

**MID-PROJECT EVALUATION  
OF THE  
USAID/ RUSSIA**

**MATERNAL AND CHILD HEALTH INITIATIVE II  
(MCHI II) PROGRAM  
Cooperative Agreement No. 118-A-00-06-00077-00**

**IMPLEMENTED BY  
THE INSTITUTE FOR FAMILY HEALTH**



**Laurel A. Cappa MD MPH  
Kenneth J. Olivola M-Arch MCP**

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John Snow, Inc. 44 Farnsworth Street Boston, MA 02210 USA

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## Acronyms and Abbreviations

<b>AIDS</b>	<b>acquired immune deficiency syndrome</b>
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>
<b>CTO</b>	<b>Cognizant Technical Officer</b>
<b>EE/EA</b>	<b>Eastern Europe and Eurasia</b>
<b>FCMC</b>	<b>family centered maternity care</b>
<b>GDA</b>	<b>Global Development Alliance</b>
<b>HIV</b>	<b>human immunodeficiency virus</b>
<b>IDU</b>	<b>injection drug user</b>
<b>IEC</b>	<b>information, education and communication</b>
<b>IR</b>	<b>Intermediate Result</b>
<b>IUD</b>	<b>intrauterine device</b>
<b>JSI</b>	<b>John Snow, Incorporated</b>
<b>MCH</b>	<b>maternal child health</b>
<b>MCHI</b>	<b>Maternal Child Health Initiative</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>MOHSD</b>	<b>Ministry of Health and Social Development</b>
<b>MOU</b>	<b>Memorandum of Understanding</b>
<b>MTCT</b>	<b>mother-to-child transmission of HIV</b>
<b>NGO</b>	<b>non-governmental organization</b>
<b>ob-gyn</b>	<b>obstetrician-gynecologist</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>PMTCT</b>	<b>prevention of mother-to-child transmission of HIV</b>
<b>PSP-<i>One</i></b>	<b>Private Sector Partnerships-<i>One</i></b>
<b>QA</b>	<b>quality assurance</b>
<b>QAP</b>	<b>Quality Assurance Project</b>
<b>RC</b>	<b>Regional Coordinator</b>
<b>RCT</b>	<b>Regional Coordinating Team</b>
<b>RFE</b>	<b>Russian Far East</b>
<b>RSOG</b>	<b>Russian Society of Obstetricians/ Gynecologists</b>
<b>SO</b>	<b>Strategic Objective</b>
<b>SOW</b>	<b>Scope of Work</b>
<b>SPSS</b>	<b>Statistical Package for the Social Sciences</b>
<b>STI</b>	<b>sexually transmitted infection</b>
<b>TASC</b>	<b>Maternal and Child Health Technical Assistance and Support Contract</b>
<b>TO</b>	<b>Task Order</b>
<b>TOT</b>	<b>training of trainers</b>
<b>UNFPA</b>	<b>United Nations' Population Fund</b>
<b>UNICEF</b>	<b>United Nations' Children's Fund</b>
<b>US</b>	<b>United States</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>WEI</b>	<b>World Education, Incorporated</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WIN</b>	<b>Women and Infant Health Project</b>

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## **I. Executive Summary**

In September 2006, the Russian mission of the United States Agency for International Development (USAID/Russia) awarded Cooperative Agreement No. 118-A-00-06-00077-00 to the Institute for Family Health (IFH) to implement a three and a quarter year Maternal and Child Health Initiative II (MCHI II) program with the following stated goal:

*“The goal of MCHI II is to ensure the adoption of internationally recognized MCH standards and practices by targeted regions in Russia, thereby decreasing abortion and maternal and infant mortality rates and improving the quality of reproductive health care. A Russian legacy organization will be strengthened, which will enable it to continue maternal and child health (MCH) reform beyond USAID’s assistance.”*

MCHI II was designed to build upon USAID/Russia’s very successful previous projects, the pilot 1999-2003 Women and Infants’ Health (WIN) Project and the subsequent 2003-2007 Maternal Child Health Initiative I (MCHI I), both implemented by John Snow, Inc (JSI). The transition from JSI, an American non-governmental organization (NGO), to IFH, an indigenous Russian NGO, as the implementing organization is detailed in **Section V.E. Institute for Family Health Empowered and Strengthened.**

As outlined in the original Cooperative Agreement, the following **Results** were to be achieved by the end of the Agreement:

- *Strengthen the regional system of Reproductive Health/MCH care by implementing evidence-based practices in targeted regions.*
- *Improve access to high-quality, evidence-based Reproductive Health/ MCH services and information in targeted regions and populations, including youth.*
- *Increase use of modern methods of contraception as a means to prevent unwanted pregnancies in targeted regions and populations.*
- *Update medical, nursing and midwifery schools’ curricula to reflect MCHI protocols and internationally recognized standards in targeted regions.*
- *A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion of MCH innovation in Russia beyond USAID’s assistance.*
- *Advocate for evidence-based models and systems of Reproductive Health /MCH care and improve decision-making environment at the federal and regional levels.*

The Cooperative Agreement also included support for two Global Development Alliance (GDA) partnerships. In addition to expanding the work carried out under the previous JSI-implemented MCHI I contract, MCHI II was to extend the work previously done with the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare (*Rospotrebnadzor*) under the Russian Federation’s National Health Project in HIV/ AIDS to two key Far East regions – Irkutsk Oblast and Primorsky Krai. Under the second GDA-funded component, IFH and Omsk Oblast were to work collaboratively to implement the MCHI interventions throughout the entire Oblast.

In September 2007, modification #2 added two additional **Results** to be achieved by the end of the Agreement:

- *Develop an integrated family planning/ STI and HIV prevention model.*

- ***Provide assistance and expertise to the USAID Europe and Eurasia Regional Family Planning Activity (EERFPA).***

MCHI II's predecessor project, MCHI I, was implemented under a task order (TO) to JSI under the Maternal and Child Health Technical Assistance and Support Contract (TASC I). A requirement of that TO was that JSI conduct a mid-term project assessment, which was done in March and April 2005. The Institute for Family Health - as the MCHI II implementer - felt that the MCHI I mid-term assessment had been extremely valuable for both USAID/ Russia and MCHI I. As a result, although not a requirement of the current Cooperative Agreement, IFH requested JSI to conduct a similar assessment of MCHI II and report on its accomplishments to date and current status. This report attempts to fulfill that request.

### ***Methodology***

The two-person team conducting this mid-project evaluation of IFH's Cooperative Agreement (also known as MCHI II) consisted of two senior JSI staff. The findings and conclusions are based on a review of relevant documents and reports, as well as in-country visits (Cappa 19 February-12 March 2008; Olivola 24-28 March 2008). Both in-country visits involved a broad array of key informant interviews in Moscow. Cappa's in-country visit also included participation in a two-day "Experts Meeting on Reproductive Health and Family Planning" in Moscow and visits to two Project regions: Vologda Oblast, one of the oldest MCHI regions; and Klin Rayon in Moscow Oblast, one of the newest. The visit to Vologda Oblast included participation in a "Working Meeting on Implementation of a Model to Improve Reproductive Health and Family Planning Services in the Rural Areas" as well as a site visit to Totma, a target rural *rayon*.

**Appendix A. Documents Reviewed** lists all reviewed documents, and **Appendix B. Key Persons Contacted** lists persons contacted.

### ***Implementation***

The Institute for Family Health has selected four new regions to join MCHI II: the Republic of Karelia, Kemerovo Oblast, Khanty-Mansiyskiy Autonomous Okrug, and Kurgan Oblast. Klin Rayon in Moscow Oblast was added as a fifth new site, after the Rayon requested inclusion.

Based on their needs, results to date, and interest in further collaboration, IFH also selected 10 "old" regions to be the MCHI II's key program regions to receive MCHI II's focused attention and "targeted resources". In large part, these regions were the newer regions from MCHI I.

In June 2007, the Institute for Family Health conducted an MCHI II International Launch Conference in Omsk titled "Family Health Care at the Present Stage: the Maternal and Child Health Initiative" to launch MCHI II and to further disseminate MCHI I's experiences.

**Appendix C. MCHI II Training by Region and Topic** shows the training received to date by new sites and "old" sites and **Appendix D. MCHI II Replication Packages** shows the composition of each replication package.

The map below shows the geographic extent of WIN/ MCHI I/ MCHI II's work to date.



Many in Russia today describe their country as having a demographic “crisis”. In an increasingly pro-natalist context, family planning is getting increased attention as an alternative to abortion. The interest in and demand for family planning training and trainers is more evident than in the past, but now more than ever it is crucial to keep family planning integrated into the broader maternal and child health context.

**“Rural healthcare development is the most cost-effective investment.”**

**Head of the Vologda Oblast Health Department during field visit to Vologda**

The process of rolling out the MCHI model within the “old” regions is progressing well, with the regions themselves making significant contributions financially and in-kind. MCHI II clearly helps regions confront serious, substantive problems in the effective delivery of needed MCH care and supports the implementation of sustainable modifications and solutions.

Inter-regional exchanges are a value-added investment. This was clearly seen in the field visit to Vologda. This value was also heard about during the field visit to Klin Rayon as key providers there had received their initial training in other MCHI regions.

MCHI II’s emphasis is increasingly on advocacy and educational reform, the latter being especially timely given the Russian Federation’s involvement in the Bologna Process. The work to be done with the medical schools has the potential to be truly groundbreaking both in content and process. IFH’s collaboration with the Regional Family Planning Project should be synergistic and of value to both. The work IFH has done on national-level protocol development is substantive and admirable. IFH is clearly a valued partner of the MOHSD as well as the MCHI regions. To meet these challenges, IFH has added technical strength to its staff in neonatology, reproductive health, family planning, and M&E.

IFH is a dynamic, indigenous Russian legacy organization in its fledgling stage, and JSI is very committed to supporting its ongoing efforts to achieve and maintain organizational sustainability.

#### ***Specific Recommendations***

**Recommendation:** IFH and JSI should actively and explicitly explore ways to work more closely together and remain linked.

**Recommendation:** IFH and JSI should actively and explicitly work together to develop a functional and actionable business plan for IFH.

**Recommendation:** JSI should consider adding Russia to its series of case studies highlighting the scale-up process used for all the WIN/MCHI I/ MCHI II components.

**Recommendation:** USAID/ Russia and IFH with JSI involvement as useful should continue to seek a suitable subcontracting funding mechanism.

**Recommendation:** while resolving the contractual issues re: subcontracting, IFH should outline the objectives, desired activities, and timeframe for the desired study tour and the specifications for the desired technical assistance so that JSI and World Education can begin planning on their end.

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH subcontract with the Quality Assurance Project (QAP).

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH form a partnership with the Private Sector Partnership-*One* (PSP-*One*) project.

**Recommendation:** IFH should make a concerted effort to “capture” the degree to which MCHI II is leveraging resources in the regions in which they are currently working



## II. Introduction

In September 2006, the Russian mission of the United States Agency for International Development (USAID/Russia) awarded Cooperative Agreement No. 118-A-00-06-00077-00 to the Institute for Family Health (IFH) to implement a three and a quarter year Maternal and Child Health Initiative II (MCHI II) program with the following stated goal:

*“The goal of MCHI II is to ensure the adoption of internationally recognized MCH standards and practices by targeted regions in Russia, thereby decreasing abortion and maternal and infant mortality rates and improving the quality of reproductive health care. A Russian legacy organization will be strengthened, which will enable it to continue maternal and child health (MCH) reform beyond USAID’s assistance.”*

The Maternal Child Health Initiative II was designed to support and contribute to USAID/Russia’s Strategic Objective, SO 3.0: *Use of Improved Health and Child Welfare Practices Increased*; Indicator 3.3: *General Abortion rates in targeted regions*; Indicator 3.4: *Pre/post program change in modern contraceptive use in targeted regions*; Intermediate Result 3.2: *Improved access to quality MCH services* and its Indicator: *Annual number of people using modern MCH/RH/FP services in targeted regions*. It was also designed to build upon USAID/Russia’s very successful previous projects, the pilot 1999-2003 Women and Infants’ Health (WIN) Project and the subsequent 2003-2007 Maternal Child Health Initiative I (MCHI I), both implemented by John Snow, Inc (JSI). The transition from JSI, an American non-governmental organization (NGO), to IFH, an indigenous Russian NGO, as the implementing organization is detailed in **Section V.E. Institute for Family Health Empowered and Strengthened.**

WIN/MCHI I’s innovative design had helped regional and municipal government-supported health facilities in 16 regions adopt internationally recognized, client-centered, evidence-based maternal and child health (MCH) standards and practices in multiple areas: antenatal care; family-centered maternity care (FCMC); essential newborn care; exclusive breastfeeding; and family planning counseling and services, especially for postpartum and post-abortion clients. Attention was also given to family planning for human immunodeficiency virus (HIV)-positive women and the prevention of mother-to-child transmission of HIV (PMTCT). WIN/MCHI I chose strategies that not only stressed evidence-based medicine but that also offered a total paradigm shift from focus on the provider to focus on the client, a shift that transformed the way maternal and infant services were delivered in the Russian Federation. Implementation involved health care providers, administrators, and authorities in the planning, policymaking, hands-on training, and public education needed to achieve change. USAID/Russia’s programmatic progression from WIN to MCHI I to MCHI II is detailed in **Section V.A Internationally Recognized, Evidence-Based Practices Implemented.**

MCHI II was to support activities in the following technical areas:

- Family planning
- FCMC
- Perinatal care
- Newborn care (including early intervention care)
- PMTCT (as part of perinatal care and counseling)

- (HIV)/sexually-transmitted infection (STI) prevention (as part of perinatal care and counseling)
- Male participation in reproductive health/ family planning/ MCH services
- Medical, nursing and midwifery education
- Capacity building of the recipient MCH non-governmental organization (NGO)

MCHI II's target population was by and large to be considered the general population although individual types of activities might be tailored to particular subsets of the total population, such as expectant mothers, their male partners, other family members, couples, men, youth, and rural dwellers.

As outlined in the original Cooperative Agreement, the following **Results** were to be achieved by the end of the Agreement:

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- *Improve access to high-quality, evidence-based Reproductive Health/ MCH services and information in targeted regions and populations, including youth.*
- *Increase use of modern methods of contraception as a means to prevent unwanted pregnancies in targeted regions and populations.*
- *Update medical, nursing and midwifery schools' curricula to reflect MCHI protocols and internationally recognized standards in targeted regions.*
- *A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion of MCH innovation in Russia beyond USAID's assistance.*
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In March 2007, modification #1 to the MCHI II Cooperative Agreement added required standard provisions and changed the authorized geographic codes. In September 2007, modification #2 amended the Program Description, added additional funds, increased the funding ceiling, changed the financial reporting section, added key personnel and resolution of conflicts sections, and made changes in the standard provisions.

Modification #2 also added two additional **Results** to be achieved by the end of the Agreement:

- *Develop an integrated family planning/ STI and HIV prevention model.*
- *Provide assistance and expertise to the USAID Europe and Eurasia Regional Family Planning Activity (EERFPA).*

MCHI II's predecessor project, MCHI I, was implemented under a task order (TO) to JSI

under the Maternal and Child Health Technical Assistance and Support Contract (TASC I). A requirement of that TO was that JSI conduct a mid-term project assessment, which was done in March and April 2005. The Institute for Family Health - as the MCHI II implementer - felt that the MCHI I mid-term assessment had been extremely valuable for both USAID/ Russia and MCHI I. As a result, although not a requirement of the current Cooperative Agreement, IFH requested JSI to conduct a similar assessment of MCHI II and report on its accomplishments to date and current status. This report attempts to fulfill that request.

### **III. Background**

#### ***The Russian Federation and its Health System***

In area, the Russian Federation is the largest country in the world, stretching 11 time zones from west to east; it has the world's deepest lake and Europe's highest mountain and longest river. With a population of 143 million (July 2006 estimate), it is also the world's eighth most populous country. Russians are universally literate (100 percent) and are predominately urban residents (73 percent). Administratively, Russia is divided into 7 large federal districts (created in May 2000) composed of 83 smaller entities: 46 oblasts, 21 republics, 9 krais, 4 autonomous okrugs, 2 federal cities, and 1 autonomous oblast. The population, while predominantly ethnically Russian, is quite diverse: Russian (80 percent), Tatar (4 percent), Ukrainian (2 percent), Bashkir (1 percent), Chuvash (1 percent), and other unspecified (12 percent).

Health care in the Russian Federation is primarily a state responsibility and the now-named Ministry of Health and Social Development (MOHSD), previously the Ministry of Health (MOH), is the largest health care provider. The MOH/MOHSD historically has been responsible for maintaining the overall health infrastructure and for setting national priorities for health care, as well as for establishing norms and standards that dictate policies and practices across the entire nation. There has been a gradual shifting of responsibility for health care administration and financing to the regional and municipal levels, but the federal level remains the most important health policymaker.

#### ***The Russian Federation's Current Demographic "Crisis"***

The Russian Federation has made significant progress during the past two decades toward improving the health status of women and children. Compared to Western Europe, the United States, and recommended international standards, however, a gap still remains. Although encouraging declines have been recorded, Russia's maternal mortality rate, infant mortality rate, and abortion rate continue to be of concern, as do a reportedly increasing infertility rate and a steadily increasing HIV prevalence rate.

At the same time, Russia's population has decreased every year since 1992, falling from 148 million to 142 million in 2007. The increases in the death rates seen in the Russian Federation over the past decade—especially among adult men—are unprecedented for an industrialized nation at peace. The World Health Organization (WHO) estimates the life expectancy of Russian men at 59 years while women's life expectancy is considerably better at 72 years. This difference is primarily a result of high rates of alcoholism among males. According to the United Nations, the best-case scenario predicts there will be 113 million people in Russia by the middle of the century; their worst-case scenario puts the figure at 96 million.

Russia's 2005 total fertility rate (TFR) of 1.4 children per woman is one of the lowest in the world. In addition, the number of women of reproductive age (WRA) is projected to decrease by 16 percent between 2000 and 2015. Although some recent reports indicate that the birth rate in Russia may be increasing, the overall trend is still low.

Understandably, the resulting decline in the population has become one of the Russian government's major concerns. Indeed, nearly everyone in Russia says Russia is facing a critical demographic "crisis". Demographic issues are widely seen as one of the greatest threats facing modern Russia since the market reforms and economic hardships of the 1990s. The concern is that the rapid population decline could have a noticeable negative effect on the country's economy in the next few years.

In October 2007, the Russian government outlined a new demographic policy to 2025. The program to improve the demographic situation has three main immediate goals: increasing the birth rate, lowering the death rate, and regulating immigration "according to demographic, social and economic needs". These goals aim at achieving a noticeable drop-off in the rates of population decline in the next three to four years. The intent is to stabilize Russia's population at the 140 million mark by 2015. Later goals are to increase this figure to 145 million and to raise the average lifespan from the present 66 years to 70 years. Maternity incentives, including payouts of about \$9,500 for the birth of two or more children (often referred to as "baby-money") were introduced in early 2007 following a presidential initiative preceding the new demographic policy.

