MSD
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Committed to Saving Lives

Merck/MSD for Mothers
Final Project Narrative Guidelines and Template

The purpose of this report is to provide *MSD for Mothers* with a written record of updates, results to date, and challenges faced throughout the project period. Please use this opportunity to:

a) provide a candid assessment of how the project progressed, including greatest successes as well as shortcomings and challenges encountered over the entire project period
b) explain any proposed revisions in the project's objectives or key milestones
c) update any contact or administrative information below

Please complete the following template within 30 days of project end and email it to Scott Higgins, Director of Operations (scott_higgins@merck.com). This report will help inform project close-out and serve as a starting point for a more in-depth reflection on your collaboration with *MSD for Mothers.*

Project Name	Merck for Mothers (Matrika): Harnessing private sector resources to support the government of India's effort to reach MDG 5.		
Organization	Pathfinder International/World Health Partners (WHP)		
Project Location(s)	Kanpur Nagar, Kanpur Dehat and Kannauj (Uttar Pradesh), India		
Award Start Date	*March 2013*	**Award End Date**	*May 2016*
Agreement Amount	*$3,250,000*	**Award Duration**	*39 months*
Report Period From	*March 2013*	**To**	*May 2016*
Report Due	*July 30, 2016*	**Report Submitted**	*July 27, 2016*

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Progress and Results

Please respond to the following questions in 5-6 pages.
Through the *Matrika* Project, Pathfinder International and World Health Partners (WHP) have worked together to increase access to and use of, basic obstetric care, emergency obstetric care (EmOC) and family planning (FP) services in rural villages across three districts of Uttar Pradesh (Kannauj, Kanpur Dehat, Kanpur Nagar) using a social franchise service delivery network, social marketing, and telemedicine. This report covers activities of entire project duration (March 2013-May 2016). The progress against each key objective is described below in section 2:

1. In 1-2 sentences, describe how this project contributed to *MSD for Mothers*' goal of ending preventable maternal deaths?

The project contributed significantly in improving quality of services related to maternal health and FP; linkages between public and private sector provided increased access for the clients to maternal and FP services. During the project, a total of 133,062 women were reached through institutional deliveries and 11,131 women were provided with post partum family planning (PPFP) services.

2. Please describe progress made towards the project goal over the project period, focusing on key milestones and outcomes (in 1-2 pages). Please also describe up to 3 of the greatest challenges and lessons learned.

Objective 1: Establish a social franchise network of private health providers and functional referral centers offering affordable antenatal care (ANC), EmOC, and FP services by the beginning of Year 2 in three districts of Central Uttar Pradesh
The project was successful in establishing a social franchise network consisting of 50 (against the target of 55) Sky Health Centers (SHCs), 365 (against target of 385) Sky Care Providers (SCPs), two UniHealth clinics and six franchise clinics (FCs) (against target of 9) and 2,577 (against target of 1,700) pharmacy outlets.

More importantly, the SHCs were manned by qualified practitioners and duly registered with the district authorities for offering prenatal services. The centers were provided with regular support on technology (telemedicine), creating demand for services and quality improvement throughout the project period. Due to the project, the network of SHC providers were encouraged to provide maternal care and diagnostic services for the first time, and by the end of it, many providers plan to continue offering these services after realizing the added value.

Objective 2: Strengthen capacity of and linkages between rural private and urban public sector health providers to offer high-quality ANC, EmOC, and FP services in three districts of Central Uttar Pradesh by the beginning of Year 2

Capacity building
The private providers were trained on prenatal care, birth preparedness and complication readiness counseling, identification of high-risk pregnancies and intra-partum care (with focus on active management of the third stage of labor and PPH management), as relevant. They were also trained on the telemedicine technology aids.

In the public sector, a pool of 31 master trainers was created to undertake cascade trainings of service providers. The modules used for the training of trainers (TOT) were adapted from government of India's modules and Pathfinder's module *Clinical and Community Action to Address Post-Partum Hemorrhage Plus* (CCA-PPH+) toolkit**.** Further, these master trainers trained 188 (62 medical officers, 78 staff nurses and 48 auxiliary nurse midwives [ANMs]) public providers in all.

Maternal health/FP service provision
The service provision was facilitated through 192 public and 58 private facilities. Service provided thereby was being monitored routinely by the project team. In the process, the project team has strengthened data collection and reporting from the facilities, resulting in improved timeliness and quality of the reported data.

Table 1: Overall Project Totals for Key Service Indicators (August 2013-May 2016)				
No.	**Indicators**	**Public (n=192)**	**Private (n=58)**	**Overall**
1.	No. of pregnant women registered for ANC	117,757	92,909*	**210,666**
2.	No. of online (telemedicine) consultations for ANC	NA	16,327	**16,327**
3.	No. of pregnant women administered tetanus toxoid 1	86,142	16,183**	**102,325**
4.	No. of pregnant women given 100 iron and folic acid (IFA) tablets	77,572	31,016***	**108,588**
5.	No. of new cases of hypertension detected at the institutions	2,621	682	**3,303**
6.	No. of pregnant women diagnosed with anemia	38,517	58,395	**96,912**
7.	No. of deliveries conducted at the institution (including C-section)	130,795****	2,267	**133,062**
8.	No. of intrauterine contraceptive device (IUCD) insertions at the facility	33,237	2,428	**35,665**
8a.	No. of postpartum intrauterine device (PPIUD) inserted at the facility (subset of the total IUD insertions above)	7,603	0	**7,603**
9	No. of PPH cases reported	364	0	**364**
10.	No. of maternal deaths reported	51	0	**51**

