maternal Deaths in the Post 2015 Era | Washington, D.C. | Organized panel discussion and interactive expo of innovations in maternal and child health | Koki Agarwal | U.S. Global Development Lab; HealthRight International; NYU Global Institute of Public Health; USAID Bureau for Global Health; Every Mother Counts; GE Foundation | https://healthright.org/news/healthright-weighs-ending-preventable-maternal-deaths/ |

| Month, Year | Name of Event | Location | MCSP Activity | Staff | Co-Sponsors | Link |
|---|---|---|---|---|---|---|
| September, 2014 | Beyond Health Financing: Achieving UHC Through Equitable Access to Health Workers | Washington, DC | Koki Agarwal delivered remarks on UHC. | Koki Agarwal | One Million Community Health Workers Campaign | N/A |
| September 2014 | Third Annual Regional Meeting of the Latin American and Caribbean Neonatal Alliance | Bogota, Colombia | 14.2.1.1 | Goldy Mazia<br>Brianna Casciello | The LAC Neonatal Alliance, including PAHO<br>Salud Mesoamerica<br>UNICEF Colombia<br>Ministry of Health and Social Protection | http://www.unicef.org/lac/media_28070.htm<br><br>http://www.mchip.net/content/twenty-countries-represented-annual-technical-meeting-priority-interventions-newborn-health-<br><br>http://www.healthynewbornnetwork.org/event/annual-latin-america-and-caribbean-newborn-health-alliance-meeting-reunion-anual-de-la-alianza |
| September 2014 | Expert Consultation on Newborn Mortality Surveillance in Latin America and the Caribbean | Bogota, Colombia | 14.2.2.2 | Goldy Mazia<br>Brianna Casciello | The LAC Neonatal Alliance, including PAHO<br>Salud Mesoamerica<br>UNICEF Colombia<br>Ministry of Health and Social Protection | http://www.unicef.org/lac/media_28070.htm<br><br>http://www.mchip.net/content/twenty-countries-represented-annual-technical-meeting-priority-interventions-newborn-health-<br><br>http://www.healthynewbornnetwork.org/event/annual-latin-america-and-caribbean-newborn-health-alliance-meeting-reunion-anual-de-la-alianza |

# Annex E: List of Peer-Reviewed Publications

| **Child Health** | |
|---|---|
| The Child Health and Nutrition Research Initiative exercise in setting global research priorities for integrated community case management. (2014) iCCM Child Health and Nutrition Research Initiative (CHNRI) Advisory Group. | |
| Kerri W, Sadruddin S, Zipursky A, Hamer DH, Jacobs T, Kallander K, Pagnoni F, Peterson S, Qazi S, Raharison S, Ross K, Young M, Marsh DR. 2014. Setting global research priorities for integrated community case management (iCCM): Results from a CHNRI (Child Health and Nutrition Research Initiative) exercise. *Journal Of Global Health* Dec; 4(2):1–10. | |
| **Community Health and Civil Society Engagement** | |
| Kim SS, Rogers BL, Coates J, Gilligan DO, Sarriot E. 2014. Building Evidence for Sustainability of Food and Nutrition Intervention Programs in Developing Countries. American Society for Nutrition. | |
| Sarriot E, Kouletio M. (2014) Community health systems as complex adaptive systems: Ontology and praxis lessons from an urban health experience with demonstrated sustainability. *Journal of Systemic Practice and Action Research.* | |
| Sarriot EG, Kouletio K, Jahan S, Rasul I, Musha AKM. 2014. Advancing the application of systems thinking in health: Sustainability evaluation as learning and sense-making in a complex urban health system in Northern Bangladesh. *Health Research Policy and Systems*. http://www.health-policy-systems.com/content/12/1/45 | |
| Langston A, J Weiss J, Landeggera J, Pullumc T, Morrow M, Kabadeged M, Mugeni C. 2014. Plausible role for CHW peer support groups in increasing care-seeking in an integrated community case management project in Rwanda: A mixed methods evaluation. *Global Health: Science and Practice*. http://dx.doi.org/10.9745/GHSP-D-14-00067 | |
| **Family Planning** | |
| Cooper CM, Ahmed S, Winch PJ, Pfitzer A, McKaig, C, Baqui AH. 2014. Findings from the use of a narrative story and leaflet to influence shifts along the behavior change continuum toward postpartum contraceptive uptake in Sylhet District. *Patient Education and Counseling*. http://www.ncbi.nlm.nih.gov/pubmed/25306103 | |
| **Immunization** | |
| Tsega A, Hausi H, Steinglass R, Chirwa G. Immunization training needs in Malawi. 2014. *East African Medical Journal* Oct; 91(10). | |

# Annex F: Project Monitoring Plan

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| **Household Survey Indicators for countries where MCSP conducts a household survey** | | | | | |
| S1* | Percentage of women of reproductive age who are currently using FP in MCSP-supported areas | Numerator: Number of women of reproductive age who are currently using FP<br><br>Denominator: Total number of women of reproductive age surveyed<br><br>Disaggregated by country (need to specify age ranges by country) | Population-based survey of project area, if funding is available | Every 2 to 5 years, baseline and endline | |