#### ***USAID-funded Reproductive Health Programming in the Russian Federation***

USAID has long been a strong supporter of the Russian Federation's desire to improve the health of its women and children. In 1995, USAID/Russia began its first program in family planning and reproductive health to complement Russia's national family planning program: the 1995-1999 Woman's Reproductive Health Program (WRHP). WRHP and its successors, USAID/ Russia's 1999-2003 Women and Infant (WIN) project and the 2003-2007 Maternal and Child Health Initiative I (MCHI I) are described in detail in **Section V.A Internationally Recognized, Evidence-Based Practices Implemented.**

## **IV. Methodology**

The two-person team conducting this mid-project evaluation of IFH's Cooperative Agreement (also known as MCHI II) consisted of two senior JSI staff with decades of experience in international public health programming and management generally, and many years of involvement in Russia specifically. Laurel A. Cappa MD MPH, a Senior Technical Advisor in JSI's Washington office, was chosen for her expertise in reproductive health programming and implementation; and Kenneth J. Olivola M-Arch MCP, Director of the JSI International Division in JSI's Boston headquarters, was chosen for his expertise in strategic planning, institutional management, and new business development.

The findings and conclusions presented here are based on a review of relevant documents and reports, as well as in-country visits (Cappa 19 February-12 March 2008; Olivola 24-28 March 2008). Both in-country visits involved a broad array of key informant interviews in Moscow. Cappa's in-country visit also included participation in a two-day "Experts Meeting on Reproductive Health and Family Planning" in Moscow and visits to two Project regions: Vologda Oblast, one of the oldest MCHI regions; and Klin Rayon in Moscow Oblast, one of

the newest. The visit to Vologda Oblast included participation in a “Working Meeting on Implementation of a Model to Improve Reproductive Health and Family Planning Services in the Rural Areas” as well as a site visit to Totma, a target rural *rayon*.

Alyssa Leggoe, Deputy Director and Health Officer in USAID/ Russia’s Office of Health, and Larissa Petrossyan, a Project Manager in the Office of Health and MCHI II’s Cognizant Technical Officer (CTO), participated in the visit to Vologda Oblast; CTO Larissa Petrossyan also participated in the visit to Klin Rayon.

**Appendix A. Documents Reviewed** lists all reviewed documents, and **Appendix B. Key Persons Contacted** lists persons contacted.

## **V. Current Status of Expected Results and Tasks**

### ***A. Internationally Recognized, Evidence-Based Practices Implemented***

#### **BACKGROUND**

##### ***Pilot Phase***

In 1995, the Russian Federation started a series of programs in family planning and reproductive health which were supported by the international community and coincided with the country’s then national family planning program. The goal of the initial USAID-funded Women’s Reproductive Health Program (WRHP) implemented in 1995–1999 was to decrease Russia’s high rates of maternal mortality and morbidity by improving the family planning information and service delivery systems; and by increasing public knowledge about the use, safety, and health benefits of modern family planning methods, thereby resulting in greater adoption of modern methods of contraception as an alternative to repeat abortion. Implemented initially in six pilot regions (two by JSI), the program established six demonstration/training sites, and was then extended to eight additional oblasts along with a national information, education and communication (IEC) campaign that included television and radio spots, brochures, posters, and local promotional activities.

In 1999, recognizing the need to integrate family planning into the broader reproductive health care continuum and wanting to build on the successes of the WRHP, USAID/ Russia funded the Women and Infant Health (WIN) project. The JSI-implemented WIN project was launched with an innovative design that addressed a broad spectrum of reproductive health services, not just family planning. Key program components promoted evidence-based, family-centered, client-friendly antenatal care; maternity care; essential care of the newborn; exclusive breastfeeding support; and family planning counseling and services, especially for postpartum and post-abortion clients. WIN’s objectives were to provide a new evidence-based model for reproductive health care services and to increase access to, demand for, and quality of these services, as well as to increase the practice of preventive health behaviors among women in the community. To do this, WIN would work with existing health care facilities and involve health care providers, administrators, and authorities in the planning, policymaking, hands-on-training, and public education needed to achieve change.

To thoroughly test this new programmatic approach, WIN focused on two pilot regions (Perm Oblast and Velikiy Novgorod in Novgorod Oblast), working closely with the then Ministry of Health (MOH), now the Ministry of Health and Social Development (MOHSD),

of the Russian Federation; the Health Care Department of Perm Oblast; and the Health Care Committee of Velikiy Novgorod City in Novgorod Oblast. In each region, WIN worked with a group of related facilities that deliver maternal and infant care: women's consultation clinics, maternity hospitals, family planning centers, and children's polyclinics.

The following principles guided all interventions:

- use of evidence-based medicine to enhance clinical practice and reduce unnecessary medical interventions;
- implementation of quality assurance (QA) methods that involved both providers and clients;
- promotion of a client-oriented focus to increase client satisfaction;
- continuity and consistency in client-provider communications across service levels and across health care facilities.

WIN's goal was to introduce into the Russian health care sector a concept of maternal and infant health care as one interconnected system. WIN services were designed, publicized, and implemented as an integrated set of interventions to ensure continuity of care across facilities used by women and their families.

The WIN interventions fell into three main areas: (1) clinical and counseling training with follow-up supervision for obstetricians, gynecologists, neonatologists, pediatricians, midwives, and infant nurses; (2) community-based and facility-based IEC/behavior change communication (BCC) outreach for both families and providers; and (3) advocacy and policy promotion within facilities and at the municipal, oblast, and federal levels of health administration.

WIN assembled and designed training curricula and information, education and communication (IEC) materials, developed a group of Russian master trainers and established a core group of local best trainers. WIN also developed a number of data-based presentations for introducing evidence-based practices to new participants, derived from WIN monitoring and evaluation data from its pilot sites. WIN prepared a guide for the replication of WIN interventions in other regions, and its advocacy for policy change led to the development of three protocols for health care practice based on internationally-recognized standards regarding breastfeeding, post-abortion care and infection control in maternity hospitals. The Post-abortion Care Guidelines were issued as a federal guideline ("*precaz*") by the then MOH. By the time WIN held its very well-received WIN Dissemination Conference in 2003, multiple additional regions had indicated an interest in replicating the WIN model.

### ***Scale-up Phase***

USAID/Russia recognized the need for continued health system development as most Russian health care facilities continued to perform outdated and non-evidence-based practices. It was in this context that MCHI I was designed and awarded. The subsequent 2003–2006 Maternal and Child Health Initiative I, also implemented by JSI, was designed specifically to scale up WIN's success in piloting an evidence-based model for reproductive health care services. MCHI I's stated objective was to ensure the adoption of internationally recognized maternal and child health standards and practices by targeted health facilities in Russia.

An innovative competitive selection process was used to select the MCHI I target regions. Each region had a Regional Coordinator (RC) selected by the region, often a deputy chief of the health care department and head of the department's maternal and child health unit, and each region had a Regional Coordinating Team (RCT) with representation from all participating facilities. Together the RC and RCT facilitated, supported, and supervised program activities at the regional and/or municipal levels. Importantly, a culture of open communication was promoted to spark discussions among the working groups and all stakeholders. Both WIN and MCHI had national-level working groups that supported the regional innovations (many of which ran counter to existing MOH regulations), promoted and disseminated project results, conducted multiple site visits to monitor and support implementation, and continually reviewed progress to determine if program modifications were needed to

better achieve desired outcomes.

Increasingly, as WIN was ending and MCHI I was beginning, Russia and the world were becoming aware of Russia's worsening HIV/AIDS situation. Although initially confined to the high-risk subpopulation of injection drug users (IDUs), Russia's HIV epidemic was moving into the general population via heterosexual transmission. In response, MCHI added HIV/AIDS centers to the network of MCHI participating facilities and incorporated family planning for HIV-positive women and the prevention of mother-to-child transmission of HIV (PMTCT) into its programmatic portfolio. Additionally, the newborn care component expanded to include neonatal resuscitation and specific attention was given to the provision of youth-friendly services. A comprehensive documentation and dissemination plan was developed and implemented to package and showcase the WIN/MCHI resources. In MCHI I's final year, two regions – Tyumen Oblast and Vologda Oblast – began looking at ways to pilot the integration of family planning into primary health care services in selected rural areas.

To introduce new evidence-based clinical practices into an historically inflexible health care system that was locked into largely outmoded practices and to meet their strategic objectives and achieve demonstrable results, WIN/MCHI I used approaches that respected existing Russian systems, structures, and professionals while, simultaneously, providing training and education to ensure policymakers' and providers' ability to improve Russia's maternal and child health. WIN/MCHI's implementation strategies focused on process as well as content; they included strategies that not only stressed evidence-based medicine but that also offered a total shift from focus on the provider

<b>WIN/ MCHI I</b> <b>Programmatic Components</b> <b>Antenatal Care</b> <b>Family Planning/Reproductive Health</b> <b>Family-Centered Maternity Care</b> <b>Exclusive Breastfeeding</b> <b>Newborn Care</b> <b>Infection Control in Maternities</b> <b>Neonatal Resuscitation</b> <b>Youth-Friendly Services</b> <b>HIV/AIDS Prevention/PMTCT</b>
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<b>The 16 WIN/ MCHI I Regions</b>
<ol style="list-style-type: none"> <li>1. Perm Oblast (1999–WIN Region)</li> <li>2. Velikiy Novgorod City in Novgorod Oblast (1999–WIN Region)</li> <li>3. Barnaul City in Altai Krai (2003)</li> <li>4. Irkutsk Oblast (2003)</li> <li>5. Kaluga Oblast (2003)</li> <li>6. Komi Republic (2003)</li> <li>7. Krasnoyarsk City in Krasnoyarsk Krai (2003)</li> <li>8. Murmansk Oblast (2003)</li> <li>9. Omsk Oblast (2003)</li> <li>10. Orenburg City in Orenburg Oblast (2003)</li> <li>11. Tyumen Oblast (2003)</li> <li>12. Vologda Oblast (2003)</li> <li>13. Khabarovsk Krai (2004)</li> <li>14. Primorsky Krai (2004)</li> <li>15. Sakhalin Oblast (2005)</li> <li>16. Sakha Republic (2005)</li> </ol>

to focus on the client. This paradigm shift transformed the way maternal and infant services were delivered.

Building on WIN's accomplishments and benefiting from its lessons learned, MCHI I scaled up to ultimately include 16 of Russia's 83 regions, potentially encompassing 26 million people or 18 percent of Russia's total population of 143 million.

## **MCHI II MANDATE**

To achieve the **Result** "*strengthen the regional system of Reproductive Health/ MCH care by implementing evidence-based practices in targeted regions*", the original Cooperative Agreement tasked MCHI II with

- "*integrating the MCHI model in at least 10 new regions through competitive selection, QA methodology, regional exchanges, technical assistance, and supervision/follow-up*".

In terms of geographic focus, regions in the Russian Far East (RFE) were highlighted. Approximately one half of the program funds were to be programmed for activities in the RFE. Also listed under geographic focus were regions (preferably) with large populations; the city of Moscow and Moscow Oblast were to be given preference upon investigation of their willingness to participate in the program.

As noted in the Cooperative Agreement, WIN and MCHI I had focused on health facilities that served the largest number of people in urban or peri-urban settings. MCHI II was tasked with specifically adapting some of its interventions for application in care settings serving rural populations as well. At least three of the new target regions were to have primarily rural populations. In the final year of MCHI I, a rural model was under development on a pilot basis in two regions (Tyumen Oblast and Vologda Oblast); this model was to be evaluated and documented before being expanded into at least three additional MCHI regions.

## **IMPLEMENTATION TO DATE**

### ***Planned Expansion***

In October 2006, IFH convened a working meeting of all MCHI I regional coordinators and Project consultants to introduce the newly-registered Institute for Family Health and MCHI II. During this meeting, selection criteria for new regions were discussed, and the regional coordinators were asked to suggest regions they would recommend for inclusion in MCHI II.

In the last quarter of 2006, IFH also participated in a series of joint meetings with MOHSD representatives in various federal districts, some MCHI I participants, some not. During these visits, IFH staff made presentations on the MCHI approach, conducted visits to medical facilities with MOHSD representatives, and assessed the practices observed in the facilities visited. As a result of these meetings and visits, MOHSD advocated for the inclusion in MCHI II of several of the regions visited.

In January 2007, in consultation with USAID/Russia and MOHSD, IFH selected four new regions to join MCHI II: the Republic of Karelia, Kemerovo Oblast, Khanty-Mansiyskiy Autonomous Okrug, and Kurgan Oblast. In June 2007, Klin Rayon in Moscow Oblast was added as the fifth new site, after the Rayon requested inclusion. The following table gives background information on these first five MCHI II expansion regions.

## New MCHI II Sites

Site	Federal District	Oblast or Municipal Facilities or Both?	Total Population (2002 census) Rank by Pop (out of 83)	Percent Rural	Total Area (sq. kms) Rank by Area (out of 83)	Population Density (per sq. km)
Russian Federation	N/A	N/A	145,166,731 (2007 est: 141,000,000)	27 %	17,075,400	8.5
Republic of Karelia	-	Both	716,281 67/83	25 %	172,400 20/83	4.2
	Siberian	Both	2,899,142 13/83	13 %	95,500 34/83	30.4
Khanty-Mansiyskiy Autonomous Okrug	Urals	Both	1,432,817 35/83	9%	523,100 9/83	2.7
	Urals	Both	1,019,532 53/83	44 %	71,000 43/83	14.4
	Central	Municipal	6,618,538 (oblast) 2/83 (oblast)		45,900 (oblast) 54/83 (oblast)	147.4

In February, IFH held a working meeting with the regional coordinators of all the MCHI I target regions plus Project consultants to discuss, among other agenda items, the MCHI replication strategy for the new sites, including a schedule for conducting needs assessment visits.

IFH conducted needs assessment visits to Khanty-Mansiyskiy Autonomous Okrug and Kemerovo Oblast in March, to the Republic of Karelia and Kurgan Oblast in May, and to Klin Rayon in Moscow Oblast in July.

During a typical needs assessment visit, an MCHI team of experts would first present the MCHI approach to the health authorities, the heads of various departments, and to health professionals from the proposed collaborating facilities. The team would then visit the relevant facilities – the maternity hospital, the women’s consultation clinic, the perinatal center, the family planning center; the children’s polyclinic, the HIV/AIDS center, etc. – to meet additional personnel and observe current practices. The MCHI team would then meet with the proposed Regional Coordinator and/or Regional Working Group to discuss plans for future collaboration within the MCHI framework and to draft a workplan that reflected the priority needs. At some point during the visit, a press conference would be held to announce the proposed collaboration and answer questions about the MCHI approach.

In June 2007, the Institute for Family Health conducted an MCHI II International Launch Conference in Omsk titled “Family Health Care at the Present Stage: the Maternal and Child Health Initiative” to launch MCHI II and to further disseminate MCHI I’s experiences.

The more than 250 participants came from a wide range of MCHI I regions, new MCHI II regions, and regions hoping to be included in MCHI II at a later date. The Conference also included leading Russian specialists, representatives from the MOHSD and other Federal institutions, representatives from key NGOs including the Confederation of Consumers' Rights (KonFop), and international guests from Kazakhstan, Moldova, Uzbekistan, and MCHI's "sister project" in Ukraine, the "Maternal and Infant Health" project.

IFH has been conducting training courses in the MCHI II expansion regions according to the needs identified in the regional needs assessments. All training courses utilize the replication packages developed under MCHI I. **Appendix C. MCHI II Training by Region and Topic** shows the training received to date by each new site and **Appendix D. MCHI II Replication Packages** shows the composition of each replication package.

The map below shows the geographic extent of WIN/ MCHI I/ MCHI II's work to date.

**Regions Participating in WIN/ MCHI I/ MCHI II Interventions (shown in purple)**



**Seversk**

Seversk is a federal area located with Tomsk Oblast in the Siberian Federal District, but not part of Tomsk Oblast. During Soviet times, it was a closed city known only as Tomsk-7. In 1992, then President Boris Yeltsin decreed that such secret cities could use their historical names. Until then, the town appeared on no official maps. (The site of the Siberian Group of Chemical Enterprises, Seversk contains several nuclear reactors and chemical plants for the separation, enrichment, and reprocessing of uranium and plutonium. Nuclear warheads were reportedly produced and stored there; one of Russia's most serious nuclear accidents occurred in 1993 in Seversk.)

Early on in MCHI II, IFH was contacted by representatives from Seversk, requesting that they be part of MCHI II and offering to pay part of the costs themselves. Seversk sent representatives to the MCHI II International Launch Conference in Omsk at their own expense and also funded a needs assessment and a training course in breastfeeding. Seversk then requested IFH support training in FCMC, and IFH has agreed.

## CONCLUSIONS AND LOOKING FORWARD

MCHI II's expansion is proceeding as planned. During 2008, IFH will select five more new regions for a total of 10 expansion regions by the third year. These five additional regions will be agreed on with USAID/ Russia and the Ministry of Health and Social Development. Seversk is part of a consortium of previously closed cities, and other members have indicated a serious interest in working with MCHI II. Given Seversk's enthusiasm and willingness to cost share, this model of joint collaboration may well prove to be replicable.

The field visit to Klin Rayon in Moscow Oblast was notable for the enthusiasm shown by

**"We want very much to improve the quality of the medical attention we give to our women."**

**Head of Rayon Health Department during field visit to Klin Rayon.**

both the head of the Rayon Health Department and by the deputy head of the MCH Unit who will serve as the MCHI II Coordinator. Klin had asked to be included in MCHI II after the latter read about the project on the IFH website and described it to his boss. Staff at the participating facilities – the maternity, the women's consultation clinic, and the children's polyclinic – were both interested and a little skeptical about the training to be offered. Klin Rayon is

currently building a new 120-bed maternity scheduled to open in 2009 whose physical layout will be much more compatible with the WIN/MCHI I interventions promoted in the FCMC course, especially rooming in and partner participation in labor and delivery.

### ***B. Access to High Quality, Evidence-based Reproductive Health/ MCH Services and Information Improved***

#### **BACKGROUND**

An almost universal concern during project implementation is what will happen once the project ends and what are the chances that interventions introduced will be sustained and expanded. To assess this, MCHI I tried to gauge the likelihood that the MCHI interventions would be "rolled out" or spread beyond the target facilities to include other facilities in each region. The MCHI regions were diverse in terms of their populations and geographical areas. The target facilities in some regions were municipal facilities only; in others, both oblast and municipal facilities were involved. Looking at catchment areas was not helpful due to overlap and the fact that oblast-level facilities define their whole region as their catchment area.

Finally, it was decided to look at the number and percentage of births occurring in Project facilities compared to the total number of births in the entire region. For the most part, babies born at a particular maternity have received their antenatal care and will receive their infant care at the affiliated women's consultation clinics and pediatric polyclinics. Thus, it was felt that looking at the number and percentage of deliveries was a good, albeit rough, proxy for coverage.

The results, as MCHI I progressed, were encouraging. The following table shows the estimated "coverage" in the 16 MCHI I regions in late 2006.