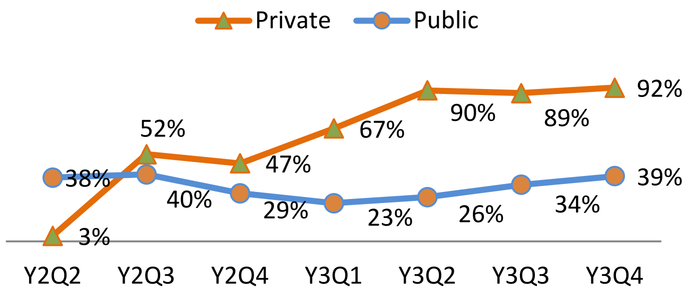
*Most of ANC cases registered in the private facilities would also likely to be registered in the public facility
*** Tetanus toxoid (TT) given through FC*
****Through free IFA supplies provided by the government*
****No. of institutional delivery is more than the ANC since, women from non-project areas also accessed the project facilities for delivery

Data from the project's routine monitoring indicators (RMIs) shows that a total of 210,666 pregnant women were registered for ANC including 92,909 registered at private facilities. A total of 133,062 institutional deliveries were reported from the intervention facilities. Progress on some of the key service indicators is shown in Table 1 above. Please refer to Annexure A for RMI data, Annexure B for Data Base Indicator data, and Annexure C for Sales Indicators data over the project period.

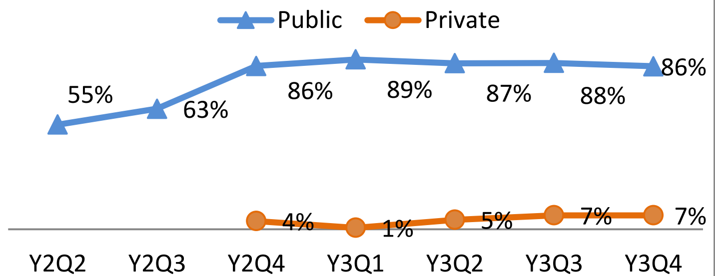
The project has also observed some significant trends in terms of prenatal care services as depicted in the graphs below:

- Graph 1 indicates an encouraging trend in completion of three prenatal services.
- Similarly, Graphs 2 & 3 indicate improved diagnostic services in terms of blood pressure measurement and identification of anemic clients. The improved dianostics helped us identify high risk pregnant clients.
- Graph 4 herein shows an increase in terms of TT administration to pregnant women from 55 percent in the beginning of the project to 86 percent during year 3 of the project. Similarly, IFA distribution to pregnant women increased from 47 percent (in year 1) to 87 percent (in year 3).
- The dip in Graph 5 in the private sector is because of the unavailability of IFA tablets in the public sector, which disrupted the supplies and distribution to the private sector. However, SkyMed IFA and syrup was provided to the clients visiting the clinic for ANC.

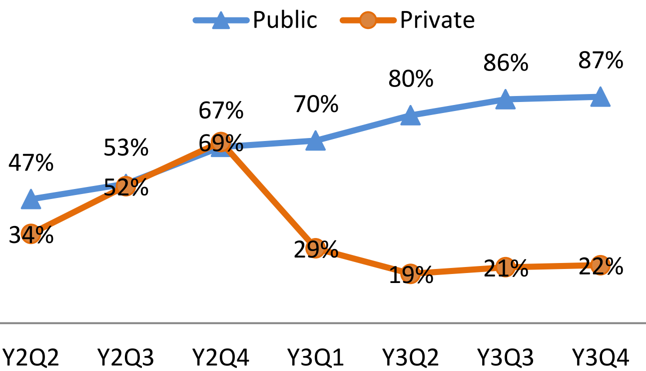
Graph 3: % of pregnant women having HB level <11 (tested cases) out of total ANC registration