| S2 | Number of countries with population-based surveys that demonstrate an increase in use of a modern contraceptive method by postpartum women within 12 months following a birth in MCSP-supported areas | Disaggregated by country (with percentage point increases) | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S3 | Percentage of women who delivered in the specified time period who attended 4+ ANC visits with a skilled provider during their most recent pregnancy in MCSP-supported areas | Numerator: Number of women who delivered in the specified time period who attended 4+ ANC visits with a skilled provider during the most recent pregnancy<br><br>Denominator: Total number of women surveyed who had a live birth in the specified time period<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S4 | Percentage of women who received intermittent preventive treatment for malaria during their most recent pregnancy in MCSP-supported areas | Numerator: Number of women at risk of malaria who received 2 or more doses of a recommended antimalarial drug treatment to prevent malaria during their last pregnancy that led to a live birth<br><br>Denominator: Total number of women surveyed at risk for malaria with a live birth in the specified time period<br><br>Disaggregated by country and dose (1, 2, 3, 4+) | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S5 | Percentage of women who received an ITN during routine facility-based ANC services during their most recent pregnancy in MCSP-supported areas | Numerator: Number of women with a live birth in the specified time period prior to the survey who received an ITN during a routine ANC visit<br><br>Denominator: Total number women surveyed with a live birth in the specified time period<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S6 | Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) in MCSP-supported areas | Numerator: Number of live births in the specified time period prior to the survey that were attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)<br><br>Denominator: Total number of live births in the specified time period among women surveyed<br><br>Disaggregated by country | Population-based survey of project area if funding is available | Every 2 to 5 years | |
| S7 | Percentage of live births delivered by cesarean section in MCSP-supported facilities | Numerator: Number of live births in the specified time period prior to the survey that were delivered by cesarean section<br><br>Denominator: Total number of live births in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S8 | Percentage of mothers who received a postnatal care visit within 2 days of childbirth in MCSP-supported areas | Numerator: Number of women who received a postnatal care visit within 2 days of childbirth (regardless of place of delivery)<br><br>Denominator: Total number of women with a live birth in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S9 | Percentage of women who received 180 iron/folate supplements during their last pregnancy in MCSP-supported areas | Numerator: Number of women who received 180 iron/folate supplements during their last pregnancy<br><br>Denominator: Total number of women with a live birth within the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S10 | Percentage of women with a companion present during labor or birth in MCSP-supported areas | Numerator: Number of women with a live birth in the specified time prior to the survey who had a companion present during labor or birth<br><br>Denominator: Total number of women with a live birth in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S11 | Percentage of women who slept under an ITN during their most recent pregnancy in MCSP-supported areas | Numerator: Number of women who gave birth during the specified time period prior to the survey who reported that they slept under an ITN most of the time during their most recent pregnancy<br><br>Denominator: Total number of women who gave birth in the specified time period prior to the survey<br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S12 | Percentage of women who were allowed to choose their birth position during their most recent delivery in MCSP supported areas | Numerator: Number of women who gave birth during the specified time period who reported that they were allowed to choose their birth position when giving birth to their youngest child<br><br>Denominator: Total number of mothers who gave birth during the specified time period prior to the survey who were interviewed<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S13 | Percentage of women who experienced disrespectful care or abuse during their most recent delivery in MCSP-supported areas | Numerator: Number of women who gave birth during the specified time period who reported that they experienced disrespectful care or abuse during delivery of their youngest child<br><br>Denominator: Total number of women who gave birth during the specified time period prior to the survey who were interviewed<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S14 | Percentage of women who were screened for TB during antenatal care services in MCSP-supported areas | Numerator: Number of women who gave birth during the specified time period prior to the survey who were screened for TB during ANC during their most recent pregnancy<br><br>Denominator: Total number women who gave birth during the specified time period prior to the survey who were interviewed | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S15 | Percentage of newborns placed "skin to skin" immediately after birth in MCSP- supported areas | Numerator: Number of newborns in the specified time period prior to the survey who were placed "skin to skin" naked against their mother's chest immediately after birth<br><br>Denominator: Total number of live births in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S16 | Percentage of newborns put to the breast within 1 hour of birth in MCSP-supported areas | Numerator: Number of women with a live birth in specified time period prior to the survey who put the newborn infant to the breast within 1 hour of birth<br><br>Denominator: Total number of women with a live birth in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S17 | Percentage of newborns who received a postnatal care visit within 2 days of birth in MCSP- supported areas | Numerator: Number of newborns who received a postnatal care visit within 2 days of birth<br><br>Denominator: Total number of live births in the specified time period prior to the survey<br><br>Disaggregated by facility and home births and country | Population based survey of project area, if funding is available | Every 2 to 5 years | |