**Regions Grouped by % of Total Deliveries in each Region Occurring in MCHI I Facilities at End of MCHI I.**

> 75 %	50 – 75 %	25 – 50 %	<25 %
Komi Republic		Irkutsk Oblast	Barnaul City in Altai Krai
	Krasnoyarsk City in Krasnoyarsk Krai		Omsk Oblast
	Murmansk Oblast	Khabarovsk Krai	Orenburg City in Orenburg Oblast
	Tyumen Oblast	Primorsky Krai	
	Sakhalin Oblast	Sakha Republic	
	Novgorod Oblast	Perm Oblast	

Anecdotally, many regions reported various plans and efforts already underway to extend the new MCHI approaches beyond the initial target facilities.

**MCHI II MANDATE**

To achieve the **Result** “*improve access to high-quality, evidence-based RH/ MCH services and information in targeted regions and populations, including youth*”, the original Cooperative Agreement tasked MCHI II with

- “*expanding the MCHI model to a critical mass of MCH facilities in at least 10 MCHI I pilot regions utilizing QA methodology, small grants programs (i.e., “targeted resources”) and regional exchanges*”. While the continued support of MCHI II to these regions was crucial, it was also recognized that it was equally important to ensure that the regions continue MCH-related activities and innovations with their own funding and resources. “*Targeted resources*” were to include financing for materials, consultant fees, follow-up visits of MCHI experts, inter-regional exchanges, etc.
- “*developing a comprehensive regional system of integrated MCH services in at least two or three MCHI pilot regions utilizing QA methodology, training, technical assistance, and supervision/ follow-up.*”

**IMPLEMENTATION TO DATE**

In October 2006, IFH convened a working meeting of all MCHI I regional coordinators and Project consultants to introduce the newly-registered Institute for Family Health and to discuss objectives for the coming three-year period along with new mechanisms for collaboration between IFH and the pilot regions. The regional coordinators in their turn expressed their concerns and wishes to IFH regarding how to extend the MCHI interventions throughout their regions, what activities they wanted the Project to conduct, and how they could possibly cost-share. Selection criteria for new regions were discussed, and the regional coordinators were asked name regions they would recommend for inclusion in MCHI II.

Soon thereafter, based on their needs, results to date and interest in further collaboration, IFH selected the 10 “old” regions that would be MCHI II’s key program regions and would receive MCHI II’s focused attention and “targeted resources”. In large part, these regions were the newer regions with lower coverage rates. As described in **Section V. G.**

**Reproductive, Maternal and Child Health in Omsk Oblast Improved**, one of the least covered regions – Omsk Oblast at 24% – is now working with IFH under a GDA Partnership as part of MCHI II to extend the MCHI interventions throughout that entire Oblast using a

significant amount of its own monies in matching funds. However, all previous WIN/MCHI regions were still invited and encouraged to continue their participation in MCHI activities.

In February 2007, IFH convened a second working meeting to further discuss mechanisms for disseminating evidence-based MCHI practices throughout all the medical facilities in the 10 “old” regions, and to develop work plans for these key program regions. The group also agreed on an implementation strategy for the new regions and planned the initial needs assessment visits. Additional presentations and discussions centered on ways of collaborating with medical colleges and universities and the development of needed clinical protocols.

A third working meeting in May 2007 continued the discussion on MCHI implementation in the regions, including the training schedule, and also worked on the agenda for the MCHI II International Launch Conference held in Omsk in June that officially “introduced” MCHI II.

**Appendix C. MCHI II Training by Region and Topic** outlines the training that has taken place in the “old” regions under MCHI II. In addition, as discussed in **Section V.E. Institute for Family Health Empowered and Strengthened**, the Academy for Educational Development (AED) competitively selected IFH to provide a training course for 20 health professionals in Irkutsk Oblast on “Modern Approaches in Maternal and Child Health Care”. The two-week course, highlighting evidence-based antenatal and family-centered maternity care and having both theoretical and practical components, took place in June 2007.

<b>The 10 MCHI II “Old” Key Program Regions</b>	
1.	<b>Barnaul City in Altai Krai (2003)</b>
2.	<b>Irkutsk Oblast (2003)</b>
3.	<b>Krasnoyarsk City in Krasnoyarsk Krai (2003)</b>
4.	<b>Omsk Oblast (2003)</b>
5.	<b>Orenburg City in Orenburg Oblast (2003)</b>
6.	<b>Tyumen Oblast (2003)</b>
7.	<b>Vologda Oblast (2003)</b>
8.	<b>Primorsky Krai (2004)</b>
9.	<b>Sakhalin Oblast (2005)</b>
10.	<b>Sakha Republic (2005)</b>

In addition to the complete training courses offered by IFH, targeted assistance is also offered in response to specific requests. For example, Vologda Oblast had concerns about intranatal mortality and requested IFH assistance to determine the true magnitude of the problem and then identify and analyze the causes. IFH helped to conduct an intranatal mortality audit, the results of which were then discussed in a working meeting with the heads of Vologda Oblast’s 25 Rayons.

To further improve the quality of care and make it more effective and accessible, IFH has started working on a functional system of regionalization with two pilot sites: Vologda Oblast and Orenburg city in Orenburg Oblast. At present, the distinctions between the three levels of care - primary, secondary and tertiary – are often not clear which results in primary or secondary level medical facilities trying to fulfill tertiary functions or doing nothing at all because they believe certain functions are the responsibility of another level. The goal of regionalization is to help all medical providers know for certain at what level they work, know what is expected of them, and have the necessary knowledge, skills, and equipment to perform competently. The intent is to develop an Oblast-wide model of medical service provision in Vologda Oblast and a city model for Orenburg city, including an explicit inter-level referral system.

## **CONCLUSIONS AND LOOKING FORWARD**

As expected, IFH concentrated initially on moving the new expansion regions forward. From now on, more emphasis will be given to assisting the “old” regions – the 10 MCHI II key

program regions - to mobilize local resources to scale up. This will involve using “targeted resources” to conduct refresher trainings as needed and then expansion trainings to reach the more rural areas. MCHI plans to conduct TOTS as needed to expand the already existing MCHI cohort of trainers and use follow-up visits to monitor implementation. A TOT in Breastfeeding is scheduled for May.

Increasingly, the MCHI trainers are regional trainers from other MCHI regions so that the training itself is an inter-regional exchange. The added advantage of this is that the trainers from other MCHI regions can describe the process of project implementation in their home region and share their own project implementation experiences.

**“I feel like Yakutia is my second home.”**

**Trainer from Vologda Oblast describing her work as a trainer in the Sakha Republic during field visit to Vologda.**

During the field visits, the value-added dimension of regional exchanges was clearly evident. The Sakha Republic (aka Yakutia) delegation that participated in the “Working Meeting on Implementation of a Model to Improve Reproductive Health and Family Planning Services in the Rural Areas” in Vologda, including the site visit to Totma, had much to share with their counterparts there and also appeared to see and hear much that would be useful to them. MCHI trainers increasingly come from the target regions themselves and being a trainer in another region enriches both as the two regions share their approaches to project

**“Regionalization is a serious and important step, but it won’t be easy.”**

**Head of the Vologda Oblast Health Department during field visit to Vologda**

implementation and their own project implementation experiences.

The innovative pilot work in Vologda Oblast and Orenburg city in Orenburg Oblast to develop a functional system of regionalization is a challenging undertaking, the results of which will be of great interest to other regions.

### ***C. Use of Modern Methods of Contraception Increased***

#### **BACKGROUND**

##### ***Reproductive Health in the Russian Federation***

For decades, the abortion levels in Russia have been among the world’s highest. Over the years, the official statistics on abortions suggest a steady decrease in both the crude abortion rate (CAR) and the total abortion rate (TAR). CAR dropped from 137.5 per 1,000 women aged 15–44 in 1985, to 116.9 in 1990, to 42.9 for women aged 15–49 in 2003 and to 40.5 in 2005. TAR decreased from 3.8 abortions per woman of reproductive age in 1985, to 3.4 in 1990, to 1.8 in 2000, and to 1.2 in 2005. Although considerably reduced, the levels of induced abortion still remain among the highest in the world and play a significant role in maternal morbidity and mortality and, in some instances, infertility.

The use of modern contraception does not have a long history or well-developed service delivery infrastructure in Russia. Abortion has historically been the primary means of birth control. Triggered by political and church worries about Russia’s falling population size, concerns surrounding the morality of induced abortion, and misunderstandings about family planning and its role in maternal and infant health; direct public sector support for family planning at the federal level was discontinued by the State Duma in 1998.

In the early 1990s, the Government of the Russian Federation launched a nationwide family planning initiative aimed at promoting modern methods of contraception as culturally acceptable and accessible means of managing fertility, thereby reducing the historical reliance on abortion. A network of family planning centers and/or units was established to offer family planning services, but they were not integrated with other reproductive health services; instead, they were a separate, distinct vertical system of specialty clinics and units. As a result, family planning lacked the attention of other reproductive health service providers, and access to services was limited by both geography and organizational structure within the health system. In those days, family planning centers dealt with largely uninformed clients, whose demand for family planning services was relatively low.

Social and political acceptance of modern family planning was uncertain as various forces and groups opposed family planning on political, demographic, moral, and religious grounds. The now well-documented population decline in Russia presented an additional challenging factor that opponents of family planning exploited aggressively, claiming that the national family planning program contributed to Russia's very low fertility rate. Opponents also spread misinformation about family planning's objectives and outcomes.

As a consequence, in 1998, the Duma—the lower house of Russia's parliament—ultimately withdrew financial support for the federal family planning program. Thus, the future of family planning provision became unclear as regions were left to determine if and how to finance family planning at the regional and municipal levels.

The longstanding conventional wisdom is that Russia and most of the former Soviet Union countries traditionally relied on voluntary induced abortion as the primary means of family planning. It is an accepted cultural norm, widely available and financially accessible. At the same time, studies show women in Russia almost universally hold strongly negative opinions about induced abortion and would prefer to avoid it to prevent unintended births. At the same time, access to modern methods of contraception was limited because Russia did not have a well-developed service delivery infrastructure, and there were concerns about the safety and quality of contraceptives. The poor quality of contraceptives produced by and imported into Russia in the 1970s and 1980s had given both the public and health care providers a strong and enduring perception that contraceptives—hormonal methods in particular—were dangerous, ineffective, or both.

Although a nationwide Reproductive Health Survey (RHS) has never been done for Russia, several regional RHSs (1996, 1999) suggest that Russia has relatively high contraceptive prevalence rates (CPRs). Between 69–77 percent of couples are estimated to use some form of contraception (with the use of modern methods of contraception relatively modest and the use of traditional methods fairly high). This seeming contradiction—high abortion rates as well as high contraceptive prevalence rates—is explained in part by the high reliance on the less-effective traditional methods that result in more frequent unintended pregnancies together with the current strong desire for a small family size that has resulted in extremely low rates of childbearing.

The reproductive health sector has been largely disconnected from the health reform processes in Russia. While reform has emphasized strengthening primary health care, the process has been controversial. Acceptance of family medicine-based primary health care was especially resisted in urban health systems where specialists felt threatened by the integration of services, whereas primary health care services in rural areas have traditionally

operated closer to a family medicine model. In Russia, reproductive health services remain predominantly the unique responsibility of gynecologists/obstetricians, who are for the most part based in maternities, hospitals, and polyclinics; thus, family planning has become predominantly part of this reproductive health service structure rather than an integral part of primary health care services.

The range of available modern contraceptive methods is unnecessarily narrow. Oral contraceptives, IUDs, condoms, and emergency contraception seem widely available, although access for rural populations is more restricted. At one point, the registration for Depo Provera lapsed so the availability of injectables has been intermittent. Norplant was introduced in Russia in the mid-90s but was not re-registered once its initial registration expired; consequently, it is not currently available. Age and parity restrictions limit access to female sterilization nationwide. Vasectomy counseling and services are not available.

Provider barriers are also extreme. The quality of counseling reflects many of these problems. The pharmacies in Russia have all now been privatized. Pharmacists can give information about contraceptives but cannot “counsel.” Only ob-gyns can provide contraceptive methods; other physicians and other health care providers can only “counsel.” Russia is attempting to introduce the concept of family medicine but, currently, a family medicine doctor could only provide counseling; a family medicine doctor could not, for example, insert an IUD.

The federally-mandated free package of obligatory services includes maternity care and abortion but not family planning services. Some regions cover family planning services with their own funds, including in some instances the provision of free contraceptives to high-risk groups. The definition of high-risk group varies but generally includes a combination of low-income women, students and adolescents, and specific vulnerable populations.

#### ***WIN/ MCHI Family Planning Component and Rural Pilot***

The provision of quality family planning counseling and services was at the heart of the WIN/MCHI program design and implementation. Quality meant services provided by a trained provider following evidence-based protocols, informed choice through client-centered counseling and available relevant IEC materials, and access to a variety of modern contraceptive methods, within a system that monitored quality and made adjustments as needed. Although key to all components, WIN/MCHI’s explicit focus on the client was of paramount importance to the family planning component, given the crucial role of informed choice. WIN/MCHI’s client-centered approach aimed to reorient services based on client needs and preferences, with the level of client satisfaction a clear indicator of quality. A key intended result was the integration of family planning counseling across the spectrum of maternal and infant care, especially into antenatal, postpartum, and post-abortion care services.

Client-oriented family planning counseling and services assumes the active involvement of clients in seeking information and services, making informed choices, and using their chosen methods consistently and correctly to avoid unwanted, unplanned, or mistimed pregnancies, which have a high likelihood of ending in abortion. WIN and MCHI both had ambitious IEC/BCC and training strategies to empower clients and help health professionals provide their clients with relevant counseling, information, and referrals.

In mid-2005, MCHI I recognized that since family planning had been the first and was therefore the “oldest” WIN/MCHI I component, its existing training curriculum was

consequently the oldest. A Family Planning Curriculum and Materials Working Group was formed to review and update curricular content to reflect the latest evidence-based standards. Because of the expanded demand for quality counseling skills, the curriculum was explicitly designed with the development of client-centered counseling skills as its core structure.

Particular attention was given to the rationale for adopting evidence-based best practices and to the use of the *WHO Medical Eligibility Criteria for Contraceptive Use*. Attention was also given to the importance of informed choice, the health and human rights aspects of family planning, and family planning's key role within the "healthy lifestyle" concept. Additional



information and materials on STIs, HIV/AIDS, and PMTCT were added as well as more emphasis on emergency contraception. Provider bias and common misinterpretations and/or misunderstandings (e.g. nulliparous women can't use the IUD, specific legal requirements for tubal ligation, abortion preferable to the use of emergency contraception, HIV+ women should not give birth, vasectomy is castration, etc.) were also addressed. Attention was also given to how providers can use mass media messages and the available client

materials to reinforce their counseling. The curricular format was also updated to be similar to the other MCHI curricula, with a comprehensive Trainers' Manual and a comprehensive Participants' Manual with copies of all slides used in presentations.

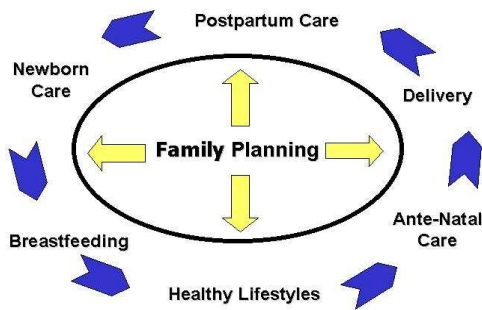
As MCHI I had progressed, the opportunity to pursue MCHI's logical next step and to pilot the integration of family planning into primary health care services in selected rural areas had developed. Two regions – Tyumen Oblast and Vologda Oblast – were chosen as pilot sites. In November 2005, representatives from Vologda and Tyumen Oblasts participated in a study tour to Romania to visit the USAID-supported Romanian Family Health Initiative (RFHI) implemented by JSI Research & Training Institute, Inc. throughout Romania to discuss firsthand the challenges and opportunities encountered during the planning and implementation of a nationwide project designed to bring family planning services to Romania's rural areas.

To support the rural pilot's need to roll out family planning training beyond MCHI's traditional urban, specialist-dominated facilities, the new family planning curriculum was also designed to be user-friendly and accessible to new trainers who might not be as experienced as the Project's master trainers.

The family planning master trainers with the longest involvement with MCHI were justifiably skeptical at first about a family planning curriculum that highlighted counseling so boldly, even though the curriculum was clearly evidence-based and used the *WHO Medical Eligibility Criteria for Contraceptive Use* as its foundation. They were concerned that doctors especially would want a curriculum that highlighted the medical aspects of the various methods (i.e., the contraceptive technology), although when asked what provider skills most needed strengthening, all the trainers identified counseling as the weak link in service provision.

A workshop for four family planning master trainers was held in January 2006 to review the completed curriculum, after which these master trainers facilitated a family planning TOT for prospective trainers from seven regions. The majority of the prospective trainers came from the two rural pilot regions – Vologda Oblast and Tyumen Oblast – while four additional regions – Irkutsk Oblast, Komi Republic, Orenburg city in Orenburg Oblast and Primorsky Krai – sent smaller teams.

Soon after the TOT, trainers from Primorsky Krai and Vologda Oblast co-facilitated the family planning course for the Sakha Republic (Yakutia) using the new curriculum, while other trainers from Orenburg and Vologda Oblast facilitated the family planning course for Sakhalin Oblast. The new curriculum was reportedly well-received when used in the field.



The training provided using the core family planning curriculum was strengthened and complimented by also integrating family planning into other maternal and child health training courses. Training in healthy lifestyles, antenatal care, FCMC, postpartum care, newborn care, and breastfeeding all included relevant family planning components. This integration into the whole spectrum of training reemphasized the *horizontal* role of family

planning in comprehensive reproductive health care while enhancing provider knowledge and skills.

When first considering a rural pilot, the lack of relevant rural data on which to base an implementation strategy was striking. In response, MCHI I worked with the Vologda Research and Coordination Center of the Russian Academy of Science to locally conduct a population-based household survey (including a male component) in Vologda Oblast similar to those conducted during the WIN Project. The questionnaire used drew heavily from the questionnaire used for the 1999 Russia Women’s Reproductive Health Survey conducted by the Russian Center for Public Opinion and Market Research in collaboration with the United States Centers for Disease Control and Prevention (CDC). It was very interesting to see that the rural contraceptive use findings were similar to those in the WIN surveys which covered predominately urban areas.

## MCHI II MANDATE

Many tasks in the original Cooperative Agreement were designed to contribute to achieving the **Result** “*increase use of modern methods of contraception as a means to prevent unwanted pregnancies in targeted regions and populations*” including

- “*evaluate and document the rural family planning model developed and tested in two regions under the MCHI I project and expand the rural family planning model to at least three additional MCHI participating regions through regional exchanges, QA methodology, training, technical assistance and supervision/ follow-up*” and
- “*in partnership with the USAID-funded Private Sector Partnerships One Project on social marketing and commercial partnerships, promote an improved and expanded contraceptive method mix among the general population through such*

*techniques as social marketing. Contraceptives are provided through the private sector in Russia, and little work has been done with the private sector to market contraceptives appropriately to improve and expand the method mix.”*

## **IMPLEMENTATION TO DATE**

### ***Rural Family Planning Model***

In November 2006, IFH staff went to Vologda Oblast to visit pilot rural facilities and conduct a needs assessment together with Vologda counterparts. During the visit, IFH staff and the Vologda family planning team held a working meeting to discuss the family planning activities that had been carried out in the Oblast since the MCHI I family planning TOT in February 2006 and to collaboratively plan future activities.