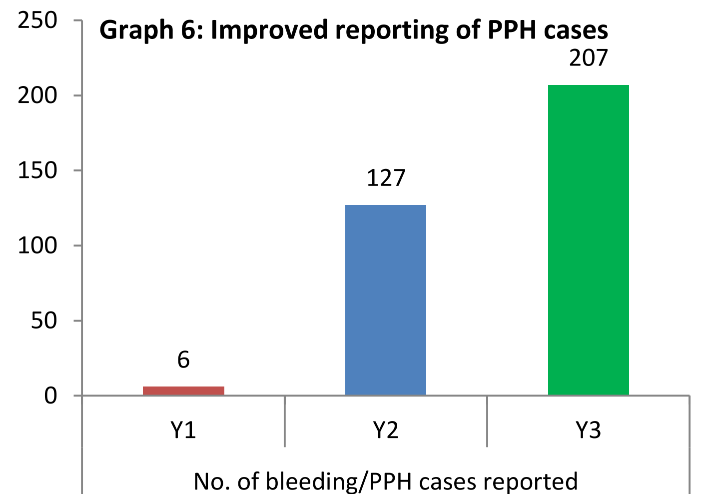


Graph 4: % of pregnant women given TT1 out of total registered for ANC



Graph 5: % of pregnant women given 100 IFA tablets out of total ANC registration

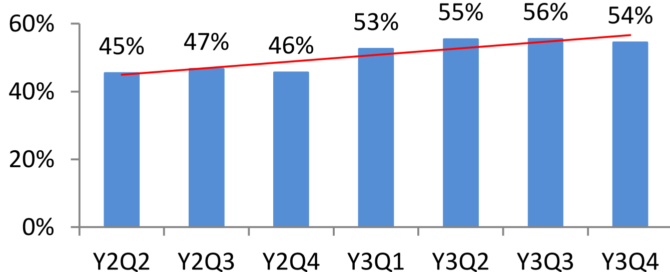




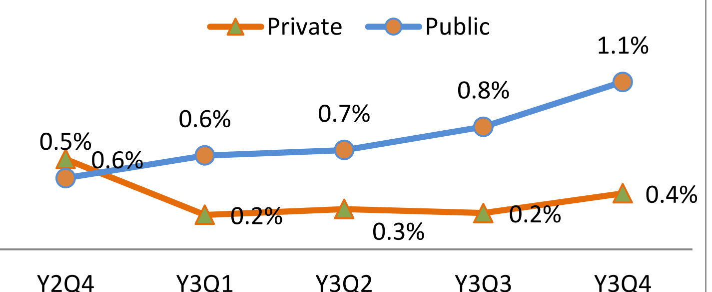
- Due to frequent follow up and meetings with district authorities, we have observed improvement in terms of reporting on PPH cases in the public sector as depicted in Graph 6, which was largely under reported earlier on. PPH cases remains uder reported due to lack of identification, fear of punititive action, and negative outcomes of those cases.

Placement of NASGs in the ambulances and at the public and private health facilities
A total of 188 public providers and 19 private providers were trained on CCA-PPH+ model including application of the non-pneumatic anti-shock garment (NASG). In addition, 106 emergency medical technicians were trained on

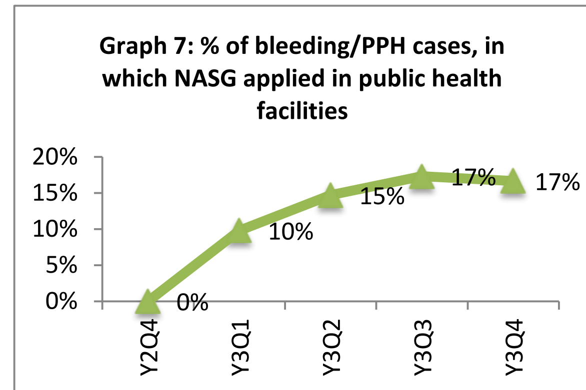
Graph 1:Completion of 3 ANC consultation(June'14-Feb'16)



Graph 2: % of new BP cases detected out of total ANC registration (Dec'14-Feb'16)



referral mechanisms and use of the NASG in PPH management. Specifically, the training aimed at strengthening the referral mechanism between public and private sector.



A total of 221 NASGs were distributed to public (119 NASGs) and private (4 NASGs) health facilities including 98 ambulances. Graph 7 represents the NASG usage from the periphery, since the project's focus was to monitor the usage of NASG at the periphery only; usage data from tertiary has not been included in the graph. NASG usage has increased upto 17 percent during year 3.

***2.1* Establishing linkages at the state level:**

From introductory meetings of the project through the close out, State level officials were updated and informed about the project's activities. At the beginning of the project, a meeting with Shri Amit Ghosh, Mission Director, National Health Mission (NHM), was held in August 2013 to establish a strong partnership with the government. This has also helped in issuing directives to the district authorities for providing support to the Matrika project. Throughout Matrika, the project team was also a part of technical support groups (TSG) for FP maternal health, health management information system, and community processes. These TSGs meet periodically to review the progress of various projects and development partners provide input to the government for improving the strategies and outcomes. The TSGs meetings also provide an opportunity for development partners to interact, learn, and share successes with each other. Pathfinder hosted a TSG on FP during the project period.

Periodic review meetings were held with state officials to update on project's progress, discuss challenges and way forward. During the life of the project, staff continued to foster relationships with the government authorities which was well accepted at the state and district levels. The Minister of Cultural & Women's Welfare in Uttar Pradesh, Mrs. Arun Kori, visited one of the SHC in Kanpur Nagar and appreciated the work being carried out by the project team. The former Mission Director – NHM, Mr. Amit Ghosh, was impressed with his visit to a center offering teleconsultation. He later issued a formal recognition letter to WHP and directed all the chief medical officers of concerned districts to provide support to WHP and the Sky Network.

***2.2* Advocacy at district level:**

At the district level, meetings were held with the chief medical officer, chief medical superintendent, and heads of department of various health facilities to orient them on project objectives and planned activities. The project team was able to secure a place in the District Health Society meetings (DHS). District Health Society is a formal platform to update on the activities going on in districts. The district magistrate holds these meetings and reviews performance of various programs. The project team also secured the membership of Quality Assurance cell in Kanpur Dehat and Kanpur Nagar districts. The Quality Assurance cell is responsible for monitoring the quality of health services being provided in a district. Due to the team's effort at the district level, positions of five family welfare counselors (FWCs) were incorporated into district's program implementation plan from 2016 to 2017.

Picture 1: MD-NHM visited SHC

Some of the key activities for which the project was able to secure co-operation from the district authorities included:

- Support letter for initiation of the services in the private sector
- Registration of SHCs

- Adequate support in registration ofFCs for *Hausla Sajhedari* (government of UP initiative to engage private health facilities for FP) accreditation
- Issuing directives to providers for attending the training conducted under the project
- Supplies of iron (to 11,000 pregnant women) and calcium tablets (to 1,000 women) to the SHCs for distribution to pregnant women
- Allowing a public provider to provide IUCD services at SHCs
- Undertaking quality Improvement visits and addressing the gaps (related to supplies, infrastructure and services) observed during the visit.