| S18 | Percentage of newborns who had chlorhexidine applied to their umbilical cord after birth in MCSP-supported areas | Numerator: Number of newborns in the specified time period prior to the survey who had chlorhexidine applied to their umbilical cord after birth at least once<br><br>Denominator: Total number of live births in the specified time period prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S19 | Percentage of children aged 0–59 months with diarrhea receiving oral rehydration and/or zinc in MCSP-supported areas | Numerator: Number of children aged 0–59 months with diarrhea in the prior 2 weeks receiving oral rehydration therapy (oral rehydration solution and/or recommended homemade fluids) and zinc<br><br>Denominator: Total number of children aged 0–59 months with diarrhea in the prior 2 weeks<br><br>Disaggregated by oral rehydration and zinc; and country and type of health worker (facility health worker or community health worker and if CCM-trained)<br><br>Disaggregated by sex and if received ORT, zinc, or both | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S20 | Percentage of children aged 0–59 months with suspected pneumonia taken to an appropriate health care provider in MCSP-supported areas | Numerator: Number of children aged 0–59 months with cough or difficult breathing in the prior 2 weeks taken to an appropriate health care provider<br><br>Denominator: Total number of children aged 0–59 months with cough or difficult breathing in the prior 2 weeks<br><br>Disaggregated by type of health worker (facility health worker or community health worker and if CCM-trained) and country<br><br>Disaggregated by sex | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S21 | Percentage of children aged 0–59 months with fever for whom advice or treatment was sought from an appropriate health facility or provider in MCSP-supported areas | Numerator: Number of children aged 0–59 months with fever in the prior 2 weeks taken to an appropriate health care provider<br><br>Denominator: Total number of children aged 0–59 months with fever in the prior 2 weeks<br><br>Disaggregated by type of health worker (facility health worker or community health worker and if CCM-trained) and country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S22 | Percentage of children 0–59 months who slept under an ITN the previous night in MCSP-supported areas | Numerator: Number of children 0–59 months who slept under an ITN the previous night<br><br>Denominator: Total number of children 0–59 months<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S23 | Percentage of infants <6 months who are exclusively breastfed in MCSP-supported areas | Numerator: Number of children <6 months who were being exclusively breastfed at the time of the survey<br><br>Denominator: Total number of women with a live birth in the 6 months prior to the survey<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S24 | Percentage of children 6-23 months being fed a minimum acceptable diet in MCSP-supported areas | Numerator: Number of children 6–23 months who received a minimum acceptable diet the day before the survey<br>Denominator: Total of children 6–23 months in the survey<br><br>Disaggregated by country and sex<br><br>Minimum acceptable diet:<br>1) To be breastfed or, if non-breastfed, receive 1–2 cups of milk (acceptable are full cream animal milk, UHT milk, reconstituted evaporated milk (but not condensed) milk, fermented milk or yogurt and commercial formula)<br>2) To receive at least 4 out 7 defined food groups (grains, roots, and tubers; legumes and nuts; dairy products; flesh foods; eggs; vitamin-A rich fruits and vegetables; and other fruits and vegetables)<br>3) To receive 2–3 meals per day for the 6–8 months BF child and 3–4 meals per day with 1–2 additional snacks, as desired, for the 9–23 month BF child. The non-BF children needs to 1–2 extra meals per day | Population-based survey of project area, if funding is available | Every 2 to 5 years | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| S25 | Percent of targeted households using a handwashing corner in MCSP-supported areas | Numerator: Number of individuals surveyed who report their household has and uses a designated handwashing corner observed by interviewer<br>Denominator: Total number of individuals surveyed<br>Disaggregated by country<br><br>A handwashing corner is a designated place in a household or institution where people wash their hands. To be considered as being used, it should have soap (or soap substitute) and water available at time of the survey | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| S26 | Percentage of women of reproductive age who participate in decisions about their own health care in MCSP-supported areas | Numerator: Number of women or reproductive age who report they usually make decisions alone or jointly with their husband or someone else regarding their own health care<br><br>Denominator: Total number of women of reproductive age surveyed<br><br>Disaggregated by country | Population-based survey of project area, if funding is available | Every 2 to 5 years | |
| **Performance Indicators Collected through Routine Data Sources** | | | | | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 1 | Couple years of protection (CYP) in MCSP-supported areas* | CYP is the estimated protection provided by contraceptive methods during a 1-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYP for each method is then summed for all methods to obtain a total CYP figure.<br><br>CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, such as condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or IUDs and implants that may be removed before their life span is realized.<br><br>Disaggregated by country and method | HMIS/service statistics | Quarterly | Haiti: 68,294<br>Mali: 2,103,176 |