In February 2007, IFH and the Vologda Oblast team held a joint workshop on the expansion underway in Vologda. Participants included chief physicians and specialists from the pilot Rayons as well as Project consultants from Vologda city. The major topic was modern approaches to reproductive health care. The new Family Planning training course was introduced, and the Vologda Regional Coordinator presented the results of the MCHI I reproductive health survey conducted in Vologda Oblast in 2006. Participants then developed action plans for implementation in their facilities.

A similar joint workshop took place in Tyumen Oblast in May 2007 involving health care personnel from the entire Oblast. Family planning issues received major attention, including the experiences of the Tyumen delegation that had participated in the study tour to Romania. In September 2007, IFH staff, the Regional Coordinators from Tyumen Oblast and the Sakha Republic, and a representative from Omsk Oblast participated in two back-to-back conferences in Bucharest, Romania. The first - “*Best practices in Family Planning in the Europe and Eurasia Region*” – was organized by the Europe & Eurasia Regional Family Planning Activity, USAID/ Europe and Eurasia Bureau’s then new initiative to leverage best practices in family planning across the Europe and Eurasia region implemented by JSI and the Private Sector Partnerships-*One (PSP-One)* project. The second - “*The Romanian Family Health Initiative’s End of Project Conference*” – highlighted the considerable successes of the USAID-funded Romanian Family Health Initiative, also implemented by JSI, in increasing Romania’s modern method use rates and decreasing Romania’s abortion rate via a strategy that focused on rural areas first

Both conferences were designed to bring together participants from Eastern Europe and Eurasia who were interested in strengthening and promoting their family planning programs and activities. During the conferences the participants shared best practices, described successful strategies and approaches, and discussed challenges while learning from the experiences of the Romanian project, the Romanian Ministry of Public Health, and local NGOs.

In February 2008, Vologda Oblast hosted a “Working Meeting on Implementation of a Model to Improve Reproductive Health and Family Planning Services in the Rural Areas” which coincided with this evaluation. (A similar meeting is scheduled for Tyumen in July.) A three-person team from the Sakha Republic (aka Yakutia) also participated. With the intent of

conveying the message that family planning should not be provided just by ob-gyns, family doctors and general practitioners from Vologda Oblast were explicitly invited to attend. During the past year, Vologda has trained 130-140 health professionals – health workers from all levels and with all types of background, not just ob-gyns – in the five pilot Rayons, using the MCHI family planning curriculum.

**“They were like sponges!!”**

**Vologda Oblast Family Planning Trainer describing her work in the pilot Rayons at the Working Meeting during field visit to Vologda.**

Vologda also has a partnership with the Swedish counterpart to USAID, the Swedish International Development Agency (SIDA) to retrain general practitioners to become family doctors. The three-day MCHI family planning curriculum has been incorporated in its entirety into the SIDA program.

Vologda is currently in the process of expanding to eight additional Rayons and also plans to repeat the regional population-based household survey at a later date.

### ***Family Planning as a Key MCHI II Component***

**Appendix C. MCHI II Training by Region and Topic** outlines the family planning training that has taken place to date under MCHI II., training that includes TOTs as well as the standard family planning course. IFH has continued to “grow” the cadre of regional trainers to institutionalize their ability to further roll out the WIN/ MCHI interventions. As examples, the TOT trainers in family planning from Tyumen and Vologda conducted a TOT in Omsk together with two potential trainers from Krasnoyarsk Krai. These four then conducted the TOT in Krasnoyarsk, thus giving Krasnoyarsk its own regional capacity to roll out the standard training. A potential trainer from Irkutsk Oblast attended the Omsk TOT and was then able to co-train at the TOT in Irkutsk.

In February 2008, to discuss next steps in developing and integrating family planning activities in Russia. IFH hosted a two-day “Experts Meeting on Reproductive Health and Family Planning” in Moscow with considerable attention being given to youth reproductive health. In May, IFH’s family planning trainers will give master classes as part of a regional conference on reproductive health to be held in Barnaul in Altai Krai.

**“A healthy family is very important to us and the reproductive health of our women is the key to this.”**

**Professor of Ob-gyn at Experts Meeting on Reproductive Health and Family Planning**

Although the standard family planning curriculum was updated in 2006, IFH feels that the client materials and provider job-aids – cue cards, leaflets, posters, etc. – should be revisited and possibly updated or replaced. Staff and trainers have been seeking feedback during workshops and trainings, and efforts

are underway to collect currently available materials that could be adapted or adopted. To reach youth, a need has been identified for informational materials for schools. A need for informational materials for TV and print journalists has also been identified, as well as the need to have all materials available on the IFH website

### ***Private Sector Partnerships- One***

In October 2006, a *PSP-One* assessment team visited Russia and met with multiple IFH staff. *PSP-One* sent IFH a draft assessment report to which IFH responded; to date IFH has had no further contact with *PSP-One*. *PSP-One* published an assessment report “*Assessment of Commercial partnership Opportunities in Russia*” in March 2007.

## CONCLUSIONS AND LOOKING FORWARD

Although family planning may have been the original “leading edge” in the rural pilot model and has indeed gotten considerable attention, in practical terms both Tyumen Oblast and Vologda Oblast decided early on to implement all of the MCHI components throughout their oblasts in the integrated manner that is the hallmark of the WIN/ MCHI approach.

Horizontalizing family planning across the continuum of comprehensive maternal and infant care helps to make it everyone’s responsibility and supports family planning as a public health and community norm—it becomes the concern of everyone, not just the *niche* concern of a few. While usually sensible in any country, this approach is particularly appropriate in the Russian Federation where family planning has been and will continue to be a sensitive political issue. Also, because family planning is not a *new* topic compared with the other WIN/ MCHI components, it initially lacked interest from service providers and was not uniformly understood and supported at many levels. In fact, “selling” family planning by itself would have been very difficult. As part of a broader effort to improve a whole spectrum of maternal and child health practices, family planning is increasingly being recognized as a key component that merits strengthening.

The challenges when integrating family planning into primary health care, especially in rural areas, was made vivid during the field visit to Vologda. Both the Vologda team and the Sakha Republic team spoke of the remoteness of many sites, the low population density compared to the cities, horses instead of ambulances, terrible roads, serious poverty, and the desire of young people to leave the villages in search of jobs.

Historically and for multiple reasons, WIN/ MCHI I has found it a challenge to promote family planning as an alternative to abortion, given abortion’s widespread availability and cultural acceptance as a means of controlling fertility. Now, given the widely-discussed demographic “crisis”, there is a big emphasis on reducing the number of abortions. During this evaluation, many health professionals talked in strongly pro-natalist terms. The current situation in Russia provides MCHI II with both a challenge and an opportunity. Now more than ever, IFH will need to convey the messages to health providers, clients, and other key stakeholders that the evidence from other low-fertility countries shows that increased use of modern contraception replaces abortion, rather than further lowering the fertility rate. In addition, compared to abortion, the use of contraception has health benefits and protects women’s fertility.

Several recently or soon-to-be available USAID-funded resources should be extremely useful to IFH in the implementation of the family planning component of MCHI II.

In June 2007, USAID launched a handbook, *Family Planning: A Global Handbook for Providers*, that clearly and succinctly details evidence-based guidance for clinic-based health care professionals providing contraceptive methods. This much-needed *Global Handbook* was developed through a worldwide collaborative process and was designed to be one of WHO’s “4 Cornerstones of Family Planning Guidance”. Published originally in English, the *Handbook* comes with a copy of “*Do You Know Your Family Planning Choices?*”, a new wall chart summarizing key points for each contraceptive method. The new chart replaces the old wall chart by the same name and will continue to serve as a tool to comply with a requirement of the Tiahrt Amendment.

The United Nations' Population Fund (UNFPA) is funding the *Handbook's* translation into Russian and the printing of a limited number of Russian hard copies. IFH was asked to review the Russian version of the wall chart, and the good news is that the wall chart has now been printed (and just received by IFH). The Russian edition of the *Handbook* itself should be available soon, hopefully in June.



The USAID-funded Together for Health project, implemented in Ukraine by JSI Research and Training Institute Inc. in collaboration with AED and the Harvard School of Public Health, has produced a major advocacy document, *“The Rationale for Family Planning in Ukraine: Evidence from Europe, Eurasia and the US”*, that addresses the commonly heard argument that family planning isn't needed in the EE&EA countries because of their low fertility rates and the sharp population declines that have characterized many of the countries since independence. The paper pulls together the evidence from Europe, the US and the EE&EA countries to make the case to policy-makers that family planning is a health and human rights issue and that family planning improves rather than worsens the demographic situation. (It is also interesting to note that the PSP-*One* Assessment Report noted that the current pro-natalist climate in Russia did not appear to deter pharmaceutical companies from investing in the contraceptive market, although manufacturers were rethinking the best way to market their products. It was noted that hormonal contraceptives in particular were being repositioned as a healthier alternative to abortion because they provide non-contraceptive benefits and allow a quick return to fertility, points also made by the Together for Health document.)

The USAID-funded ZdravPlusII Primary Health Care Reform Project, implemented in Central Asia by Abt Associates with JSI as a partner, has recently produced a series of updated Russian language family planning counseling materials for clients. There is one pamphlet for each contraceptive method, with guidance for correct and long term use of each method. The series incorporates the latest WHO, UNFPA, and USAID guidance and is consistent with the *Global Handbook*. (ZdravPlusII has also produced a very handy week by week description of pregnancy in Russian and English for counseling pregnant women and their partners which includes guidance consistent with WHO recommendations.)

At the working meetings and during the field visits, many encouraging comments were heard about the need to involve all types and levels of health professionals in family planning counseling and to expand the provision of services beyond ob-gyns. The need to expand the role of midwives, nurses and feldschers is increasingly recognized, as is the need to change the mindset of ob-gyns to allow this change in role to happen. In Vologda, it was particularly interesting to hear how they had incorporated MCHI's family planning curriculum into their SIDA-supported program to “retool” general practitioners to make them family doctors.

**“We still think we should do all the counseling, even though we don't have the time!”**

**Ob-gyn at the Working Meeting during field visit to Vologda.**

It was likewise fascinating to learn about the Sakha Republic. It is the world's largest sub-national administrative region, containing 17% of Russia's land area and about 2.3% of the world's total land area. To give perspective, Sakha's area is about the same size as India'. With a population under 1,000,000, Sakha gives new meaning to the words “rural” and

“remote”. In Sakha, midwives already provide family planning counseling, and in some instances insert IUDs and do deliveries.

During the field visits, a number of negative comments were made about IUDs, as if they were “old-fashioned” and oral contraceptives were “modern”. Also noted was the underutilization of injectables. When free contraceptives are available, the choice does not generally include injectables. This information is only anecdotal – but both can limit what is already a limited range of methods. Also free contraceptives may be provided in fairly small amounts (a one to two month supply) which can also create an inadvertent barrier to the consistent and correct use needed for successful use of a method. The upcoming newsletter (described in detail in **Section V.F. Evidence-based Models and Systems Advocated**) that will be devoted to family planning will be an excellent opportunity to address these kinds of issues and reinforce key messages already included in the family planning curriculum.

Reportedly, PSP-*One* does not have an active presence in Russia. Also, IFH to date has no approved subcontracting mechanism.

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH form a partnership with the PSP-*One* project.

#### ***D. Medical, Nursing, and Midwifery School Curricula Updated***

##### **BACKGROUND**

WIN/MCHI I was designed with the explicit intent to initiate the introduction of their internationally recognized, evidence-based standards into the pre-service and post-graduate curricula of training institutions for physicians, nurses, and midwives. An expected MCHI I Result was “introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.”

Under MCHI I, the competitive selection criteria for the first 10 expansion regions included the presence of a medical school in the region and “a supportive environment within”. All selected regions except Sakhalin Oblast had a medical academy, university, school, or college that trained doctors, nurses, or midwives. Ten of the 16 MCHI I regions had medical schools that trained physicians.

MCHI I’s dissemination and replication strategy also stressed the inclusion of faculty members from these medical schools in all aspects of MCHI’s implementation. The regional working groups almost universally included representatives from the pediatric and ob-gyn departments of these institutions, and these representatives were included in multiple MCHI training courses. In all, 117 faculty members from 23 separate institutions were trained in MCHI courses and workshops.

Regional medical institution representatives were also purposefully included in the MCHI I Interregional Working Group (IWG). Over time, as MCHI I became better known, the dean of the Sechenov Moscow Medical Academy, generally regarded as one of Russia’s most prestigious medical universities, joined the IWG as did the chairman of the Department of Obstetrics and Gynecology at the Peoples’ Friendship University of Russia.

In 2005, MCHI I conducted a six-day orientation workshop designed explicitly for medical university and academy representatives. All but three (Kaluga Oblast, Khabarovsk Krai, Novgorod Oblast) of the then 14 MCHI regions were represented. The workshop combined both didactic presentations on modern perinatal and family-centered maternity care and clinical visits to the Perm pilot sites. As part of the workshop, each representative developed a strategy and plan for further integrating the Project’s approaches and materials into pre-service and post-graduate curricula at their home institutions.

However, it was also recognized that influencing the Russian professional medical community would be a great challenge requiring time and a gradual, repetitive process. While many participants from medical training institutions expressed the intent to incorporate WIN/MCHI materials into their curricula, these efforts were constrained by the lack of wider faculty motivation and interest. There was also the considerable disconnect between actual clinical practice and training institutions. In addition, interactive training techniques—an essential component in the WIN/MCHI training approach—are not skills commonly found in the faculties of Russia’s medical training institutions.

## **MCHI II MANDATE**

To achieve the **Result “update medical, nursing and midwifery schools’ curricula to reflect MCHI protocols and internationally recognized standards in targeted regions”**, the original Cooperative Agreement tasked MCHI II with

*“carrying out an assessment to evaluate the integration of the evidence-based MCH/ Reproductive Health models into training curricula in 16 participating regions. Based on the findings which shall highlight the most successful examples of integration and lessons learned, a detailed strategy on more direct involvement of medical, nursing, and midwives schools in the integration of the evidence-based MCH/ reproductive health into their training curricula shall be developed.”*

## **IMPLEMENTATION TO DATE**

Educational reform is receiving increasing attention in the Russian Federation, driven in part by Russia’s participation in the Bologna Process.

### **Bologna Process**

**In 1999, Ministers of Education from 29 European countries signed an educational reform declaration during a meeting at the University of Bologna in Italy. This Bologna declaration was then opened up to other countries signatory to the European Cultural Convention of the Council of Europe.**

**The Russian Federation joined what has become known as the Bologna Process in 2003.**

**The Bologna Process has put in motion a series of reforms needed to make European Higher Education more compatible and comparable, more competitive and more attractive for Europeans and for students and scholars from other continents.**

**Key priorities of the Bologna Process are the introduction of a three cycle bachelor/ master/ doctorate system and quality assurance. Countries are currently setting up national qualifications frameworks and defining learning outcomes for each of the three cycles.**

After evaluating the major textbooks used in a range of medical colleges and universities, IFH concluded that their best strategy would be to focus on major regional institutions in the active MCHI II regions and on additional key institutions that are closely involved with IFH

on particular components of the MCHI portfolio.

To solidify this collaboration, IFH has developed explicit Memorandums of Understanding (MOUs) with a number of these institutions. **Appendix E. Collaborating Medical Institutions** lists the institutions working closely with IFH as of February 2008 and details the specific areas of collaboration.

In June 2008, IFH will conduct a workshop for representatives from the medical schools and mid-level management from select medical facilities to orient them to evidence-based MCH approaches and to the clinical obstetric protocols.

## **CONCLUSIONS AND LOOKING FORWARD**

The importance of evidence-based medicine as the basis for educational programs in pre-graduate and post-graduate medical universities and colleges has been a key message of WIN/ MCHI I and increasingly of MCHI II. How to best engage and collaborate with medical colleges and universities has been a topic of focus in many MCHI II-sponsored meetings. It is an ongoing discussion during the periodic working meetings of IFH staff, Regional Coordinators, and MCHI II experts. It was explicitly addressed during the MCHI II International Launch Conference in Omsk in June 2007. It was also a focus of discussion during the February “Experts Meeting on Reproductive Health and Family Planning” that took place during this evaluation.

In many ways, pre-graduate and post-graduate education is poised to be an area where MCHI II can have major impact. As outlined in **Section III. F. Evidence-based Models and Systems Advocated**, IFH has become a national leader in obstetric protocol development. Additionally, as described in **Section III. J. Assistance and Expertise Provided to the Europe & Eurasia Regional Family Planning Activity**, MCHI II’s involvement with the Europe & Eurasia Regional Family Planning Activity should provide a rich opportunity to leverage its work to the benefit of pre-service education in Russia as well as to the benefit of other European and Eurasian countries.

### ***E. Institute for Family Health Empowered and Strengthened***

## **BACKGROUND**

In the spring of 2006, USAID conducted an assessment of its then two major reproductive health projects in the Russian Federation – MCHI I and Healthy Russia 2020. A key objective of this assessment was to evaluate the likelihood that current activities would be successfully continued by appropriate Russian “legacy organizations” and – in MCHI I’s case - to consider an appropriate transition process from a project implemented by JSI to a new program mechanism. A main conclusion of the assessment was that MCHI staff made unique and vital contributions to MCHI I’s obvious success and that the tools and methodologies developed under WIN and MCHI I were also key to that success and merited further support.

As the MCHI I Project entered its final months, the MCHI staff began discussing with JSI the possibility and process of becoming that “legacy organization”. Staff turnover had been minimal; most had been together since the WIN Project. As a team and individually, they were well-recognized and well-respected throughout Russia as change agents for client-centered, evidence-based MCH care. Both JSI and USAID/Russia enthusiastically and

proudly supported the MCHI staff as they thoroughly and conscientiously explored the ramifications of undertaking such a challenge.

With full support from JSI, the MCHI staff registered as an indigenous Russian non-governmental organization to be called the Institute for Family Health. The original intention was to form a Russian non-profit NGO but, as IFH began the registration process, it was discovered that the process to register as a non-profit would take many months to complete, if not several years, or possibly would never happen due to ongoing regulatory changes within the Russian Federation's federal government regarding non-profit NGOs operating within Russia. As a result, while IFH initially began its application process for registration as a non-profit NGO, it followed legal and contractual advice to register as a for-profit organization. One clear advantage of registering as a for-profit was that the registration process was completed in a matter of weeks rather than months or years.

## **MCHI II MANDATE**

To achieve the **Result** “*a Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion of MCH innovation in Russia beyond USAID's assistance*”, the original Cooperative Agreement tasked MCHI II with

- “*developing a detailed business plan on institutional development of the MCH NGO. The plan shall focus on the mission and vision of the NGO; its short-term and long-term goals; organizational structure; social marketing; fundraising capacity and sustainability.*”

## **IMPLEMENTATION TO DATE**

### ***Organizational Development***

In October 2006, JSI provided technical assistance (TA) to the newly-formed Institute for Family Health to help IFH outline an initial marketing strategy and begin drafting marketing materials. As a consequence, both a brochure and a booklet were developed to present IFH's capabilities and expertise to potential clients.