Objective 3: Improve community awareness, demand, and linkages with maternal health services among rural populations in three districts of Central Uttar Pradesh by the end of Year 2

Communication campaign

The project undertook a communication campaign, rolled-out in July 2014, targeting two population segments: 1) pregnant women and/or immediate family members, and 2) eligible couples. The campaign aimed to mobilize the communities to seek services for maternal health and FP services through the SKY network. A range of village-level activities were undertaken including announcements made through speakers attached to a vehicle, film shows, and wall paintings. The village-level activities were supplemented with local media coverage, radio and TV spots, and billboard announcements. A total of 446 villages were covered with the communication campaign in the intervention districts. The communication campaign was designed by the project team with support from external consultants in behavior change and advertising, and implemented under the supervision of the project team. Under the Richard T. Clark fellowship program, Mr. Hugues Poulin helped review the communication campaign plan and made recommendations for improvement.

Birth preparedness and complication readiness calendar

A Birth Preparedness and Complication Readiness calendar was designed to raise awareness and improve birth preparedness among women and family members. A total of 5,000 calendars were printed and distributed among pregnant women.

Training of accredited social health activists (ASHAs) for community awareness and demand

In order to improve community awareness and demand for services, training of community-based health volunteers-ASHAs, was undertaken. ASHAs were trained on the danger signs, birth preparedness and complication readiness, and safe delivery. The ASHAs have been provided with flip books as a tool for inter-personal communication with the beneficiaries. A total 2,149 ASHAs have been trained under the project (against a target of 2,000 ASHAs).

Quality improvement interventions

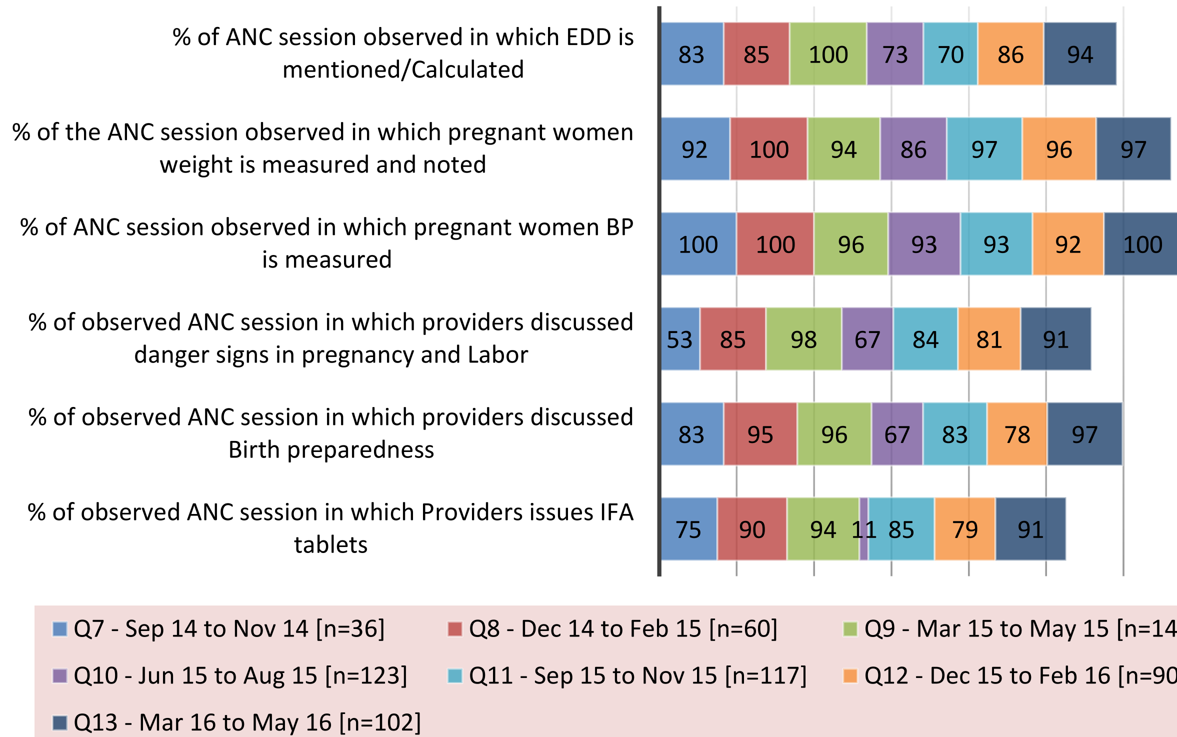
Workshop on quality improvement: Pathfinder's senior technical advisor for women's health and rights, along with other team members facilitated a quality of care training in September 2014. The workshop included orientation on processes involved in Quality improvement (QI) followed by development of appropriate QI tools. The draft tools were tested at the public and private health facilities and were finalized with inputs from project team members and the state quality assurance cell.

After concurring with the state and district authorities, QI visits to health facilities were initiated in the month of November 2014. Through QI/mobile technical support unit visits, the project team addressed gaps, provided supportive supervision and mentoring to improve the skills of the providers and quality of services being offered. The team also assessed the infrastructure-related issues at the health care facilities to provide feedback to decision-makers on any key infrastructural gaps that need to be addressed.