| 2 | Percent of women delivering in MCSP-supported health facilities who accept a method of family planning prior to discharge | Numerator: Number of women who delivered at MCSP-supported health facilities who accepted a method of FP prior to leaving the facility<br><br>Denominator: All women who delivered in MCSP-supported facilities (over the reporting period)<br><br>Disaggregate by country and FP method (IUD, tubal ligation, NSV, LAM, condoms, progesterone vaginal rings, implants, injectable) | HMIS | Quarterly | Mali: 63% |
| 3 | Number of countries where MCSP increased access to permanent family planning methods | Countries where MCSP supported introduction/re-introduction (after at least one year of no new acceptors) of new permanent FP methods.<br><br>Disaggregated by country and methods | Program records | Annually | Mali: 1 (for IUD, LAM, condoms, implants and injectables) |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 4 | Number of countries where MCSP support includes training of service providers and/or promotion of permanent methods | Disaggregated by country and type of method(s) | Program records | Annually | |
| 5 | Number of clients attending essential MNCH services at MCSP-supported facilities who adopted a FP method during that visit | Disaggregated by point of service (ANC, L&D, FP, OPD, other) and age (if possible) and by country<br><br>Essential MNCH services include ANC, postabortion care, postpartum care, well-baby/immunization services | HMIS/service statistics | Quarterly | |
| 6 | Number of service delivery points that expanded the types of contraceptive methods available with MCSP support | This indicator counts the total number of facilities (public or private), vendors, or other service delivery points that add a method to the contraceptives available for the first time (during the reporting period). Of particular interest is expansion of LARC and permanent methods but all methods should be counted here. Do not count re-stock of a previously available method.<br><br>Disaggregated by country and contraceptive method: IUD, implant, BTL, vasectomy, injection, pill, condom | HMIS/service statistics | Quarterly | Total: Haiti: 17 IUD, 51 Condoms, 38 Injectables, 38 OCs<br><br>Mali: 175 SDPs for IUD, LAM, Condoms, Implants, Injectables |
| 7 | Number/percentage of MCSP-supported facilities that offer delivery services with MgSO4 available in the delivery room | Numerator: Number of facilities that offer delivery services with MgSO4 available in the delivery room<br><br>Denominator: Total number of facilities that offer delivery services<br><br>Disaggregated by country | Supervision reports, logistic management information system, health facility survey | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 8 | Number of women provided with misoprostol in advance of delivery for prevention of postpartum hemorrhage in MCSP- supported areas | Disaggregated by country<br><br>This pertains to advance distribution of misoprostol to pregnant women for self-administration if having a home birth. | HMIS/service statistics | Quarterly | |
| 9 | Percentage of women receiving a uterotonic in the third stage of labor in MCSP-supported areas* | Numerator: Number of women receiving a prophylactic uterotonic in the third stage of labor (immediately after birth)<br><br>Denominator: Total number of women giving birth<br><br>Disaggregated by country and facility and home births<br><br>MCSP will use the new definition in the WHO PPH prevention guidelines of 2012 | HMIS/service statistics | Quarterly | Mali: (17,221/19,290) 89% |
| 10 | Number of newborns admitted to facility-based KMC at MCSP-supported facilities | Disaggregated by birth weight if possible (<2,000g and/or <2,500g)<br><br>A rate may be calculated as well. The denominator options would be a rate per 100 live births or per 100 expected births. | HMIS/service statistics or program records | Quarterly | Mali: 1,026 |
| 11 | Percentage of babies not breathing/crying at birth who were successfully resuscitated in MCSP-supported areas. | Numerator: Number of babies not breathing/crying at birth born in MCSP-supported areas that were successfully resuscitated<br><br>Denominator: Number of babies not breathing/crying at birth born in MCSP-supported areas<br><br>Disaggregated by community-based and facility-based births and by country<br><br>This is one of the Helping Babies Breathe indicators | HMIS/service statistics | Quarterly | Mali: (301/324) 93% |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 12 | Percentage of newborns born preterm at MCSP-supported health facilities whose mother was given at least one dose of dexamethasone for prevention of complications of preterm birth | Numerator: Number of newborns born preterm (less than 35 weeks gestational) at MCSP-supported health facilities whose mother was given at least one dose of dexamethasone<br><br>Denominator: Number of newborns born preterm (less than 35 weeks gestational) at MCSP-supported health facilities<br><br>Disaggregated by country | HMIS/service statistics/supplemental forms | Annually | |
| 13 | Percentage of newborns with suspected severe bacterial infection who receive appropriate antibiotic therapy | Numerator: Number of newborns with suspected severe bacterial infection (infant reportedly stopped feeding well and/or stopped moving on its own) receiving antibiotics<br><br>Denominator: Number of newborns with suspected severe bacterial infection.<br><br>Disaggregated by country | HMIS, supplemental data collection form | Quarterly | |