The following spring - following participation in the Global Health Council's Annual International Conference, JSI's biannual International Division Meeting, and JSI's Fifth EE/EA Regional Meeting - IFH program staff received additional organizational development and capacity building TA from JSI's headquarters staff in Boston. The week's work included strategic planning for maternal, neonatal, child and reproductive health; proposal development; proposal budgeting; selecting and managing donors; responding to requests for proposals; health management information systems and the practical uses of data; monitoring and evaluation; and the demonstration of a family planning M&E data system. The IFH team also visited a local family planning clinic, where they had an interview with local press and shared their experiences in Russia.

### ***New Business Development***

As a new NGO seeking to broaden its base of support, IFH has developed and submitted proposals in response to advertised bids with considerable success. IFH was the successful bidder in eight of the 16 bids to which they responded. In only four instances was IFH an unsuccessful bidder; three requests for bids were cancelled or postponed by the requestor and one bid is pending. The successful bids were made to a range of institutions - multinational, international, and Russian governmental, both federal and regional.

Nearly all of the successful bids directly leverage the MCHI II funds by either expanding or deepening the work explicitly done under MCHI II, as described in **Section V.B. Access to High Quality, Evidence-based Reproductive Health/ MCH Services and Information Improved** and **Section V.H. National Health Priority Project on PMTCT Extended to the Russian Far East**.

### ***Contractual Issues***

To date, USAID/ Russia and IFH have not agreed on a suitable subcontracting mechanism for IFH to use. As a result, IFH has not been able to arrange the TA needed for several key activities, as described in **Section V.I. Integrated Family Planning/ STI and HIV Prevention Model Developed**.

USAID/Russia has also indicated to IFH that IFH may have difficulty qualifying for future funding because of its current registration as an indigenous Russian “for profit” NGO. Because of issues related to value added taxes (VAT) and other taxes, USAID/ Russia recommends registering as a foundation or registering as an autonomous non-commercial organization. According to the legal advice received by IFH, this is not easily or quickly done. Reportedly, the Russian Federation has issued many new regulations at the federal level regarding reporting and taxes that further complicates the multiple discussions that USAID and IFH have had on this topic.

## **CONCLUSIONS AND LOOKING FORWARD**

As was verified during meetings with USAID/ Russia, with IFH, and with the accounting officers of the audit firm advising IFH on registration and taxes, doing business in Russia is a very complex, very complicated, and rapidly evolving situation.

IFH is a dynamic, indigenous Russian legacy organization in its fledgling stage, and JSI is very committed to supporting its ongoing efforts to achieve and maintain organizational sustainability.

Although it’s a very positive achievement when IFH is successful at winning new business, managing multiple projects is a strain on its financial management capacity. Regardless of the size of the project, the accounting requirements for each are considerable. WIN and MCHI I were noted for their strong financial management skills; to maintain this standard, IFH may need to consider expanding its capacity in this area.

With regard to new business development, very impressive and of great interest is that fact that IFH was a finalist in the recently established, extremely competitive grants program of the Bloomberg Initiative to Reduce Tobacco Use. Funded by Bloomberg Philanthropies (the foundation of New York City mayor, Michael Bloomberg, whose name has also been given to the Johns Hopkins School of Public Health), the Bloomberg Initiative is the largest-ever effort to fight tobacco in the low- and middle-income countries that are home to more than two thirds of the world's smokers. Given that male smoking rates are already high in most countries, tobacco use is increasing a maternal and child health problem since women and children are overwhelmingly the target audience of the global tobacco industry. The Initiative targets 15 high burden countries, of which the Russian Federation is one. Less than 20% (one in five) of groups submitting a project concept – governmental and non-governmental – are asked to submit a full proposal and less than 40% (two in five) of the full

proposals are finally funded. In 2007, more than 1100 project ideas were submitted to the Bloomberg Initiative; ultimately, a total of 81 grants were awarded in 31 countries, a success rate of about 7%.

IFH is very much hampered by the lack of a subcontracting funding mechanism. In addition to the study tour and TA for the family planning/ STI and HIV prevention training package, IFH had also requested that JSI provide IFH with additional capacity building TA at the time of the study tour.

**Recommendation:** USAID/ Russia and IFH with JSI involvement as useful should continue to seek a suitable subcontracting funding mechanism.

**Recommendation:** IFH and JSI should actively and explicitly explore ways to work more closely together and remain linked.

IFH has yet to develop a written business plan which can serve as a guide for future actions and which examines IFH from all perspectives, such as operations, marketing, and finance. JSI is committed to the process of helping IFH develop such a plan. A rough outline of what is needed has now been drafted. Since developing a business plan is an ongoing, evolving process, the expectation is that several drafts will go back and forth between IFH and JSI until a final version is developed. The exercise itself should be very useful in better understanding and eventually resolving some of IFH's sustainability, management, and new business development issues.

**Recommendation:** IFH and JSI should actively and explicitly work together to develop a functional and actionable business plan for IFH.

## ***F. Evidence-based Models and Systems Advocated***

### **BACKGROUND**

MCHI I took on a number of "value-added" activities beyond the scope of its Contract that enriched and enhanced the Project's implementation and results. In April 2006, responding to needs articulated by the regions, MCHI I convened representatives from eight MCHI I regions – Barnaul in Altai Krai, Kaluga Krai, Krasnoyarsk city in Krasnoyarsk Krai, Orenburg city in Orenburg Oblast, Perm Oblast, Primorsky Krai, Tyumen Oblast, Vologda Oblast – and Moscow, together with MCHI staff and expert consultants to discuss and reach consensus on a range of clinical protocols covering normal birth, premature rupture of membranes, pre-eclampsia/eclampsia, vaginal birth after previous Caesarian section, and postpartum hemorrhage. These protocols were presented at the MCHI I Final Dissemination Conference in May 2006.

In August 2006, the MOHSD asked MCHI I to support and lead the national obstetric protocols development process and to support, participate and present at MOHSD meetings scheduled in the seven Federal Districts as part of the National Delivery Certificates Project implementation. MCHI I was able to fully participate in five of these meetings.

In October, a joint MCHI/MOHSD workshop was convened to begin work on the national obstetric protocols. Under MCHI II, these protocols were to be finalized and widely disseminated via a national conference and other avenues of dissemination.

## MCHI II MANDATE

To achieve the **Result** “*advocate for evidence-based models and systems of RH/MCH care and improve decision-making environment at the federal and regional levels*”, the original Cooperative Agreement tasked IFH with

- “*creating a supportive policy environment to institutionalize the evidence-based model and its inherent international standards, guidelines, and protocols. Policy change and reform is essential at the regional and eventually national levels to allow the new practices to be institutionalized and empower providers and facility administrators to be the agents of the changes.*”

## IMPLEMENTATION TO DATE

### *Obstetric Protocol and Course Development*

IFH has steadily pursued the development of national obstetric protocols in collaboration with the Ministry of Health and Social Development. A joint MCHI/ MOHSD workshop on protocol development in October 2006 convened representatives from the World Health Organization (WHO), USAID, the Russian Society of Obstetricians/ Gynecologists (RSOG), the Russian Consumers’ Confederation, MOHSD, and IFH to discuss the process of protocol development in Russia and worldwide; the topic, form and principles of protocol development; and the pathways for introducing protocols into practice. During the meeting, it was decided to create a national working group on protocol development, to accept the protocols previously developed by MCHI as examples, to send these protocols for review, and to prepare preliminary drafts of additional protocols on topics such as the management of normal pregnancy, antenatal bleeding, and the management of preterm delivery.

A follow-up clinical protocols working meeting took place in March 2007 that involved representatives from the medical universities and academies in Krasnoyarsk, Orenburg, and Tyumen as well as IFH and the team of MCHI consultants. Ultimately, 11 obstetric protocols were discussed and developed:

- Management of Normal Pregnancy
- Antenatal Hemorrhage
- Pre-eclampsia and Eclampsia
- Antenatal and Intranatal Fetal Assessment
- Normal Birth
- Premature Delivery
- Pregnancy Management with Premature Rupture of Membranes,
- Pregnancy Management and Vaginal Birth after Previous Caesarian Section.
- Meconium Stained Amniotic Fluid
- Post-Partum Hemorrhage
- Postpartum Infection Complications

The finalized protocols were sent to the regions for final feedback prior to being presented at the June 2007 MCHI II International Launch Conference in Omsk.

In January 2008, IFH convened a meeting in Tyumen Oblast to begin developing a training course to address emergency cases in obstetrics. Together with IFH staff, experts from Krasnoyarsk, Orenburg, Perm, and Tyumen discussed the structure of the course, its agenda,

and the structure of the raining modules. The expert responsible for each module was identified, a timeframe for developing the course was outlined, and a target time for piloting the new course was agreed upon.

The next working meeting on obstetric protocols is scheduled for Moscow in May 2008.

#### ***Neonatology Protocol and Course Development***

In Moscow in March 2008, IFH convened a working meeting of neonatologists and pediatricians to discuss future needs and ways to collaborate. The group developed an evaluation system to assess the readiness of medical facilities for newborn resuscitation training. The convened experts also agreed on a process for developing a new training course in newborn care, as well as needed clinical protocols in neonatology and pediatrics.

#### ***Operational Study on Perinatal Practices***

Early on, IFH identified the need for an operational study to assess perinatal practices. The objective would be to assess applied practices in the management of labor, the management of the postpartum period, and the management of some complications of pregnancy and labor in order to measure the effectiveness of the implementation of modern perinatal practices in large second and third level maternity hospitals according to selected indicators. Five areas were targeted: Krasnoyarsk city in Krasnoyarsk Krai, Omsk Oblast, Orenburg city in Orenburg Oblast, Tyumen Oblast, and Vologda Oblast.

By March 2007, a draft design, methodology and questionnaire on key perinatal practices had been developed. Once the questionnaire was finalized and data collection began, IFH staff visited the target regions to meet with the research groups at each site, discuss the research process, and monitor the quality of data collection. IFH is currently analyzing the data collected with a preliminary report expected in June 2008.

#### ***IFH Newsletters***

Under MCHI II, IFH has introduced a periodic newsletter to provide updated information and the latest research findings on project practices. Three issues have been produced to date; the first dealt with perinatal hemorrhage, the second with eclampsia, and the third with PMTCT and the role of Caesarean section for HIV+ women. (Currently, HIV+ women have a very low C-section rate because of stigma and provider bias.) IFH's original intent was for the fourth issue to address family planning, but the MOHSD requested IFH to address low birth weight babies, an issue of increasing concern in Russia. As a result, the fourth issue will address low birth weight babies, the fifth will address family planning, the sixth will address normal pregnancy, and the seventh will address PMTCT and STIs. 3,000 copies of each issue are printed and disseminated to partners, providers, and other stakeholders.

### **CONCLUSIONS AND LOOKING FORWARD**

IFH continues to be recognized as a national leader in evidence-based advocacy. A major advocacy initiative that MCHI II has steadily pursued has been the development of national obstetric protocols in collaboration with the Ministry of Health and Social Development. MOHSD initially was a little slow to recognize the quality and substance of WIN and MCHI I. However, since mid-MCHI I, the MOHSD has increasingly viewed the MCHI model as a rich resource and IFH staff as valued partners. For example, MOHSD recently turned to IFH for help addressing the issue of low birth weight babies. (The newsletter is an excellent

mechanism for showing how “evidence-based” is a dynamic concept, that evidence is not static, but instead evolves.)

Given IFH’s success in addressing obstetric issues, now is an excellent time to begin addressing the neonatal side of the birthing process more explicitly. The results of the Operational Study on Perinatal Practices should help to inform IFH’s ongoing advocacy work.

## ***G. Reproductive, Maternal, and Child Health in Omsk Oblast Improved***

### **BACKGROUND**

Omsk Oblast was one of MCHI’s original 10 expansion regions, chosen competitively as were all of the original 10 expansion regions. Under MCHI I, staff from nine facilities in Omsk City and Tara received training in all of the MCHI components and participated in all MCHI activities. As MCHI I was ending, Omsk indicated an interest in extending the MCHI interventions throughout the Oblast, and USAID/ Russia indicated a willingness to fund a GDA Partnership between IFH and Omsk Oblast.

### **MCHI II MANDATE**

The overall goal of the GDA Partnership with Omsk Oblast is “*to improve access to and quality of reproductive, maternal, and child health services in Omsk oblast to further reduce maternal and perinatal mortality and abortion rate*”.

The objectives of the Partnership are to:

- *Scale-up evidence-based reproductive, maternal and child health interventions from two pilot sites to the entire oblast*
- *Introduce modern family planning methods oblast-wide*
- *Implement PMTCT*
- *Increase client satisfaction with the services provided at health facilities*
- *Develop capacity for sustainability through the formation and development of regional and local technical and organizational expertise.*

The expected **Results** are to:

- *Increase beneficial evidence-based practices oblast-wide and reduced non-beneficial non-evidence-based practices*
- *Increase use of modern contraceptive methods*
- *Reduce the perinatal, infant and maternal mortality rates*
- *Reduce the abortion rate*
- *Reduce mother-to-child transmission of HIV*
- *Train the cadre of regional/ local trainers*
- *Train a broad range of primary care providers on family planning counseling*
- *Train the Omsk Oblast Hospital to serve as a training and resource center*
- *Serve as a model on partnership to improve MCH care oblast-wide for neighboring Tyumen, Tomsk, and Novosibirsk oblasts.*

## IMPLEMENTATION TO DATE

In February 2007, to help launch the Partnership, IFH made a presentation, “Women and Infants’ Health Care: Achievements and Perspectives of MCHI I Implementation in Omsk Oblast”, to the Omsk Oblast government authorities, followed by discussions regarding how best to mutually collaborate under MCHI II.

A first working meeting, “*Collaboration between IFH and Omsk Oblast within the MCHI Framework*”, then took place in April, involving representatives from the Omsk Oblast Administration, the Oblast Ministry of Health, the Oblast Ministry of Labor and Social Development, the municipal regions in the Oblast, the Omsk State Medical Academy, the Oblast Medical College, and social centers for family and children care. After visiting the Omsk MCHI I pilot facilities, the participants discussed how best to extend the MCHI evidence-based practices throughout Omsk Oblast. Plans were made to develop a system of the regional trainers; to conduct trainings for a wide range of medical providers in the recommended evidence-based practices; to disseminate the Family Planning, Breastfeeding and MCH care model to all the MCH facilities in the Oblast, to implement an agreed-upon monitoring and evaluation system, and to encourage closer collaboration between the MCH facilities and the social service facilities to improve the socio-psychological support provided to women.

As a first training activity, IFH conducted a family planning training of trainers (TOT) in April. The key objective was to standardize the approaches to family planning and to improve the trainers’ skills in methods of adult learning as well as in counseling skills. Representatives from pilot medical facilities, who already had experience training colleagues, participated. The course was conducted by two trainers –one from Tyumen Oblast and one from Vologda Oblast – who had been actively involved in the family planning rural pilot started during MCHI I. ((Two representatives from Krasnoyarsk city and one from Irkutsk also participated in the training).

To further involve health personnel from Omsk Oblast in the Omsk/ MCHI II GDA Partnership, IFH chose to hold its June 2007 MCHI II International Launch Conference in Omsk. In addition, as described in **Section V.C. Use of Modern Methods of Contraception Increased**, representatives from Omsk were part of the MCHI delegation to Romania in September 2007 that participated in the two back-to-back conferences: “Best practices in Family Planning in the Europe and Eurasia Region” and “The Romanian Family Health Initiative’s End of Project Conference

**Appendix C. MCHI II Training by Region and Topic** details the training that has taken place in Omsk to date: a family planning TOT (April 2007), refresher training in FCMC (May 2007), expansion training in antenatal care (September 2007), and expansion training in breastfeeding (October 2007).

## CONCLUSIONS AND LOOKING FORWARD

Because of the reporting requirements of the GDA Partnership, Omsk Oblast is considered separately in the IFH Cooperative Agreement but, in terms of technical implementation, it is one of the MCHI II 10 “old” key program regions, as described in **Section V.B. Access to High Quality, Evidence-based Reproductive Health/ MCH Services and Information**

**Improved.** Omsk, however, has been singled out for extra attention, as the site of the MCHI II International Launch Conference and as a member of the MCHI delegation to Romania.

## ***H. National Health Priority Project on PMTCT Extended to the Russian Far East***

### **BACKGROUND**

MCHI I spearheaded the development of national PMTCT Guidelines. The Guidelines include the latest international recommendations on PMTCT, the Russian Federation's governmental directives on PMTCT; and key materials from WHO, CDC and UNICEF. The Guidelines are nationally approved.

In MCHI I's final year, while the Institute for Family Health was being registered as an indigenous Russian organization, the Russian Federation's Federal Service for Surveillance in Consumer Rights Protection and Human Welfare (*Rospotrebnadzor*) organized an open national competition to implement their National Health Project in HIV/ AIDS including PMTCT. MCHI I was invited to bid. MCHI I partnered with Russia's oldest and largest national medical education institution, the Sechenov Moscow Medical Academy, to prepare a proposal. In March 2006, the pair was awarded a 20 million rubles (~USD \$800,000) grant to improve PMTCT and family planning practices among HIV+ women in 15 regions (a group which did not include any Far East regions) and to disseminate the national PMTCT Guidelines originally developed by MCHI. As part of this grant, a particularly useful video, "*HIV Testing During Delivery*", was developed for health care providers working in maternity hospitals to improve their skills at doing rapid testing for HIV as well as their pre- and post-test counseling skills. Information materials for women and their partners were also developed.

Recognizing the need to know more about 1) family planning method use among HIV+ women, and 2) existing PMTCT practices in order to develop evidence-based strategies for improving the quality of family planning and PMTCT services for HIV+ women, MCHI I also conducted a major PMTCT+FP study in eight regions, the results of which informed the development of the Reproductive Health Guidelines for HIV+ Women. These Guidelines were reviewed and approved by MOHSD, *Rospotrebnadzor*, and USAID/ Russia, and then presented at the Russian Federation's National HIV/AIDS Meeting in Suzdal in December 2006 and at the PMTCT Conference in Moscow. Once finalized and approved by national level experts, the Guidelines were also incorporated into the National Health Project in HIV/AIDS.

Once registered, the Institute for Family Health submitted a concept proposal to USAID/ Russia requesting GDA Partnership funding to extend the work done for *Rospotrebnadzor's* National Health Project in HIV/ AIDS to two key Far East regions – Irkutsk Oblast and Primorsky Krai.

### **MCHI II MANDATE**

The overall goal of the MCHI II GDA Partnership with *Rospotrebnadzor* is

- ***“to implement the PMTCT Guidelines in Irkutsk Oblast and Primorsky Krai to reduce mother-to-child transmission of HIV by training health providers from MCH and HIV services on PMTCT, by providing follow-up support and***

*supervision on implementation of new practices, and by developing a regional cadre of trainers.”*

## **IMPLEMENTATION TO DATE**

In September 2007, IFH and its partner *Rospotrebnadzor* organized and conducted a working meeting “Improving the Quality of PMTCT Practices within the National Health Project” in Vladivostok in Primorsky Krai. Participants included Health Department heads, the heads of regional MCH services, and representatives of the regional *Rospotrebnadzor* branch. During this meeting, representatives of the State Health Control Agency (*Roszhdravnadzor*) were asked to consider compliance with PMTCT evidence-based practices as a requirement for health facilities to be licensed.