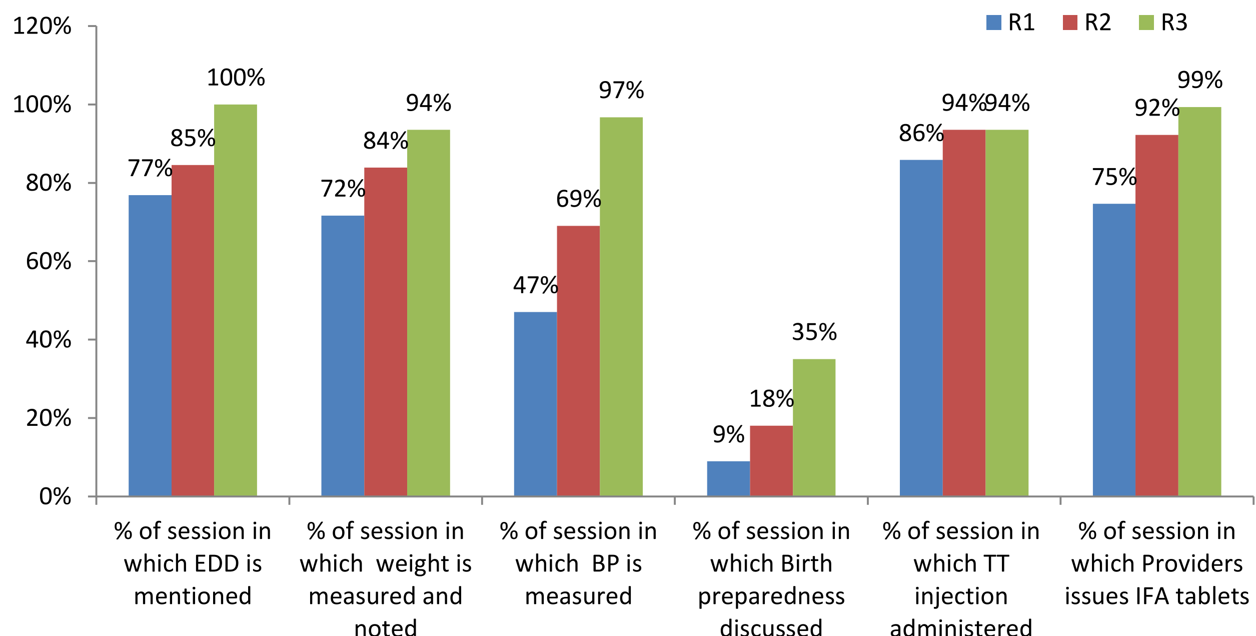
In the public sector, a total of 235 visits were conducted with an observation of 461 ANC sessions in three rounds of visits to 88 facilities (L0, L1, and L2).In the private sector, a total of 594 ANC sessions were observed in seven rounds of QI visits. A total of 225 visits were conducted to 50 SHCs These repeated visits to the facilities have

shown significant improvement in terms infrastructure and skills of the providers as shown in Graphs 8 and 9 below.

In the private sector, Graph 8, 83 percent providers mentioned estimated delivery date (EDD) to the client in round 1, whereas in seventh round an increase of 10 percent was noticed against this indicator, similarly only 53 percent providers discussed danger signs with the clients in round 1, which increased up to 91 percent during the seventh round. Providers discussing birth preparedness plan with the clients also improved from 83 percent in round 1 to 97 percent in round 7. The QI visits showed that private facilities were better equipped in terms of infrastructure and supplies than public sector facilities.



Graph 9 here shows the observation of prenatal sessions during round 1 and round 3 in the public sector. Since the client load at the public facilities is huge, the improvement mentioned below is significant. In round one, 77 percent providers mentioned EDD, 72 percent measured the weight of the client and only 47 percent measured blood pressure of the women, which improved to 100 percent, 94 percent and 97 percent respectively during round 3 of QI visits.



Tablet PCs*:*
These were provided to the FWCs with a built-in application, which is the electronic version of the flipbook. The application with its pre-loaded videos on FP and zoom-in option creates an interactive session which helps the FWCs counsel their clients more effectively. The tablets are also being used by FWCs for reporting data on PPFP. One-day training was provided to all FWCs to operate the tablets PCs.

Discussions on danger signs during pregnancy and birth preparedness is an integral part of prenatal care, but it was found to be poor during the beginning of the project. The QI team has put forth continuous efforts to improve on these indicators by meeting the ANMs during the ANC sessions and providing them with more guidance and support, hence the indicator has shown some improvement during the third round. For entire data of QI visits and its analysis, please refer to Annexure D.

PPFP Services

Pathfinder received supplementary funds in December 2014 to implement PPFP services in the intervention districts under the existing project. The purpose of the PPFP funding was to generate demand and awareness at the community level for PPFP services. The project hired a state project officer-PPFP for implementation and 15 FWCs who were placed at 17 facilities having more than 100 case load of deliveries in a month, to counsel potential clients. The FWCs were engaged in facility-based counseling, outreach counseling at health sub-centers, and Village Health and Nutrition Days (VHND) sessions and home visits of pregnant/postpartum women.

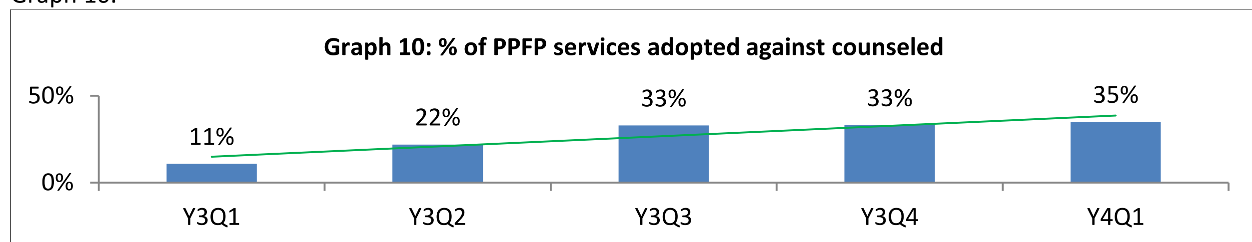
PPFP capacity building

Under the PPFP component, 1,022 ASHAs and 98 ANMs were trained on interpersonal communication) and counseling for PPFP services. To improve service provision on PPIUCD, Pathfinder, with the help of Jhpiego, trained 68 service providers (22 medical officers and 46 staff nurses) on PPIUCD insertion from the FWC manned facilities. Out of 17 facilities staffed by FWCs, 10 facilities started to provide PPIUCD services for the first time after the training.