| 14 | Number of countries in which interventions to address the unique RMNCH needs of young, first-time parents are initiated | This includes age and stage sensitive counseling for young mothers, youth-sensitive QI or values sensitization, etc.<br><br>Disaggregated by country | Program records | Annually | |
| 15 | Percentage of children age 2–59 months with fever during the reporting period (3 months) for whom advice or treatment was sought from a CCM-trained CHW in MCSP-supported areas | Numerator: Number of children aged 2–59 months with fever during the reporting period (3 months) for whom advice or treatment was sought from a CCM-trained CHW in MCSP-supported areas<br><br>Denominator: Expected number of children aged 2–59 months with fever during the reporting period (3 months) in MCSP-supported areas<br><br>Denominator will be estimated from best locally available demographic data (e.g., government census data, DHS, or MICS)<br>Disaggregated by country | HMIS, CHW records, community HIS, if available | Quarterly | Mali:<br>(23,713/ 30,530)<br>78% |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 16 | Percentage of children age 2–59 months with fast or difficult breathing during the reporting period (3 months) for whom advice or treatment was sought from a CCM-trained CHW in MCSP-supported areas | Numerator: Number of children aged 2–59 months with fast or difficult breathing during the reporting period (3 months) for whom advice or treatment was sought from a CCM-trained CHW<br><br>Denominator: Expected number of children aged 2–59 months with fast or difficult breathing during the reporting period (3 months)<br><br>Denominator will be estimated from best locally available demographic data (e.g., government census data, DHS, or MICS)<br><br>Disaggregated by country | HMIS, CHW records, community HIS, if available | Quarterly | Mali: (6,235/6,235) 100% |
| 17 | Number of cases of child diarrhea treated in USAID-assisted (MCSP) programs* | Number of cases of child diarrhea treated through MCSP-supported programs with oral rehydration salt (ORS) AND zinc supplements<br><br>Disaggregated by country, type of health worker (facility-based health worker or community health worker and if CHW is CCM-trained) | HMIS/service statistics, community HIS | Quarterly | Mali: 6,259 by CHW |
| 18 | Number of cases of child pneumonia treated with antibiotics by trained facility or community health workers in USG (MCSP)-supported programs* | Disaggregated by country, type of health worker (facility-based health worker or community health worker and if CHW is CCM-trained) | HMIS/service statistics, community HIS | Quarterly | Mali: 6,235 by CHW |
| 19 | Percentage of children aged <12 months who received DPT3/Penta3 vaccine in MCSP-supported areas | Numerator: Number of children aged <12 months receiving 3 doses of DPT/Penta3 vaccine in MCSP-supported areas<br><br>Denominator: Total estimated number of children aged <12 months in the in MCSP-supported catchment area<br><br>Disaggregated by country | HMIS | Quarterly | Malawi: (397,503/440,194) 90% |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 20 | Percentage of target health facilities with appropriate handwashing supplies in the delivery room in MCSP-supported areas | Numerator: Number of target health facilities with appropriate handwashing supplies in the delivery room<br><br>Denominator: total number of targeted health facilities<br><br>Clinics workers must wash hands before attending to a birth. Supplies include soap and water or hand sanitizer.<br><br>Disaggregated by country | Health facility survey, program records | Annually | Mali: 100% (175/175) |
| 21 | Number of children under 5 reached by USG (MCSP)-supported nutrition programs | Disaggregated by country, sex | Program records | Annually | Mali: 5,879 (2,717 male; 3,162 female) |
| 22 | Number of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission* | The number of HIV-positive pregnant women who received antiretrovirals (ART) to reduce the risk of mother-to-child transmission during pregnancy, labor & delivery, or after delivery at the health facility/location/SDP/site. Disaggregate by: 1) Single-dose nevirapine (with or without a tail); 2) Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery); 3) Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery); 4) Life-long ART newly initiated on treatment during the current pregnancy (including Option B+), and 5) Life-long ART already on treatment at beginning of pregnancy (including Option B+) | HMIS/service statistics | Quarterly | |
| 23 | Number of MCSP-supported countries with pre-service education strengthened to improve RMNCH services with MCSP support | This includes updating curricula and improving the skills of tutors and strengthening/establishing skills labs<br><br>Disaggregated by type of technical area strengthened and cadre of provider (e.g., midwife, nurse, clinical officer) | Program records | Annually | Malawi: 1 (immunization for doctors, nurses, midwives, CHWs)<br><br>Uganda: 1 (immunization) |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 24 | Number of people trained through USG- supported programs* | Disaggregated by technical or cross-cutting area, training topic, funding (any core funding used or only field support), sex, type of personnel, and country<br>• **Personnel** may include: health care workers (doctors, nurses, midwives); community health workers, community health volunteers, non-health personnel<br>• **Technical and cross-cutting** topics include: child health and nutrition, immunization; family planning/reproductive health; malaria; maternal; newborn; HIV/AIDS; WASH; M&E | Training information monitoring system, training participant registers | Quarterly | Haiti: Core funds: 398 (258 FP, 140 WASH)<br><br>Mali: Core funds:157<br><br>CH/Nut: 33<br>Malaria: 94<br>Newborn: 10<br>M&E: 20<br><br>Cadres: doctors 7, nurse 23, midwives 2, CHW 123, non-health personnel 2,<br><br>Male: 26, Female: 131 |