Later in September, IFH was invited by *Rospotrebnadzor* to participate in the “Far East Federal Conference on Antiretroviral Monitoring” held in Khabarovsk. IFH used this opportunity to reinforce the PMTCT messages and to present both the PMTCT Guidelines and the Reproductive Health Guidelines for HIV+ Women to the heads of all Far East regional HIV/AIDS centers. At this meeting, new plans were discussed to improve PMTCT practices in the Far East.

MCHI II conducted training courses on PMTCT in Irkutsk Oblast in October and in Primorsky Krai in November. To build a cadre of local trainers, IFH prepared two local trainers at each site to be co-trainers with the MCHI master trainer.

During this time, IFH also developed a booklet for UNICEF, “Prevention of Mother-to-child Transmission: the Experience of International Collaboration”. The publication provided information and descriptions on all the international PMTCT projects in the Russian Federation and an analysis of their results.

## **CONCLUSIONS AND LOOKING FORWARD**

IFH continues to be a well-recognized national leader in PMTCT in Russia, and its PMTCT work has been disseminated internationally as well. .

In February 2008, IFH learned that they had again been awarded a grant from *Rospotrebnadzor*. This time IFH is partnered with the Moscow State Medical and Stomatological University to do further work on PMTCT in 20 regions, some new to IFH, some not. A major concern at this point is that – in spite of the increased availability of PMTCT guidelines, materials, and antiretroviral drugs – Russia is estimated to have an unacceptably high MTCT transmission rate of ~12%. Under this new grant, IFH will develop a system to assess PMTCT practices, adapting a JSI-developed evaluation tool to do so, so as to identify gaps and develop strategies for addressing them.

Existing PMTCT materials will be disseminated in all 89 Russian regions, and new materials will be developed for use by social workers. A video on rapid testing for HIV developed under the first *Rospotrebnadzor* grant will also be widely disseminated.

In May, IFH expects to be a major participant in the Eastern-European and Eurasian Conference on HIV to be held in Moscow.

Certainly the funding USAID/ Russia provides to IFH for PMTCT activities has been well leveraged by the two direct grants from *Rospotrebnadzor* and the work done for UNICEF as well as by the GDA Partnership.

## ***I. Integrated Family Planning/ STI and HIV Prevention Model Developed***

### **BACKGROUND**

Given the current structure of the health system in the Russian Federation, family planning is poorly integrated into services beyond those found in women's consultation clinics, family planning centers, maternity hospitals and gynecological units. STI prevention and control centers (dermato-venerological clinics) and HIV/AIDS prevention and control centers do not see family planning as a crucial component of their services, nor are their personnel specifically trained to provide such services. Clients of these centers have to go to different service delivery facilities to get family planning information, counseling and services, and these clients very often drop out of the system before receiving needed services. At the same time, providers in women's consultation clinics, family planning centers, maternity hospitals and gynecological units are often not aware of the latest evidence-based standards regarding contraceptive services for clients with STIs and HIV/AIDS.

Recognizing the above, when a new family planning training curriculum was introduced in 2006, MCHI I gave explicit attention to adding more information and materials on STIs, HIV/AIDS, and PMTCT.

### **MCHI II MANDATE**

Modification #2 added as a new **Result** "*develop an integrated family planning/ STI and HIV prevention model*" which was then "*to be disseminated in 10 of the MCHI II regions*".

The stated objectives were to:

- *Improve access to integrated family planning and STI and HIV prevention counseling services and information.*
- *Improve providers' knowledge and skills across a broad range of facilities providing health care to women and their partners.*
- *Improve consistency of family planning, STI and HIV prevention messages provided in these facilities.*

The implementation strategy to achieve the above objectives was to include the following steps:

- Conduct a situation and needs assessment analysis.
- Establish a shared policy context and vision.
- Develop an integrated family planning/ STI and HIV prevention training package
- Train health providers from 10 MCHI II regions.

### **IMPLEMENTATION TO DATE**

In late 2007, IFH conducted a situation and needs assessment analysis together with the MOHSD as preparation for a working meeting on the development of an integrated family planning/ STI and HIV prevention model. The working meeting itself took place in Moscow

in February 2008. An expert working group was formed to begin development of evidence-based clinical-organizational guidelines for use by ob-gyns, urologists, and family doctors to improve the quality of counseling on the prevention, timely diagnosis, and effective treatment of STIs.

As originally envisioned by IFH, the next steps were to be 1) a study tour for selected regional family planning and STI/HIV specialists to the United States to look at and learn about successful family planning/ STI and HIV prevention models used in the US and 2) subcontracting with JSI and its partner World Education to access the expert technical assistance IFH believes is needed to develop an integrated family planning/ STI and HIV prevention training package that is of high quality and which builds on US, Canadian, and European guidelines.

## **CONCLUSIONS AND LOOKING FORWARD**

A strength of WIN and MCHI I was the ability to selectively use international content, strategies, and training experts when initially adding a new component to their portfolio to ensure a high quality package that met international evidence-based standards while at the same time using a process that resulted in genuine Russian ownership of the final product.

IFH believes such an approach is needed to develop a high quality integrated family planning/ STI and HIV prevention model, but – at present – the lack of a suitable subcontracting mechanism has put their desired next steps on hold.

**Recommendation:** while resolving the contractual issues re: subcontracting, IFH can outline the objectives, desired activities, and timeframe for the study tour and the specifications for the desired technical assistance so that JSI and World Education can begin planning on their end.

### ***J. Assistance and Expertise Provided to the Europe & Eurasia Regional Family Planning Activity***

#### **BACKGROUND**

The Europe & Eurasia Regional Family Planning Activity, implemented by JSI and the PSP-One project, is a relatively new initiative funded by USAID's Europe and Eurasia Bureau to leverage best practices in family planning across the Europe and Eurasia region.

#### **MCHI II MANDATE**

Modification #2 added as a new **Result** “*provide assistance and expertise to the USAID Europe & Eurasia Regional Family Planning Activity*”. IFH was tasked

- *with “providing technical assistance by conducting workshops, trainings, material development and strategic planning meetings to share Russian best family planning practices among countries in the region.”*

#### **IMPLEMENTATION TO DATE**

The USAID-approved emphasis of the Regional Family Planning Activity will be on strengthening the integration of family planning in pre-service medical education, a focus that

is also a key component of MCHI II.

IFH and the Regional Family Planning Activity are currently working together to identify and outline the specifics of their planned collaboration, the details of which will be shared and discussed with USAID/ Russia in the near future. Preliminary discussions have centered on the possibility of holding the Regional Project's planned kickoff Europe and Eurasia Regional Technical Consultation Meeting in Moscow. This Meeting would have substantive involvement by WHO and would likely involve a plan for developing a model pre-service training package. This training package would ultimately be field-tested in a number of countries, most likely including at least one MCHI region in the Russian Federation.

## **CONCLUSIONS AND LOOKING FORWARD**

This collaboration should greatly benefit both implementing entities, as well as any Russian pre-service training institutions that participate in planned regional activities.

### ***K. Gender***

#### **BACKGROUND**

In the Russian context, the social and psychological barriers to men seeking care are well-documented and pervasive, making increased access to reproductive health information and services an important priority for both WIN and MCHI I. Many interventions targeted both female and male beneficiaries and supported service delivery interventions that created a positive environment for increased male access to participation in reproductive health care for themselves and their families.

The facility-based surveys for clients directly measure male involvement through questions such as:

- Percent of antenatal women who had a partner with her during antenatal visits
- Percent of postpartum women who had partner/family support during labor and delivery
- Percent of antenatal clients who report discussing contraception with their partners
- Percent of postpartum clients who report discussing contraception with their partners
- Percent of post-abortion clients who report discussing contraception with their partners

WIN/ MCHI I developed deliberate strategies to increase male participation in family planning counseling and other reproductive health services. MCHI also emphasized male involvement in several training programs for providers, especially in family planning counseling, and used each additional training component as a way to reinforce methods for increasing male involvement in reproductive health care. The site-based monitoring tool for follow-up visits also reflected this concern for male involvement.

#### **MCHI II MANDATE**

The MCHI II Cooperative Agreement includes a Special Provision regarding Gender Integration:

***“Although the primary focus of this activity is improving the health care services for women and infants, gender integration is an important part of this project. The recipient must include information and communications interventions targeted at both women and men beneficiaries. Men play a crucial role in the decision-making***

*process around family planning issues. Men and families in general should be encouraged to benefit from the comprehensive family-centered maternal care approach as active family member participants. The activity should reach male beneficiaries through communication interventions as well as services offered by the targeted health facilities. This activity should also use the approaches of the MCHI program on increasing male participation in reproductive health issues.”*

## **IMPLEMENTATION TO DATE**



As under MCHI I, considerable attention continues to be given to increasing active male participation and support at multiple junctures. Adult males and youth benefit from improved physical and emotional access to reproductive health care in pilot facilities. FCMC, especially, with its emphasis on partnership deliveries and the active involvement of partners during labor, completely changes the atmosphere in the maternity houses. Men are not only allowed into spaces formerly reserved for women and health care providers alone, but they are also invited in and supported in

their new roles by nurses, midwives, doctors and others.

Male participation, including that of youth, is increased not only in labor and delivery, but also with regard to breastfeeding support, family planning, post-abortion care, and counseling.



## **CONCLUSIONS AND LOOKING FORWARD**

Gender integration continues to be a welcomed and visible hallmark of the WIN/ MCHI strategy.

## ***L. Subcontract with Quality Assurance Project***

### **BACKGROUND**

USAID/Russia has consistently made real efforts to enhance coordination and collaboration among its CAs and projects in order to avoid duplication and achieve as much synergy as possible. MCHI I and QAP collaborated in multiple areas. URC used MCHI I's family planning materials and trainers. MCHI worked directly with the QAP-created Center for Quality housed at the National Research Institute for Medical Information and Health, especially with regard to PMTCT. The head of the Center was part of the initial MCHI meeting that identified the need for national PMTCT guidelines. MCHI later presented the findings from its PMTCT+FP study at a major URC meeting. The QAP-developed protocols for respiratory distress syndrome and pregnancy-induced hypertension were referenced in the MCHI I replication packages.

### **MCHI II MANDATE**

The MCHI II Cooperative Agreement stipulates that

- ***“the Grantee shall subcontract with USAID-funded QA Project implemented by University Research Corporation (URC) to implement tasks specified in the contract using QA methodology. In addition to the subcontract deliverables, the prime grantee and subgrantee should develop a joint workplan with timeline and a monitoring and evaluation plan. Regular project management reviews with joint site visits should be held with the participation of USAID team of reproductive health.”***

### **IMPLEMENTATION TO DATE**

Although conversations between USAID/Russia, URC, and IFH have taken place, nothing of substance has resulted.

### **CONCLUSIONS AND LOOKING FORWARD**

MCHI II is - by design - inherently a major quality improvement strategy. URC's approach and vocabulary are undoubtedly somewhat different from IFH's, but to add QAP to MCHI II's work in its target regions is likely redundant and probably not the best use of USAID/Russia's resources. Also, IFH to date has no approved subcontracting mechanism.

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH subcontract with QAP.

## **VI. Additional Project Activities: Baby-Friendly Hospitals**

### **BACKGROUND**

Integrated into their other activities, WIN/ MCHI I staff and consultants have provided support and guidance to help participating maternities receive WHO/ UNICEF certification

as Baby-Friendly Hospitals; this certification signifies international recognition and support for their implemented changes.

Four of the five WIN maternities in Perm Oblast and Velikiy Novgorod city in Novgorod Oblast achieved this status. At the start of MCHI I, Murmansk Oblast had two certified facilities and the Komi Republic had one but wanted to extend the concept to other facilities. Still other regions wanted to improve the performance of certified facilities or have a facility certified for the first time.

**A neonatologist in Velikiy Novgorod’s Maternity Hospital #1 introduces a new sister to her new brother.**



By the end of the Project, Murmansk had maintained its two Baby-Friendly Hospitals and the Komi Republic had added two more. Kaluga Oblast, Krasnoyarsk city in Krasnoyarsk Krai, Omsk Oblast, Orenburg city in Orenburg Oblast, Primorsky Krai, and Vologda Oblast had or were about to have a certified facility.

**IMPLEMENTATION TO DATE**

The June 2007 International Conference in Omsk “Family Health Care at the Present Stage: the Maternal and Child Health Initiative” that launched MCHI II opened with a festive ceremony awarding the Omsk Oblast pilot facilities – the Omsk Oblast Perinatal Center, Omsk City Maternity # 2, and Tara City Central Hospital – international status as Baby-Friendly Hospitals. The achievements of the newly-designated facilities were on display at the conference venue. On the second day, participants had the opportunity to visit the two facilities in Omsk city, where they could see for themselves what has been achieved and how implementation had taken place within the MCHI framework.

In November 2007, an assessment of multiple facilities in Irkutsk Oblast in Irkutsk and Bratsk cities determined that all the assessed facilities had met the criteria to be awarded Baby-Friendly Hospital status. In January 2008, an assessment visit was conducted at the Perinatal Center in Orenburg city of Orenburg Oblast. The assessment experts concluded that

the Orenburg Perinatal Center fulfilled all requirements and could be awarded the international Baby Friendly Hospital status.

## **CONCLUSIONS AND LOOKING FORWARD**

Helping their partner maternities achieve WHO/ UNICEF Baby-Friendly Hospital certification continues to be a “value-added” activity beyond the requirements of the Cooperative Agreement that enriches and enhances MCHI II’s implementation and results.

## **VII. Documentation and Dissemination**

### **BACKGROUND**

The successes of WIN/ MCHI I were aided substantially by concerted efforts to document and disseminate project results throughout the life of the projects. The replication focus of the WIN/ MCHI I project design by definition supported a wide and continual dissemination of ideas and materials throughout the MCHI regions and beyond.

The initial MCHI I competitive selection process included “work with mass media” as a selection criterion, thus highlighting the importance of communication and dissemination. Ultimately, MCHI I and their partners in the 16 MCHI I regions used media, the Internet, conferences, and other available outlets to widely share project information and results. Although not in its SOW, as the importance of the Internet became clear and as MCHI I became aware of additional opportunities that could be seized by better using the Internet for dissemination, MCHI I added the creation of a MCHI website to its objectives. The website was initially launched in January 2006 in Russian and English as [www.jsi.ru](http://www.jsi.ru). Throughout the life of the project, MCHI staff delivered multiple presentations and wrote numerous articles that reached international as well as national audiences.

Among the MCHI I Regional Coordinators, networking became a common occurrence and often a method for disseminating project activities and results. The RCs were extremely interested in the implementation results in other MCHI I regions, as well as their own, and used every opportunity to share information with each other.

WIN and MCHI I widely shared their experiences with USAID and their partners in Russia, Eastern Europe, Eurasia and elsewhere. In June 2003, after the worldwide biannual JSI International Division Meeting, the First JSI Eastern Europe and Eurasia (EE/EA) Regional Meeting was held in Washington. MCHI staff actively participated and presented at both.

JSI held its Second EE/EA Regional Conference in Moscow in October 2004 at the time of the annual “Mother and Child” Congress sponsored by the Russian Society of Obstetricians/ Gynecologists (RSOG). Representatives from JSI projects in Central Asia, Georgia, Romania and Ukraine participated together with representatives from the 14 MCHI regions, MOHSD, RSOG and USAID/Russia.

In April 2005, two back-to-back meetings in Bucharest, Romania gave MCHI the opportunity to further disseminate their strategies and results. USAID sponsored an Eastern Europe regional meeting on family planning, which was followed by a JSI Eastern Europe Chiefs of Party meeting. The USAID regional family planning meeting grouped Ministry of Health

and USAID officials, as well as representatives from multiple USAID co-operating agencies (CA), with their counterparts from throughout Eastern Europe. The JSI meeting provided more opportunities to promote the coordination, collaboration and synergy between the various JSI projects in EE/EA through sharing of materials, lessons learned, and expertise.

The Third JSI EE/EA Regional Meeting followed the June 2005 JSI International Division Meeting in Washington. MCHI was a major presenter at both the International Division Meeting whose theme was “Public Health Impact: Experiences in Scaling Up” and at the EE/EA Regional Meeting that followed. MCHI also made a presentation to USAID/Washington following the EE/EA Regional Meeting.

Finally, following the very well-received MCHI Final Dissemination Conference described below, MCHI again hosted a JSI EE/EA Regional Meeting, the Fourth. These two events gave representatives from all 16 MCHI regions the opportunity to share the rich experiences of MCHI with additional Russian regions, MOHSD, RSOG; and USAID/Russia as well as all JSI projects in Albania, Central Asia, Georgia, Romania, and Ukraine. In June 2006, after participating in the JSI International Division Meeting in Washington, MCHI I delivered another very well-received presentation to USAID’s EE/EA Regional Bureau on the Project’s most significant highlights and outcomes.

### ***The MCHI Final Dissemination Conference***

MCHI I hosted a three-day Final Dissemination Conference, “Improving the Quality of Medical Care for Women and Infants: The MCHI Experience,” in Moscow in mid-May 2006. More than 30 Russian regions were represented among the more than 300 participants. Additional participants came from USAID, other international donor organizations, JSI’s home offices in Boston and Washington, and from a range of Eastern European and Eurasian countries including Albania, Georgia, Kazakhstan, Romania, and Ukraine.

During the first two days of the Conference, regional representatives presented their results and achievements in the various MCHI component areas with the session on PMTCT also constituting part of the concurrently held Eastern European and Central Asian HIV/AIDS Conference. During the breaks, the regions also presented displays highlighting their implementation experiences and showcasing materials developed and used by each region.



The third day of the Conference was devoted to master classes on the various MCHI components: antenatal care, FCMC, exclusive breastfeeding, family planning, and youth reproductive health. Altogether, the Conference was a deeply rich experience, with many participants showing tremendous pride, enthusiasm and interest in the work being presented.

### **MCHI II MANDATE**

MCHI II includes no specific mandate on documentation and dissemination.

### **IMPLEMENTATION TO DATE**

### ***Dissemination Within the Russian Federation***

Although MCHI II includes no specific mandate on documentation and dissemination, IFH has continued its explicit, robust pursuit of opportunities to share their approaches, materials, and success stories. For example, the June 2007 MCHI II International Launch Conference in Omsk included a well-covered press conference involving representatives of the Omsk Oblast's MOH and the Russian Federation's MOHSD as well as the IFH Director General and various Regional Coordinators. Local print media and TV channels followed the proceedings of the Conference. Likewise, local TV channels were present (and welcomed) at both of the sites visited for this evaluation.