Service provision under PPFP

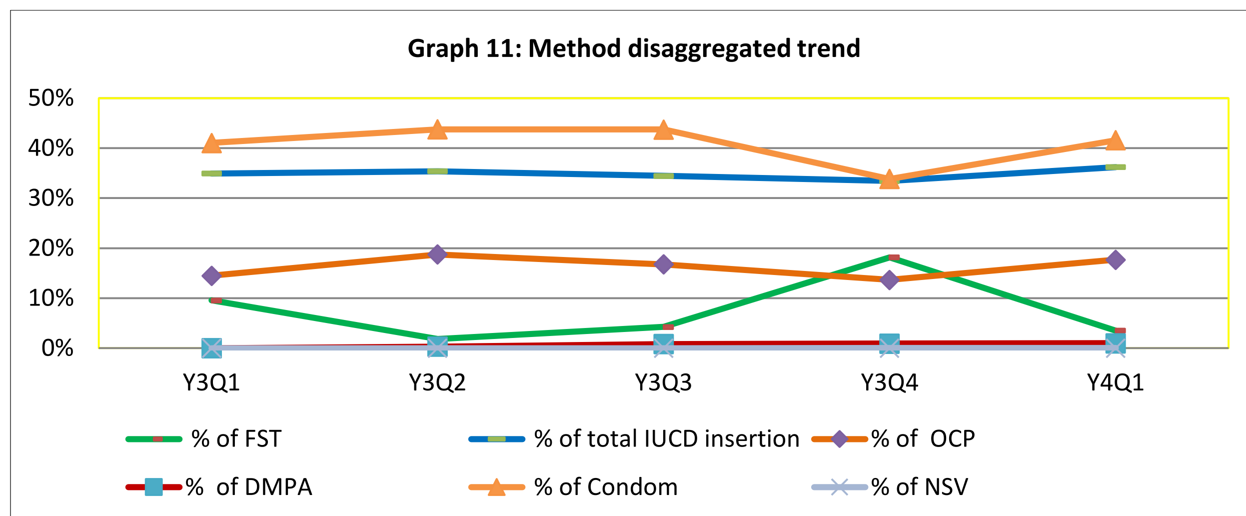
The FWCs provided counseling services at the facility level, and also conduct outreach counseling to pregnant/postpartum women at health sub-centers, VHND sessions, home visits, and at SHCs. Service provision under PPFP started in March 2015 and continued until the end of the project in May 2016.

During the project period, a total of 40,520 women were counseled, of which 16,636 were counseled during ante-partum period and 23,884 were counseled during the postpartum period. Overall, of the total women counseled, 11,131 women (27 percent) opted for a modern FP methods. Quarter wise trend of adopters is presented below in Graph 10. [1]



[1] This may be an under-estimate of % PPFP uptake, because some women may have been counted twice in the denominator if they received both antepartum and postpartum counseling.

The project also captured the method-disaggregated trend (Graph 11) and uptake by the clients. Most of the adopters preferred condoms and IUCD over other methods. Further, among the clients opting for IUCD, 70 percent were PPIUCD (within 48 hours of delivery) clients. The spike in female sterilization in Graph 11 is due to seasonal trend and camp approach which is mostly held at the end of the calendar year (Y3 Q4) and winter seasons to avoid any infections during the procedures.



All 17 facilities had adequate stock and supplies of FP products during the project's period. For further details, please find enclosed data of PPFP in Annexure F.

Key achievements

The project was successful in establishing public-private linkages as per its mandate. The government consented to registering (authorizing) the SHCs to provide prenatal services. The ASHAs, formally associated with the public sector, were engaged successfully in referring—and accompanying—clients to the private sector. Commodities (such as IFA and calcium tablets) were supplied by the government to the SHCs for free distribution. Data from the project's RMIs in the private sector was shared with the government regularly. Government trainers were involved in capacity building of the private providers as well. Cross-referrals (mostly from private to public) were promoted consciously for services such as institutional delivery and emergency care. Overall, the project was successful in creating many avenues for public-private sector cooperation in maternal care and resulted in increased coverage and quality of prenatal and intra-natal services as can be seen in the RMIs.

Introduction of QI visits was a key successful initiative. The protocols adopted, use of observational methods and follow-on actions under the QI initiative brought in a new enthusiasm for continued skill building and improvement of services. Engagement of government doctors themselves for undertaking such visits was a historical first and has the potential to be a sustainable model. The quality improvement initiative specifically has contributed to improving physical infrastructure and quality of prenatal and intra-natal care.

Under the PPFP component, the introduction of FWCs in public facilities with 100 or more deliveries/month was again a new initiative not undertaken previously in the state. This strategy ultimately resulted in significantly increased uptake of spacing methods during the post-partum period. The Last Mile Outriders under the project were able to create new service delivery outlets in the project area resulting in increased access to quality (and less expensive) maternal and FP products.

Finally, the introduction of NASG has directly resulted in improved PPH management and saved manylives of mothers/to-be, as recorded by the numerous case studies. This intervention surprisingly was perceived to have much significance even in tertiary care facilities where it is not uncommon to receive critical cases of PPH.

Challenges and lessons learned
In the private sector, non-engagement with informal providers was a major shift in the project during year 2. This was done as part of a risk management exercise and may have eventually resulted in obtaining the confidence of the government officials on the aspect of public–private linkages.