| 25 | Number of MCSP-supported health facilities actively implementing a quality improvement approach | Number of MCSP-supported facilities that are actively implementing a quality improvement approach, such as Standards-Based Management and Recognition or RAPID<br><br>Disaggregated by country and type of facility (e.g., dispensary/health post, health center, hospital) and type of approach | Quality improvement assessment tool, tracer condition assessment, health facility survey, supervision visit reports | Annually | Mali: 177 (2 hospitals, 175 health centers) |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels** | | | | | |
| 26 | Percentage of MCSP-supported health facilities that provide RMNCH services with stock outs of the 13 lifesaving commodities | Numerator: Number of MCSP-supported health facilities that provide RMNCH services with a stock out of the 13 lifesaving commodities identified by the UN Commission on Life Saving Commodities during the specified reporting period<br><br>Denominator: Number of MCSP-supported health facilities that provide RMNCH services during the specified reporting period<br><br>Disaggregate by country and number of commodities (0–3, 4–6, 7–9, 10–13) | Facility survey, supervision reports, LMIS | Every 1–5 years | |
| 27 | Number of countries where MCSP has supported the scale up of high impact RMNCH interventions | Disaggregated by country and intervention. List of high impact interventions TBD | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 28 | Number of people completing an intervention pertaining to gender norms that meets minimum criteria | This includes adults and children completing an intervention in the reporting period that had:<br>1) a component that support participants to understand and question existing gender norms and reflect on the impact of those norms on their lives and communities<br>2) a clear link between the gender norms being discussed and RMNCH<br><br>Disaggregated by country, male/female | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 29 | Number of countries where MCSP supported a gender analysis. | A gender analysis includes: 1) review of key gender issues and gender-based constraints based on published and grey literature,<br>2) identification of gaps in information, 3) data collection to fill in targeted information gaps, 4) assessment of the institutional support for gender mainstreaming, at different levels (government, donor, civil society organizations, and project management), and<br>5) recommendations for gender integration strategies, objectives, activities, and indicators.<br><br>Disaggregated by country, | Program records | Annually | Mali: 1 |
| 30 | Number of countries that have integrated GBV screening into ANC services with MCSP support | GBV screening is conducted during ANC when the provider suspects there may be GBV, as well as referral to appropriate treatment services.<br><br>Disaggregated by country | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 31 | Number of countries that have introduced a health service innovation with MCSP support | An innovation is "an idea, practice, or object perceived as new by an individual or other unit of adoption. 1) Introducing a product or drug into a program or service delivery system that is new to that setting (e.g., an improved BP detection device; bCPAP; uterine balloon tamponade, misoprostol for PPH prevention). This may be adapted from another country or setting, 2) Using an existing or known product in a new way or application or by a new user (e.g., ketamine as anesthetic in emergency obstetric care, chlorhexidine for umbilical cord care, using RDTs for intermittent screening and testing (IST for pregnant women), 3) Implementing a new process aimed at improving coverage, quality, and/or equity for one or more high impact interventions on which MCSP is focusing (e.g., task shifting, such as allowing new cadres of providers to offer injectable contraceptives or PPIUD; new processes for data capture, visualization and/or use), performance-based financing or incentives approaches, etc. 4) Delivering a package of high impact interventions that have not been combined in that setting previously (e.g., integrating TB screening or gender-based violence screening into the ANC platform, MCSP's initiative on the "Day of Birth, or "Whole Market District" approach, application of community action cycle for community mobilization).<br><br>Disaggregated by country | Program records | Annually | Mali: 1 |
| 32 | Number of grants awarded to local non-governmental institutions to advance RMNCH services | Non-governmental institutions include professional societies, civil society organizations, academic or research institutions, faith-based organizations, etc. This may include grants to support service delivery or knowledge generation.<br><br>Disaggregated by country | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 33 | Number of local partners whose capacity MCSP has built | Capacity building refers to enhanced ability implement activities following technical support from MCSP.<br><br>Local partners may include the MOH, non-governmental institutions, including professional societies, civil society organizations, academic or research institutions, faith-based organizations, etc.