FH staff continually make themselves available for interviews and presentations on radio, on television, and at meetings and conferences both national and international. For example, staff each year participate in the annual international "Mother and Child" Professional Forum sponsored by the Russian Society of Obstetricians-Gynecologists. At the 2007 Forum, IFH organized a scientific session, attended by more than 150 people, where the MCHI-developed obstetric protocols were presented and distributed. In addition, staff sponsored an IFH booth where MCHI educational and information materials were at display. They collected more than 300 requests for training courses and training materials, especially from regions not currently part of MCHI II as well as from Belarus, Moldova, and Ukraine.

Staff present and participate in the Annual Russian Conference on PMTCT/ HIV/ AIDS Prevention held each year in Suzdal. In 2007, IFH's Deputy Director made a presentation on "The Importance of an Integrated Approach to PMTCT", and IFH sponsored a booth where they disseminated the MCHI-developed National PMTCT Guidelines and Reproductive Health Guidelines for HIV+ Women Guidelines as well as the MCHI II Newsletter on PMTCT and the role of Caesarean section for HIV+ women. Also in 2007, IFH participated in and presented at the All-Russia Conference on Innovative Technologies in Obstetrics and Gynecology in Ekaterinburg.

In January 2008, IFH participated in and presented at the Second International Conference on Reproductive Medicine held in Moscow. Again, IFH also sponsored a booth where MCHI educational and informational materials were displayed and disseminated. In April, IFH participated and presented at two conferences, a meeting on "Unsolved Issues in Obstetrics and Gynecology" in Kemerovo and a regional "Mother and Child" conference in Sochi. In May, IFH will participate in and present at the Eastern-European and Eurasian Conference on HIV.

### ***Dissemination Internationally***

MCHI II program staff participated in the Global Health Council's Annual Conference in Washington DC in May 2007, followed by participation in the JSI International Division Meeting, followed by participation in the Fifth JSI EE/EA Regional Meeting on "Best practices and Innovative Approaches". In addition to presentations at the JSI meetings, IFH also made a presentation to USAID based on the DELIVER case study described below.

Also in 2007, the IFH Director General presented at the international "Women Deliver" conference in London on "Evidence -based Perinatal Care Package for Eastern Europe" which outlined the effective perinatal practices promoted by MCHI.

### ***Documentation***

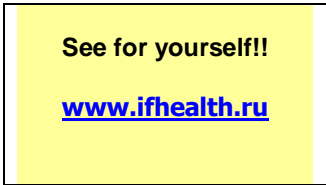
In MCHI I's final year, USAID/ Washington's Europe and Eurasia Regional Bureau tasked

the USAID-funded DELIVER project with developing and producing case studies of USAID-funded projects that had successfully scaled up to expand access to and use of family planning counseling and services. MCHI I and the Romanian Family Health Initiative (RFHI), also implemented by JSI, were chosen as the subjects. The resulting companion case studies – the “*Russia: Integrating Family Planning into the Health System, A Case Study of the Maternal Child Health Initiative*” published in March 2007 and the “*Romania: Scaling Up integrated Family Planning Services: A Case Study*” – were well received and well disseminated by USAID.

Also in 2007, a major journal article highlighted some lessons learned from WIN/ MCHI I: *Women’s Reproductive Health Needs in Russia: What Can We Learn from an Intervention to Improve Post-abortion Care?* (Patricia H. David, Laura Reichenbach, Irina Savelieva, Natalia Vartapetova and Rima Potemkina. Health Policy and Planning 2007 22(2): 83-94. Oxford University Press in association with the London School of Hygiene and Tropical Medicine.)

### **Website**

To keep the website fresh and appealing as well as technically up to date, IFH is redesigning it to make it more user-friendly and more demonstrative of IFH’s capabilities. The web address will also reflect IFH’s new identity as an independent Russia entity.



### **Educational Film**

During MCHI I, production began on a training film on FCMC to support dissemination of its key tenets. Early in MCHI II, the draft version was field-tested during an antenatal training course in Tyumen Oblast, and the film then finalized for distribution after final editing.

### **Distribution of Materials**

MCHI II has continued to support the wide distribution of materials for clients and providers, also a hallmark of MCHI I. To date, it is estimated that under MCHI II more than 150,000 IEC materials for clients have been printed for regional use and more than 50,000 cue cards, leaflets, posters and other job aids have been printed for providers. In addition, some 3,000 sets of training materials have been distributed, as well as 8,000 copies of various Guidelines, and 12,000 copies of the IFH Newsletter described in **Section V.F. Evidence-based Models and Systems Advocated.**

## **CONCLUSIONS AND LOOKING FORWARD**

IFH continually takes advantage of opportunities to share and disseminate the approaches, materials, and results of WIN/ MCHI. What is interesting is that the demand continues to

**“Even this tiny facility was aware of MCHI and eager to participate in the Project.”**  
**Head of Health Department in Vologda Oblast describing his own recent visit to one of Vologda’s smallest, most remote facilities.**

increase, with more and more regions, health facilities, and health professionals wanting to learn more and integrate the new approaches into their own work.

It was interesting to hear during the site visit to Klin Rayon that they first heard about MCHI II by accessing its website and then asked to be included in the Project. The website enables anyone – from throughout Russia, the EE/EA region, and potentially the world – to download training materials, communications materials, plans and success stories and its update will be timely.

As was the practice under MCHI I, participating regions are encouraged to involve local TV and print media. Consequently, both field visits were well covered by local media.

The Russian case study done by the DELIVER project for USAID focused by request and design on family planning, although family planning is only one component of the WIN/MCHI I/ MCHI II interventions. JSI has been producing its own case studies on “Best Practices in Scaling Up”, and the results and lessons learned in Russia would definitely be of interest to a wide audience.

**Recommendation:** JSI should consider adding Russia to its series of case studies highlighting the scale-up process used for all the WIN/MCHI I/ MCHI II components.

## **VIII. Monitoring and Evaluation**

### **BACKGROUND**

Planning for results was a key WIN/ MCHI I approach, with evaluation activities built into the program design, especially at the facility level. The challenge was to develop an innovative approach to data collection, analysis, and the decision-making process. Typically, a vast amount of data has been collected in Russian health care facilities, but the data were often not used for decision making. Moreover, if the resulting data were unfavorable, no recommendations and support for improvements were provided. Both WIN and MCHI had to address these pitfalls by developing an effective and responsive M&E system that—

- measured change in selected indicators of program effectiveness, outcomes, and impact;
- monitored progress during the project in order to adjust project activities as necessary;
- provided quantitative information on current practices and knowledge to guide interventions in the regions and to adjust training programs as indicated;
- provided a firm basis for policy discussions; and
- fostered ownership at all levels, especially the local level.

To support a shift to a more client-centered focus, WIN conducted baseline and endline facility-based surveys of both providers and clients. The facility-based surveys for providers reflected the knowledge and reported practices of the average provider; the facility-based surveys for clients reflected the experiences of the average client in the entire network of participating facilities in any one region. A key lesson learned during the WIN project was that provider-derived data often differed from client-derived data, and that the client-derived data were the most useful and accurate in terms of assessing progress (or lack thereof).

In response, MCHI I decided to forgo the effort and expense of also surveying providers and – and in what was a crucial move – shifted from internal measurement systems that focused on feedback from providers to systems that focused on feedback from clients. This decision contributed largely to the total paradigm shift from focus on the provider to focus on the client that was the hallmark of MCHI I’s success and that transformed the way maternal and infant services were delivered in the Russian Federation.

To complement the baseline and endline facility-based surveys for clients, WIN and MCHI I used official health statistical data, follow-up visits, training records, and special surveys as additional data sources.

Project stakeholders and others expressed considerable interest in having MCHI I develop monitoring and evaluation guidelines in a “how-to” format. In response, MCHI produced and disseminated Monitoring and Evaluation Guidelines for MCH Services.

## **MCHI II MANDATE**

The MCHI II Cooperative Agreement stipulates

- *“the Grantee shall develop an overall monitoring and evaluation plan to measure the impact and outcomes of the activity as indicated under the “Expected Results” and “Tasks to be Achieved” sections of this document. This plan shall be used to monitor progress and provide definitive evidence of project impact in accordance with the indicated results. The plan shall include how each of the results will be measured, how the data will be collected, and how the data will be used for the project and in the targeted regions. The plan shall further discuss quality control efforts to ensure good data collection, periodic analysis of data collected, periodic quantitative and qualitative reports of data analysis—including baseline, interim, and final reports – and proper use of monitoring data both within the project and within the targeted regions to adjust programmatic efforts as needed to improve results.”*

## **IMPLEMENTATION TO DATE**

IFH’s M&E strategy for MCHI II has been to continue the robust approach of MCHI I with the MCHI II regions as equal partners in monitoring and evaluation activities and with IFH guiding the process, empowering and strengthening regional partners in monitoring and evaluation skills and data-based decision making as needed.

In September 2007, IFH conducted a Monitoring and Evaluation Workshop to introduce the MCHI II M&E system to representatives from four of the five new regions. (Kemerovo Oblast did not attend.) Participants were trained in the organization and standard technique of facility-based surveys and in the use of Statistical Package for the Social Sciences (SPSS) software for data entering and cleaning. Shortly thereafter, Khanty-Mansiyskiy Autonomous Okrug, Klin Rayon in Moscow Oblast, Kurgan Oblast, and the Republic of Karelia conducted their baseline facility-based survey for clients.

In early 2008, IFH strengthened its staff resources in M&E in order to help target regions further improve and institutionalize their own M&E capabilities.

## **CONCLUSIONS AND LOOKING FORWARD**

The M&E strategy refined under MCHI I continues to work well; IFH’s expanded staff capacity in M&E should serve MCHI II well.

In the field visit to Klin Rayon as part of this evaluation, it was clear that client-centeredness had been a well-received concept, although a bit startling initially, and that actually

conducting the facility-based survey for clients had made the health authorities and the MCHI II Coordinator eager to host MCHI training courses.

**“Our patient satisfaction survey is our most important indicator.”**

**Deputy Head of Vologda Oblast Maternity # 1 during field visit to Vologda.**

Recognizing that women have often not been happy with the care they’ve received is a huge step, after which that knowledge becomes a powerful force for improvement.

Collecting good data and using it for decision making continues to be a challenge, but increasingly the MCHI regions want to have a clear and true picture of their situation so they can work to improve it.

## **IX. Project Management**

### **BACKGROUND**

WIN and MCHI I were both considered to be very well managed field projects by JSI, and reportedly by USAID/ Russia as well. Technically, as a team and individually, staff had become well-recognized and well-respected throughout Russia as change agents for client-centered, evidence-based MCH care. The WIN/ MCHI Chief of Party (now the IFH General Director) and the WIN/ MCHI staff were repeatedly praised by the regions and by other key stakeholders for their crisp and efficient implementation of the Projects’ multiple components. The administrative and financial management was so well regarded by JSI’s home office that literally every other JSI-implemented project in the EE/EA region received training from the Moscow-based staff. JSI also regarded WIN/ MCHI as very skillful at accessing and leveraging the resources of JSI and its partner organization, World Education, Incorporated (WEI), in a strategic and timely fashion.

### **MCHI II MANDATE**

The MCHI II Cooperative Agreement requires that

- ***“Within thirty (30) days of award of the Cooperative Agreement, the Recipient shall provide USAID with an initial annual work plan containing the design of a monitoring and tracking system. The work plan shall be action oriented and linked to program results.”***

The MCHI II Cooperative Agreement also requires that

- ***“the two GDA partnerships should be tracked and reported on separately – both in program and financial documents and reports.”***

### **IMPLEMENTATION TO DATE**

IFH did submit an initial work plan to USAID, as required, and has consistently reported separately on the two GDA partnerships, as required. In January 2007, IFH submitted a Branding Strategy and Marking Plan. Quarterly reports have been submitted in a timely manner as required, as has the 2008 work plan. IFH and USAID/Russia signed an agreement on property transfer in February 2008.

### **CONCLUSIONS AND LOOKING FORWARD**

IFH has met the contractual requirements of its Cooperative Agreement in a timely fashion. As described in **Section V.E. Institute for Family Health Empowered and Strengthened**, IFH is a dynamic, indigenous Russian legacy organization in its fledgling stage, and JSI is very committed to supporting its ongoing efforts to achieve and maintain organizational sustainability.

## **X. Leveraging**

### **BACKGROUND**

The MCHI I mid-term evaluation team found that the regional/ municipal/ facility-level contributions (financially and in-kind) were far in excess of anything that had been initially expected. Project leveraging was definitely substantial. The team suggested it would be informative and useful to “capture” the degree to which MCHI I had leveraged resources in the target regions and recommended that JSI help MCHI develop a methodology and tool for doing this.

In early 2006, a serious attempt was made to document MCHI I’s leveraging, with an emphasis on financial leveraging. Five of the MCHI regions were surveyed via site visits and the use of specially-developed questionnaires. The challenges associated with collecting this information retrospectively were considerable, but, even so, the amounts leveraged also appeared to be considerable. It was estimated that for every dollar invested by USAID in MCHI I, the regions in response may have invested \$6 to \$12.

### **MCHI II MANDATE**

MCHI II includes no specific mandate on leveraging.

### **IMPLEMENTATION TO DATE**

Although IFH staff can describe many investments made by their regional partners, this information has not been collected in any systematic way.

### **CONCLUSIONS AND LOOKING FORWARD**

The visit to Vologda Oblast revealed numerous examples of leveraging – public, private, and international. The head of Women’s Consultation # 1 was proud to show off physical improvements at her facility, some funded publicly and some funded by a private donor who wanted to support the improved services now provided there. The incorporation of the MCHI family planning curriculum into the Swedish International Development Agency’s project in Vologda is an excellent example of international leveraging as will be IFH’s participation in the USAID-funded Regional Family Planning Project

**“For each rouble invested here by MCHI, our maternity hospital has invested 10. The Project gives us a big impetus for improving ourselves”**

**Deputy Head of Vologda Oblast Maternity # 1 during field visit to Vologda.**

Estimates of the extent of leveraging – financially and in-kind – would be extremely useful to the regions, to IFH, and to USAID as an indicator of the sustainability of project

interventions and as an indicator of money well spent by the American taxpayer.

**Recommendation:** IFH should make a concerted effort to “capture” the degree to which MCHI II is leveraging resources in the regions in which they are currently working

## **XI. Summary Conclusions and Recommendations**

### ***Conclusions***

The USAID-funded Maternal Child Health Initiative II continues to be the innovative change agent for client-centered, evidence-based reproductive and MCH care in the Russian Federation. The process of scaling up the model developed under WIN and expanded under MCHI I to encompass more of Russia’s 83 regions is an iterative process that continues to evolve.

Family-centered maternity care is still the transformational base of the MCHI portfolio. Family planning and breastfeeding were not new concepts, of course, but many aspects of FCMC and PMTCT have been truly revolutionary. The participatory, interactive training techniques continue to be praised and appreciated, as do the trainers themselves who increasingly come from the MCHI regions.

**Training always includes the practical as well as the theoretical.**



Many in Russia today describe their country as having a demographic “crisis”. In an increasingly pro-natalist context, family planning is getting increased attention as an alternative to abortion. The interest in and demand for family planning training and trainers is more evident than in the past, but now more than ever it is crucial to keep family planning integrated into the broader maternal and child health context.

**“Rural healthcare development is the most cost-effective investment.”**

**Head of the Vologda Oblast Health Department during field visit to Vologda**

The process of rolling out the MCHI model within the “old” regions is progressing well, with the regions themselves making significant contributions financially and in-kind. MCHI II clearly helps regions confront serious, substantive problems in the effective delivery of needed MCH care and supports the implementation of sustainable modifications and solutions.

Inter-regional exchanges are a value-added investment. This was clearly seen in the field visit to Vologda. This value was also heard about during the field visit to Klin Rayon as key providers there had received their initial training in other MCHI regions.

MCHI II’s emphasis is increasingly on advocacy and educational reform, the latter being especially timely given the Russian Federation’s involvement in the Bologna Process. The work to be done with the medical schools has the potential to be truly groundbreaking both in content and process. IFH’s collaboration with the Regional Family Planning Project should be synergistic and of value to both. The work IFH has done on national-level protocol development is substantive and admirable. IFH is clearly a valued partner of the MOHSD as well as the MCHI regions. To meet these challenges, IFH has added technical strength to its staff in neonatology, reproductive health, family planning, and M&E.

IFH is a dynamic, indigenous Russian legacy organization in its fledgling stage, and JSI is very committed to supporting its ongoing efforts to achieve and maintain organizational sustainability.

#### ***Specific Recommendations***

**Recommendation:** IFH and JSI should actively and explicitly explore ways to work more closely together and remain linked.

**Recommendation:** IFH and JSI should actively and explicitly work together to develop a functional and actionable business plan for IFH.

**Recommendation:** JSI should consider adding Russia to its series of case studies highlighting the scale-up process used for all the WIN/MCHI I/ MCHI II components.

**Recommendation:** USAID/ Russia and IFH with JSI involvement as useful should continue to seek a suitable subcontracting funding mechanism.

**Recommendation:** while resolving the contractual issues re: subcontracting, IFH should outline the objectives, desired activities, and timeframe for the desired study tour and the specifications for the desired technical assistance so that JSI and World Education can begin planning on their end.

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH subcontract with QAP.

**Recommendation:** IFH and USAID/ Russia should pursue a modification to the MCHI II Cooperative Agreement to remove the requirement that IFH form a partnership with the PSP-*One* project.

**Recommendation:** IFH should make a concerted effort to “capture” the degree to which MCHI II is leveraging resources in the regions in which they are currently working



## Appendix A. Documents Reviewed

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Cooperative Agreement No. 118-A-00-06-00077-00: The Maternal and Child Health Initiative II (MCHI II) between USAID/ American Embassy Moscow and the Institute for Family Health. September 29, 2006.

Cooperative Agreement No. 118-A-00-06-00077-00: The Maternal and Child Health Initiative II (MCHI II) between USAID/ American Embassy Moscow and the Institute for Family Health. Modification #1. March 2007.

Cooperative Agreement No. 118-A-00-06-00077-00: The Maternal and Child Health Initiative II (MCHI II) between USAID/ American Embassy Moscow and the Institute for Family Health. Modification #2. September 2007.

The Maternal and Child Health Initiative II Initial Annual Work Plan: October 2006-December 2007.

The Maternal and Child Health Initiative II Monitoring and Evaluation Plan and Illustrative Result Indicators Framework Undated.

The Maternal and Child Health Initiative Quarterly Report: October-December 2006.

The Maternal and Child Health Initiative II Quarterly Report: January-March, 2007

The Maternal and Child Health Initiative II Quarterly Report: April-June, 2007

The Maternal and Child Health Initiative II Quarterly Report: July- September, 2007

The Maternal and Child Health Initiative II Quarterly Report: October-December, 2007

The Maternal and Child Health Initiative II Quarterly Report: January-March, 2008

The Maternal and Child Health Initiative II Annual Work Plan: January 2008-December 2008.

*Mid-term Evaluation of the Russia Maternal and Child Health Initiative (MCHI) Project.* Laurel A. Cappa and Elaine Rossi. March/ April 2005. Arlington, VA. John Snow, Inc., for USAID.

*Final Technical Report: TASC Russia Maternal and Child Health Initiative.* Laurel A. Cappa and Natalia Vartapetova. March 2007. Arlington, VA. John Snow, Inc. for USAID.