In the public sector, shortage of qualified and skilled staff, along with infrastructural gaps has been a major challenge, as witnessed during the QI visits. This remains as the key barrier to provision of quality care. With increasing load to the public sector (for key services like delivery/labor), it is important that innovative and newer technologies are introduced for continued skill building of the service providers.

In the private sector, technology challenges, like internet connectivity, remained even though all efforts were made to address them. These technology challenges resulted in fewer private providers to be actively engaged in provision of teleconsultation. Solutions to some of these challenges are externally dependent and could take longer than expected to be resolved.

The project, for the first time, ensured sharing of private sector data with the government. However, seamless integration of public and private sector data was not possible due to complex MIS systems and lack of decentralized decision-making with the local authority on such issues. This resulted in duplication of reporting for some services (like ANC registration, diagnostics,) but more importantly made it challenging to identify and follow-up high-risk clients, undertaking referrals and therefore realize the true potential of public-private linkages.

The existing referral mechanism in the government sector (through a free ambulance service) has significantly addressed community/client need for emergency transportation. However, through our social audits of maternal deaths, its been observed that lack of coordination and protocols for referral management resulted in wasted time in getting the client to the appropriate facility. Moreover, cross-referrals between public and private facilities were again uncoordinated and resulted in delayed services to the client leading to negative consequences.

Incentives for the private sector providers could not be sustained beyond the project period, in the absence of relevant government accreditation schemes, especially for preventive maternity care. The absence of incentives/accreditation in the private sector may prevent the sustainability of private sector services beyond the project period.

Lastly, the project unfortunately did not have significant resources to support a comprehensive demand generation and community engagement plan. We believe this was a missing piece for a robust public-private-community intervention.

3. **Please complete the dashboard (Appendix A) at the end of this report on key milestones over the project period. Include explanation of any unmet milestones or changes to milestones over the project period.**

   Please complete Appendix B, which includes project-specific targets and milestones.

Documentation

4. **Please share 1-2 stories (with photos if possible) that capture the project's greatest achievements or impact over the project period. Examples of stories could include descriptions of how the project influenced a particular client/beneficiary/provider, how the project influenced the opinions or actions of a particular stakeholder, a story from the community describing the challenges the project will address, etc.**

Success story 1
Sunita Devi, wife of Mr. Ramraj from the village of Sajethi, Ghatampur block in Kanpur Nagar district, got pregnant for the third time at the age of 23. Her husband is a carpenter in the village and did not have the income to cover the cost of health services at the private clinic. Sunita went to the nearest government's health sub center for ANC,

where she was merely registered, no tests were conducted and she was asked by the ANM to revisit during the second trimester for a TT shot.

She was feeling weak and heard that at the SHC she would have access to the advice of a private, city-based doctor. She contacted the ASHA of the area, Lalita Devi, who brought her to the nearest SHC at Sajethi. At the SHC, Sunita Devi was examined, consulted with a gynecologist using telemedicine with video conference, and had her hemoglobin levels tested. Her hemoglobin percent was just 7.4g – much lower than desired for a pregnant woman. Her blood pressure was also very low – a mere 90/60. The physicians recommended rest as well as a double dose of IFA tablets and SkyMed Iron Syrup, and a follow-up within the next month.

Picture 2: Sunita with her son

At her next visit, two months later, Sunita Devi was feeling much better. A retest of her hemoglobin levels measured 8.8g, and her blood pressure was 100/60. She was satisfied with the treatment she got from SHC and opted for her delivery in the public sector.

Four months later, she safely delivered a baby boy at Ghatampur Community Health Center (CHC) and she is happy with her family. She received counseling on FP methods and the couple opted for condoms until they decide to switch to another method.

Success story 2

Reema, wife of Arvind Kewat, is a resident of Musaria village in Amraudha block, Kanpur Dehat. She is 27 years old and her first child is 4 years old. On 6th April, 2016, Reema was admitted to CHC Pukhrayan for the delivery of her second child. The facility is situated 16 km from her village. At around 11.30 PM on the same night, Reema gave birth to a baby girl. The delivery was normal, but her placenta couldn't be delivered easily. After 10 minutes of trying, the placenta came out, though with heavy bleeding. As soon as the attending medical staff realized Reema had suffered PPH, they quickly wrapped her in the NASG, which was available in the labor room. They started an IV line, gave her the initial treatment and referred her to the District Womens Hospital in Akbarpur which is 25 km from the CHC. Looking at her critical condition, the district hospital staff referred Reema further to the medical college, which was around 50 km from there. Reema was conscious during the journey. At around 3 A.M., Reema reached the medical college, where she was admitted and given treatment and care immediately. She was also transfused two units of blood.

Picture 3: Reema with her child

It took Reema around three hours to reach an appropriate facility where she could be treated for PPH. She was able to survive this long journey because of a timely application NASG.

5. **Please share 1-2 stories (with photos if possible) that capture the project's greatest challenges , failures, or course corrections over the project period.**

During the establishment of the private network, we realized that working with unqualified providers could be a threat to the project as well as to the community. Hence, the project eliminated all ASHAs enrolled as SCP, similarly only qualified providers from SHCs were registered with the district authorities. The Matrika project's association with unqualified providers was re-evaluated and a risk mitigation plan was developed to avoid any risks working with unqualified providers. More of the project's challenges are shared on page 11 of the report.

6. Was the project featured in any local, national, and/or international media? If so, please describe the coverage and provide a link or copy to the feature.

A visit at SHC by Minister of Cultural and Women welfare has been captured in local newspaper and news channel as displayed in Picture 4.