<br><br>Disaggregated by country | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 34 | Number of countries that have used information and communication technologies to improve the performance of health systems or support service delivery with MCSP support | "Improving the health system" includes addressing deficiencies or poor functioning areas of the health care system and seeking to improve them through ICT with a specific focus on enhancing quality, access/equity and/or efficiency. "Support service delivery" includes: laboratory management information systems, commodities tracking systems, or electronic clinical decision trees.<br>Quality: ICT interventions can improve quality of care provided per clinical or other standards, for example, using smart quality improvement using electronic data collection and rapid, iterative feedback to providers and near-real time communication with supervisors.<br>Access/equity: ICT intervention can allow a population access to health information or provide care to remote and vulnerable populations, for example, SMS information systems enabled with a short code allows clients who never interact with the formal health system to subscribe to information about pregnancy and postnatal care. ICT can be used to report and address follow up to GBV (gender).<br>Efficiency: ICT interventions can facilitate efficiency in time, financial resources, or human resources, for example, mobile data collection/aggregation of service delivery statistics reduces data entry costs and time and improves the time that data for decision making takes to reach district, regional, and other central levels.<br><br>ICT includes: mobile phones, text messages, electronic medical records, LMIS<br>Excludes: radio, television campaigns, routine HMIS<br><br>Disaggregated by country, equity, gender, incorporation into national or subnational e/mHealth strategy | Program records | Annually | Mali: 1 |
| 35 | Number of countries that have introduced new vaccines with MCSP support | This means a vaccine that is new to the target country.<br><br>Disaggregated by country, vaccine type (e.g., rotavirus, pneumococcal) | Program records | Annually | |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners** | | | | | |
| 36 | Number of countries where MCSP has used innovative approaches to strengthen referral systems | An innovative approach is "an idea, practice, or object perceived as new by an individual or other unit of adoption.<br><br>Countries will provide a narrative that explains specific country work with referral systems<br><br>Disaggregated by country | Program records | Annually | Mali: 1 |
| 37 | Percentage of MCSP target districts that have engaged CSOs to develop community health strategies that include institutionalization of CSO involvement | Numerator: number of MCSP target districts that have engaged CSOs to develop community health strategies that include institutionalization of CSO involvement<br><br>Denominator: total number of MCSP target districts<br><br>Disaggregated by country | Program records | Annually | Mali: (11/13 ) 85% |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 3: Foster effective policy, program learning and accountability for strengthening RMNCH outcomes across the continuum of care** | | | | | |
| 38 | Number of (national) policies drafted with USG (MCSP) support* | This refers to the number of national laws, policies regulations, strategy documents, including national service delivery guidelines and performance standards, developed or revised with MCSP support to improve access to and use of high-impact reproductive health, maternal and newborn health, and child health services. The list of policies will be provided.<br><br>Disaggregated by country and technical area | Final policy document; program records | Annually | Mali: 1 (community health)<br><br>Uganda: 1 (immunization) |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 3: Foster effective policy, program learning and accountability for strengthening RMNCH outcomes across the continuum of care** | | | | | |
| 39 | Number of studies completed | This includes special studies, baseline and feasibility studies and evaluations conducted with both core and field funds. Special studies are analyses undertaken to gather information relevant for a particular program or activity in order to improve knowledge or understanding about the study subject. Special studies examine unique circumstances as opposed to an entire activity or program. A baseline study records the context of the host country working environment at that time. Such studies are generally carried out before program activities begin or during program start-up. A feasibility study examines the context in which an anticipated activity would be implemented as well as the viability and practicality of implementing the particular activity.<br><br>A study is completed when either the final study report, research brief or manuscript is completed. A list of study names will be provided.<br><br>Disaggregated by country | Program records | Annually | Malawi: 1 |
| 40 | Number of articles submitted for publication in peer reviewed journals | This includes all articles submitted for publication in a peer review journal that MCSP project staff have written or contributed to.<br><br>Disaggregated by country | Program records | Annually | Malawi: 1 |
| 41 | Number of technical reports/papers, policy/research/program briefs, and fact sheets produced and disseminated | This refers to any type of technical report, paper, policy brief, research brief, program brief, or fact sheet produced and disseminated about MCSP or written by MCSP staff. Dissemination can be electronic or in a public forum such as a national or international meeting or conference.<br><br>Disaggregate by country and type of publication | Program records | Annually | Mali: 1 (MSCP fact sheet) |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 3: Foster effective policy, program learning and accountability for strengthening RMNCH outcomes across the continuum of care** | | | | | |