*Romania: Scaling Up Integrated Family Planning Services: A Case Study.* Merce Gasco, Christopher Wright, Magdalena Pătruleasa, and Diane Hedgecock. November 2006. Arlington, VA..DELIVER for USAID

*Russia: Integrating Family Planning into the Health System. A Case Study of the Maternal and Child Health Initiative.* Laurel A. Cappa, Natalia Vartapetova, Tatyana Makarova, and Polina Flahive. March 2007. Arlington, VA: DELIVER for USAID.

*Women's Reproductive Health Needs in Russia: What Can We Learn from an Intervention to Improve Post-abortion Care?.* Patricia.H. David, Laura Reichenbach, Irina Savelieva, Natalia Vartapetova and Rima Potemkina. *Health Policy and Planning* 2007 22(2): 83-94. Oxford University Press in association with The London School of Hygiene and Tropical Medicine.

*Assessment of Commercial Partnership Opportunities in Russia.* Françoise Armand and Paul Nary. March 2007. Bethesda, MD: Private Sector Partnerships-*One* project, Abt Associates Inc. for USAID.

*The Rationale for Family Planning in Ukraine: Evidence from Europe, Eurasia and the US.* Thomas J. Bossert, Diana M. Bowser, Asta M. Kenney, Laurentiu M. Stan, and Anthony A. Hudgins. August 2007. Kiev, Ukraine. Together for Health for USAID.

## Appendix B. Key Persons Contacted

Name	Title
<b>USAID/Russia</b>	
Cheryl Kamin	Director, Office of Health
Alyssa W. Leggoe	Deputy Director and Health Officer, Office of Health
Larissa B. Petrossyan	Project Manager, Office of Health
xDonella J. Russell	Agreement Officer
xJonathan Kamin	Senior Advisor for Legal Affairs
<b>Institute for Family Health</b>	
Natalia Vartapetova	Director General
Anna Karpushkina	Deputy Director
Mariya Nemchinova	Financial-Administrative Manager
Elena Stemkovskaya	Training Manager
Elena Shesko	Reproductive Health Specialist
Oleg Shvabskiy	Clinical Specialist
Tatyana Ivanova	Operations Manager
<b>OOO RTH-Audit</b>	
xGregory Neverov	Director
xDimitri Akinfiev	Head, Methodology and Quality Control Department
<b>Vologda Oblast</b>	
xxAlexander A.Kolinko	Head of the Vologda Oblast Health Department
xxAlexander P.Udalov	Chief Obstetrician-Gynecologist of Vologda Oblast
xxElena Leonidovna Vologdina.	Head of MCH Department of the Vologda Oblast Health Department
xxGennadiy Mikhailovich Burenkov	Head of Medical Issues, Oblast Hospital # 1 on Obstetrics and Gynecology
xxLarissa Leonodovna Berezina	Head of Women's Consultation # 1, Vologda. MCHI Master Trainer in Family Planning
<b>Sakha Republic aka Yakutia</b>	
xxNatalia Nikolaevna Kirova	Chief Obstetrician-Gynecologist, Ministry of Health
xxSvetlana Georgievna Kuznetsova	Area Obstetrician-Gynecologist, Aldan Central Hospital
xxLudmila Timofeevna Dolgunova	Area Obstetrician-Gynecologist, Verkhne-Vilujsk Central Hospital
<b>Klin Rayon of Moscow Oblast</b>	
xxAndrey Nikolaevich Plutnitskiy	Head, Klin District of Moscow Oblast Health Department
xxAleksander Armenovich Avakian	Deputy Head of MCH Unit, Klin District of Moscow Oblast Health Department
xxOlga Pavlovna Steblovskaya	Chief Doctor, Children's City Hospital, Klin District of Moscow Oblast; MCHI II Co-ordinator for Klin District
<b>John Snow Inc</b>	
Mary Lee Mantz	Senior Advisor to MCHI I

x Olivola contact only

xx Cappa contact only

## Appendix C. MCHI II Training by Topic and Region

Training under MCHI II January 2007 through March 2008 (*plus planned in italics*)

	Needs Assessment	M&E/ Methodology Facility-Based Surveys		Follow-up Visits	GDA PMTCT Partnership	1 <sup>st</sup> Rospo- trebnadzor Grant
<b>MCHI II Active Programming Regions: "Old" MCHI I Regions</b>						
Altai Krai: Barnaul						
*Irkutsk Oblast (Irkutsk, Bratsk)					Yes	
Krasnoyarsk Krai: (Krasnoyarsk)				March 2008		Yes
Omsk Oblast (Omsk, Tara)						
Orenburg Oblast: Orenburg						
Primorsky Krai (Vladivostok, Nakhodka)				Oct 2006 <i>April 2008</i>	Yes	
Sakha Republic aka Yakutia				Oct 2006		
Sakhalin Oblast				Oct 2006		
Tyumen Oblast (Tyumen, Tobolsk)				Tobolsk Sept 2007		Yes
Vologda Oblast (Vologda, Cherepovetch)				March 2007		Yes
<b>MCHI II Active Programming Regions: New MCHI II Regions -2007</b>						
, Segezhi)	May 2007	Moscow Sept 2007				Yes
Kemerovo Oblast (Kemerovo, Novokuznetsk)	March 2007					Yes
Khanty-Mansi Autonomous Okrug (Kanty-Mansiysk, Nizhne-Vartovsk, Surgut.	March 2007	Moscow Sept 2007				Yes
Kurgan Oblast	May 2007	Moscow Sept 2007				Yes
Moscow Oblast: Klin Rayon	July 2007	Moscow Sept 2007				Yes (Moscow Oblast)

	FCMC	Breastfeeding	Family Planning TOT	Family Planning	Antenatal Care	PMTCT
<b>MCHI II Active Programming Regions: "Old" MCHI I Regions</b>						
<b>Altai Krai: Barnaul</b>		Barnaul May 2007				
<b>Irkutsk Oblast (Irkutsk, Bratsk)</b>			Omsk April 2007 <i>Irkutsk April 2008</i>			Irkutsk Oct 2007
<b>Krasnoyarsk Krai: (Krasnoyarsk)</b>			Omsk April 2007 Krasnoyarsk June 2007			
<b>Omsk Oblast (Omsk, Tara)</b>	Omsk May 2007	Omsk Nov 2007	Omsk April 2007		Omsk Sept 2007	
<b>Orenburg Oblast: Orenburg</b>	Orenburg Nov 2007	Orenburg Jan 2008				
<b>Primorsky Krai (Vladivostok, Nakhodka)</b>					Vladivostok Oct 2006	Vladivostok Nov 2007
<b>Sakha Republic aka Yakutia</b>	Yakutsk April 2007	Yakutsk June 2007		Yakutsk July 2007	Yakutsk Nov 2007	
<b>Sakhalin Oblast</b>	<i>Uzhno-Sakhalinsk April 2008</i>		<i>Uzhno-Sakhalinsk May 2008</i>			
<b>Tyumen Oblast (Tyumen, Tobolsk)</b>	Tyumen Sept 2007	Tyumen Sept 2007			Tyumen Oct 2006	
<b>Vologda Oblast (Vologda, Cherepovetch)</b>	Vologda March 2007 Cherepovets Oct 2007	Vologda April 2007			Vologda Oct 2006 Vologda May 2007	
<b>MCHI II Active Programming Regions: New MCHI II Regions -2007</b>						
<b>Republic of Karelia (Petrozavodsk,, Segez)</b>	Petrozavodsk Dec 2007	Petrozavodsk Sept 2007		Petrozavodsk Oct 2007	Petrozavodsk, April 2008	Moscow Sept 2007
<b>Kemerovo Oblast</b>		Kemerovo April 2007 Kemerovo March 2008			Kemerovo Jan 2008	
<b>Khanty-Mansi Autonomous Okrug (Kanty-Mansiysk, Nizhne-Vartovsk, Surgut.</b>		Surgut June 2007		Nizhne-Vartovsk April 2007	Surgut Feb 2008	Moscow Sept 2007
<b>Kurgan Oblast</b>		Kurgan Oct 2007		Kurgan Sept 2007		Moscow Sept 2007
<b>Moscow Oblast: Klin Rayon</b>	Cherepovets Oct 2007 Orenburg Nov 2007 Karelia Dec 2007	Klin April 2008				Moscow Sept 2007

## Appendix D. MCHI II Replication Packages

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The MCHI Replication Package materials include:

- WIN Training Curricula on Antenatal Care, Breastfeeding, Family-centered Maternity Care, and Infection Control in Maternities
- MCHI Training Curriculum on Family Planning for Primary Health Care Providers
- WIN Guidelines on Breastfeeding, Post-abortion Care, and Infection Control in Maternities
- MCHI Guidelines on Prevention of Mother-to-Child Transmission of HIV
- MCHI Guidelines on Reproductive Health and Family Planning among HIV-positive Women
- MCHI Clinical Protocols in Obstetrics
- MCHI Guidelines on Youth Programming
- AIHA Newborn Resuscitation Training Module
- ARO Early Intervention Model
- WIN Training Curriculum on Youth-friendly Services
- WIN “How to Do” Guide
- MCHI Monitoring & Evaluation Guidelines
- IEC brochures, posters, and audio-visual products, including FCMC educational film
- WHO Medical Eligibility Criteria for Contraceptive Use

Details of replication packages by technical subject:

### **A. Family Planning/Reproductive Health and HIV/AIDS Prevention Package**

1. The Training Curriculum on Family Planning for Primary Health Care Providers is designed for training health care providers to strengthen their knowledge and counseling skills in order to provide quality evidence-based family planning services, integrating family planning into the broader spectrum of reproductive health care services.

Topics include:

- o Methods of Contraception
  - o Family Planning Counseling
  - o Post-partum and Post-abortion Family Planning Counseling
  - o HIV/AIDS and STI Prevention including PMTCT and Family Planning
2. WIN Guidelines on Post-abortion Care
  3. MCHI Guidelines on Prevention of Mother-to-Child Transmission of HIV
  4. MCHI Guidelines on Reproductive Health and Family Planning among HIV-positive Women
  5. WHO Medical Eligibility Criteria for Contraceptive Use
  6. IEC materials on Family Planning and HIV/AIDS and STI Prevention
  7. WIN “How to Do” Guide

### **B. FCMC/PMTCT Package**

1. The Training Curriculum on FCMC is designed to help improve the health and well-being of mothers and babies by preparing health practitioners to implement family-centered maternity care practices in their hospitals. The FCMC approach expands the focus during the birthing process from an exclusive medical model to a family-centered approach,

emphasizing both the involvement of the woman and her partner and the function of the providers as a complementary team of physician and midwives.

Topics include:

- Importance of FCMC approach
  - Evidence-based labor and birth practices
  - Prevention of mother-to-child transmission of HIV
  - Use of the partograph
  - Newborn care
  - Postpartum care of the mother
  - Childbirth education
  - Family counseling on FCMC
  - Infection control
2. WIN Guidelines on Infection Control in Maternities
  3. MCHI Clinical Protocols in Obstetrics
  4. IEC materials on FCMC
  5. MCHI FCMC educational film
  6. WIN “How To” Guide
  7. ARO Early Intervention Model
  8. Guidelines on PMTCT

#### **C. Breastfeeding, Baby-Friendly Initiative, HIV/AIDS Prevention, and PMTCT Package**

1. The Training Curriculum on Breastfeeding is designed to train doctors and mid-level personnel of maternities, women’s consultations, children’s polyclinics and hospitals in methods of breastfeeding support, implementation of the “Baby Friendly Hospital Initiative”, and HIV/AIDS prevention..
2. WIN Guidelines on Breastfeeding
3. IEC materials on breastfeeding, video film on breastfeeding
4. WIN “How To” Guide

#### **D. Newborn Care and Breastfeeding/PMTCT Package**

1. The Training Curricula on Newborn Care and Breastfeeding is designed to increase understanding and knowledge about the principles and practices of essential newborn care including breastfeeding management; to develop the corresponding skills and attitudes among health professionals in charge of delivery and neonatal care; and to train doctors and mid-level personnel of maternities, women’s consultations, children’s polyclinics and hospitals on the methods of breastfeeding support and prevention of mother-to-child transmission of HIV.

Topics include:

- Essential care of the newborn
  - PMTCT
  - Breastfeeding and the Baby-friendly Initiative
  - Neonatal resuscitation
2. WIN Guidelines on Breastfeeding
  3. IEC materials on Breastfeeding and Neonatal Care, Video Film on Breastfeeding
  4. WIN “How To” Guide

#### **F. Neonatal Resuscitation Package**

1. The AIHA Newborn Resuscitation Training module is designed to train medical providers in neonatal resuscitation in delivery rooms and maternities.
2. WIN “How To” Guide

#### **G. Infection/HIV Control in Maternity Package**

1. WIN Guidelines on Infection Control in Maternities
2. WIN “How To” Guide

#### **H. Antenatal Care /PMTCT Package**

1. The Training Curricula on Antenatal Care and PMTCT aims to enhance health professionals’ understanding and knowledge of skills in antenatal care and modern evidence-based principles and practices of sound care in pregnancy, childbirth education, and healthy lifestyles. Topics include:
  - Antenatal care (roles and responsibilities of the health care provider during pregnancy, a critical attitude to traditional observation and treatment methods, and the need for improvement clinical and counseling skills at caring for high-risk group during labor)
  - HIV/AIDS and STI Prevention
  - Maternal and infant nutrition and healthy life style
  - Childbirth education (including breastfeeding preparation)
2. WIN Guidelines on Infection Control in Maternities
3. ARO Early Intervention Model materials
4. IEC materials on Antenatal Care
5. WIN “How To” Guide

#### **I. Youth Friendly Services and HIV/STI Prevention**

1. The WIN Training Curriculum on Youth Friendly Services aims at developing skills to establish youth-friendly reproductive health services. Topics include:
  - Importance of working with youth and basic principles of working with adolescents and definition of quality services
  - Components of model reproductive health services for adolescents and approaches to reproductive health services for adolescents
  - Adolescent social-psychological development, physical changes and common concerns during puberty, definition of sexually healthy adolescent
  - Contraception for youth and emergency contraception
  - HIV prevention
  - Counseling for adolescents and youth and elements of effective outreach
2. The MCHI Youth programming Guidelines are designed for the policy elaboration and protection of adolescents and youth reproductive health. The main focus of activities and complex approaches to the programs are described in these Guidelines.
3. WIN' "How To” Guide –IFH is currently working to define this Replication Package. It may eventually include other curricula and training materials IEC brochures, audiovisual and other media



## Appendix E. Collaborating Medical Institutions

### Medical Institutions Collaborating with MCHI II as of February 2008

Institution	Signed MOU?	Level of Involvement
1. Russian Association of Medical and Pharmaceutical Schools	Yes	Participate in STI Guidelines development. Will provide political support.
2. University of People's Friendship <ul style="list-style-type: none"> <li>• Medical Faculty Ob-Gyn Department</li> </ul>	Yes	MCHI II system of educational and FCMC practices used in pre-service trainings. Faculty members involved in MCHI clinical protocols development, as MCHI trainers, and in STI Guidelines development.
3. Moscow Medical Academy <ul style="list-style-type: none"> <li>• Pediatric Department</li> <li>• Ob-Gyn Department</li> <li>• Urology Department</li> <li>• STI Department</li> </ul>	No	MCHI I partner in National Health Project in HIV/AIDS in 2006 funded by <i>Rospotrebnadzor</i> . PMTCT materials used for pre- and post-graduate education. Faculty members trained on PMTCT. Ob-gyn faculty promote MCHI II and are MCHI trainers on family planning. Pediatric Department faculty are involved in pediatric clinical protocols development. STI faculty participate in STI Guidelines development.
4. Moscow Medical and Stomatological University <ul style="list-style-type: none"> <li>• Epidemiological Department</li> <li>• STIs Department</li> </ul>	Yes	IFH partner to implement National Health Project for PMTCT in 2008. PMTCT materials used for pre- and postgraduate education. Faculty members trained in PMTCT. STI faculty participate in STI Guidelines development.
5. Omsk State Medical Academy	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. Faculty members involved in MCHI II practices implementation.
6. Krasnoyarsk State Medical Academy <ul style="list-style-type: none"> <li>• Ob-Gyn Department</li> </ul>	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. MCHI II practices and protocols are used for pre- and postgraduate education. Ob-gyn textbook includes MCHI II practices. Faculty members involved in MCHI clinical protocols development and as MCHI II trainers in FCMC.
7. Altai State Medical University <ul style="list-style-type: none"> <li>• Ob-Gyn Department</li> </ul>	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the University. Faculty members involved in MCHI clinical protocols development. MCHI II FCMC practices and protocols are used for pre- and postgraduate education.
8. Irkutsk State Medical University <ul style="list-style-type: none"> <li>• Ob-Gyn Department</li> <li>• Pediatric Department</li> </ul>	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the University. Faculty members involved in MCHI clinical protocols development. FCMC, family planning,

		breastfeeding and PMTCT practices and materials are used for post-graduate education. Faculty members are trainers on PMTCT, FCMC and family planning.
9. Tyumen State Medical Academy <ul style="list-style-type: none"> <li>• Health Care Management Department</li> <li>• Ob-Gyn Department</li> </ul>	Yes	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. Faculty members involved in MCHI clinical protocols development. FCMC and PMTCT practices and materials used for postgraduate education. Faculty members are trainers in PMTCT, FCMC and family planning.
10. Orenburg State Medical Academy <ul style="list-style-type: none"> <li>• Pediatric department</li> <li>• Ob-Gyn Department</li> </ul>	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. Faculty members involved in MCHI clinical protocols development. FCMC, breastfeeding and PMTCT practices and materials are used for postgraduate education. Faculty members are trainers in FCMC.
11. Vladivostok State Medical University <ul style="list-style-type: none"> <li>• Ob-Gyn Department</li> </ul>	No	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. Faculty members involved in MCHI clinical protocols development. FCMC, practices and materials are used for postgraduate education. Faculty members are trainers in FCMC.
12. St. Petersburg Medical University <ul style="list-style-type: none"> <li>• Family Doctor Program in Vologda</li> </ul>	No	Maternity hospital that is MCHI II trains family doctors. Staff involved in MCHI clinical protocols development. FCMC and family planning practices and materials are used for postgraduate education. Faculty members are trainers in FCMC and family planning.
13. Kemerovo Medical Academy <ul style="list-style-type: none"> <li>• Ob-Gyn Department</li> </ul>	Yes	Maternity hospital that is MCHI II site is the Ob-Gyn Department of the Academy. FCMC practices and materials are used for postgraduate education.
14. Surgut State University in Khanty-Mansysky Okrug <ul style="list-style-type: none"> <li>• Ob-Gyn Dpartment</li> </ul>	No	Maternity hospital that is MCHI II is the Ob-Gyn Department of the University. FCMC practices and materials are used for postgraduate education.
15. Yakutia State University	No	Planning to involve
16. Petrozavodsk State University	No	Planning to involve
Sakhlín Oblast	No medical schools	
Kurgan Oblast	No medical schools	
Moscow Oblast	No medical schools	