| 42 | Number of MCSP-supported countries that have integrated new RMNCH indicators into the national HMIS | To be reported here, indicators must be institutionalized and incorporated into standard national HMIS recording and reporting formats.<br><br>This includes service use and quality of care indicators related to maternity services, postpartum care, community case management, immunization, etc.<br><br>Disaggregated by country | Program records | Annually | |
| 43 | Number of MCSP-supported countries pilot testing new RMNCH indicators | This includes service use and quality of care indicators related to maternity services, postpartum care, community case management, immunization, etc.<br><br>To be considered a pilot, the tools must be used for more than a month in at least one facility.<br><br>Disaggregated by country | Program records | Annually | Mali: 1 |
| 44 | Percentage of MCSP target districts that have a systematic approach to track and display a priority set of RMNCH indicators | Numerator: Number of target districts (or counties/LGAs/ woredas) that have a systematic approach to track and display a priority set of RMNCH indicators. This may include district scorecards/dashboards.<br><br>Denominator: Total number of target districts<br><br>Disaggregated by country | Program records | Annually | Mali: (13/13 ) 100% |
| 45 | Percentage of MCSP target districts with regular feedback mechanisms supported by the program to share information on progress toward RMNCH health targets with community members and/or CSOs | Numerator: Number of target districts with regular feedback mechanisms to share information on progress towards health targets to community members and CSOs<br><br>Denominator: Total number of target districts<br><br>Feedback mechanisms may include: regular meetings data review meetings with communities and CSO members invited, reports/scorecards in community-appropriate language posted at service points, etc.<br><br>Disaggregated by country | Program records | Annually | Malawi: (0/2) 0%<br>Mali: (13/13) 100% |

| # | Indicator | Definition and Disaggregation | Data Source/Collection Method | Frequency of Data Collection | FY2014 Data |
|---|---|---|---|---|---|
| **Objective 3: Foster effective policy, program learning and accountability for strengthening RMNCH outcomes across the continuum of care** | | | | | |
| 46 | Percentage of MCSP target districts that conducted a data quality assessment in the past year that included RMNCH indicators | Numerator: Number of target districts with one or more health facilities that conducted a data quality assessment in the past year that included reproductive health, maternal and newborn health, and child health indicators<br><br>Denominator: Total number of target districts<br><br>Disaggregated by country<br>Examples of appropriate data quality assessment tools are: RDQA, immunization DQS | Annual HIS review assessments | Annually | Mali: (7/13 ) 54% |
| 47 | Number of countries implementing a maternal and perinatal death surveillance and response system with MCSP support | This could cover the community and/or facility-based deaths and may include application of WHO's Maternal Death Surveillance and Response approach<br><br>Disaggregated by country | Supervision reports, health facility survey, surveillance reports | Annually | Mali: 1 |

# Annex G: Success Stories

## Community

CORE Group held an expert review meeting May 29–30, 2014, on the scale-up of Care Groups (CG) as a behavior change strategy for improving nutrition and maternal and child health. The meeting began with a review of the current evidence base including the results of a recent comparison of mortality reduction in USAID-funded private voluntary organization CSHGP projects with and without Care Groups; operations research projects funded by the CSHGP; and Food for Peace-funded Title II Projects that used Care Groups. A Care Group is a group of 10–15 volunteer, community-based health educators who regularly meet together with a supervisor, and are responsible for regularly visiting 10–15 of their neighbors, sharing what they have learned and facilitating behavior change at the household level. The evidence base regarding the cost-effectiveness of Care Groups is sufficiently robust now to justify expansion of funding for RMNCH programs using the Care Group strategy, for both NGO as well as government programs. Care Groups have the potential to serve as an implementation strategy to address other health priorities beyond maternal and child health, including FP, gender-based violence, mental health (including depression), HIV, and TB, as well as WASH issues, among other possibilities. This potential represents an exciting new frontier. We are only now beginning to understand how to use participatory women's groups for the benefit of women and their families. Along with other approaches that enable frequent interpersonal contact between health care workers and community members, Care Groups can help to accelerate global progress in improving RMNCH and other global health priorities. Policymakers and donors now have an opportunity to build on this evidence and experience. The evidence and recommendations can be found in a policy guide produced from the meeting: Perry H, Morrow M, Davis T, Borger S, Weiss J, DeCoster M, Ernst P. 2014. *Care Groups – An Effective Community-based Delivery Strategy for Improving Reproductive, Maternal, Neonatal and Child Health in High-Mortality, Resource-Constrained Settings: A Guide for Policy Makers and Donors.* CORE Group: Washington, D.C., available at: http://www.coregroup.org/storage/documents/meeting_reports/Care_Group_Policy_Guide_Final_8_2014.pdf