स्काई सेंटर्स से मिलेंगी अच्छी स्वास्थ्य सेवाएं

कार्यक्रम में भाग लेते अरुणा कोरी व अन्य।

किशोरियों के लिये फ्री नेपकिन का लाभ हर ब्लाक को- अरुणा

चौबेपुर, 18 दिसम्बर। वर्ल्ड हेल्थ पार्टनर्स द्वारा स्थापित स्काई सेंटर्स का उद्घाटन आज चौबेपुर विकास खण्ड के पचोर ग्राम में प्रदेश की महिला कल्याण एवं सांस्कृतिक मंत्री अरुणा कोरी द्वारा किया गया। इस मौके पर राज्यमंत्री ने कहा कि गांव में खुले इस सेंटर से क्षेत्र के लोगों को स्वास्थ्य सेवाओं का लाभ मिल सकेगा। इस मौके पर सपा विधायक बिठूर मुनीन्द्र शुक्ला एवं मुख्य चिकित्साधिकारी डा. आरपी यादव भी मौजूद रहे। संस्था की राष्ट्रीय निदेशक प्राची शुक्ला एवं राजीव शुक्ला ने सभी अतिथियों को बुकें भेंट कर स्वागत किया। कार्यक्रम में सीएमओ डा. आरपी यादव ने कहा कि वर्ल्ड हेल्थ पार्टनर्स शहर से काफी दूरदराज गांवों में निवास कर रहे लोगों को बेहतर स्वास्थ्य सेवाएं मुहैया कराने में अहम भूमिका निभा रहा है जिसकी सराहना की जानी चाहिये। उन्होंने प्रदेश सरकार की स्वास्थ्य सम्बन्धी महत्वाकांक्षी योजनाओं १०८ एवं १०२ एम्बुलेंस सेवा के अलावा पोलियो के खात्मे के लिये वैक्सीन की शुरुआत के अलावा हाल ही में प्रदेश के मुख्यमंत्री अखिलेश द्वारा एवं सांसद डिम्पल यादव द्वारा किशोरियों के मासिक धर्म के लिये फ्री सेनेटरी नेपकिन योजना की विस्तृत रूप से जानकारी दी। बताया कि चार माह का स्टाक प्रत्येक ब्लाक स्तर पर पहुंचा दिया गया है। एक माह में किशोरी को महिला टीचर की परामर्श पर एक पैकेट मुहैया कराया जायेगा। उन्होंने अन्य योजनाओं की भी ग्रामीणों को जानकारी दी। इस मौके पर विधायक मुनीन्द्र शुक्ला ने संस्था की सराहना करते हुए कहा कि पंचायत के चुनावों में इस बार ज्यादातर युवाओं के हाथों में प्रधानी की बागडोर मिली है। उन्होंने अपने गांव पचोर के नव निर्वाचित प्रधान पीयूष मिश्रा एवं क्षेत्र पंचायत सदस्य रोमी शुक्ला से जोर देते हुए कहा कि गांव की सफाई पर विशेष ध्यान दें। उन्होंने प्रदेश सरकार की स्वास्थ्य सम्बन्धी योजनाओं का जिक्र कर लोगों को बेहतर लाभ मिलने की बात कही। मंत्री अरुणा कोरी ने भी विधायक मुनीन्द्र शुक्ला द्वारा दिये गये प्रस्तावों पर हामी भरते हुए विधायक की वाहवाही की संस्था की डायरेक्टर प्राची शुक्ला ने आभार व्यक्त किया इस मौके पर ग्राम प्रधान पीयूष मिश्रा, रोमी शुक्ला, श्याम सुंदर यादव विधानसभा अध्यक्ष, अरुण शुक्ला, शैलेन्द्र यादव, डा. यशोवर्धन सिंह प्रभारी चिकित्साधिकारी विपुल चतुर्वेदी, केके त्रिपाठी, राजेन्द्र शुक्ला आदि के अलावा महिला व पुरुष मौजूद रहे।

Picture 4: Newspaper coverage of Minister's visit to SHC

7. Please list any technical or communications materials produced, such as briefs, brochures, training manuals, job aids, posters, presentations, technical briefs, etc. and include copies as annexes to this report,

Copies of all materials are enclosed in Annexure F:

1. Pathfinder Blog - I cannot stop this work
2. Pathfinder Blog – Continuum of Care by Audrey Chen and Nadia Vranjac, Merck Fellows
3. Pathfinder Blog - High risk pregnancy follow up by Disha Uppal
4. Pathfinder Blog - Ojaswini, a PPH survivor by Maren Vespia and Linda Suttenfield
5. Pathfinder Brief – Telemedicine
6. Pathfinder Brief - Analysis of MATRIKA Project results, learnings and challenges
7. Pathfinder Brief - Assessing Uptake of NASG Under MATRIKA
8. Quality Improvement Report
9. Pathfinder One Page Project Brief
10. Project Brief - Mobile Technical Support Unit (MTSU) Case Study
11. Project Brief - Matrika Advocacy Activities
12. Video - Saving Mothers' lives through improved access to quality counselling and family planning services (link here)
13. Video - Capturing quality Improvement efforts (link here)
14. Video – The Matrika Project:Saving Mothers' Lives in India (link here)

8. Please describe any communications plans for the dissemination of project results or deliverables.

The endline survey and results of other surveys are expected to be made available through London School of Health and Tropical Medicine later in 2016. We would be keen to explore evaluation dissemination opportunities for key stakeholders along with MSD for Mothers once the evaluation results are consolidated.

Pathfinder has disseminated results of the project at the 2015 Global Maternal Newborn Health Conference in Mexico City. Pathfinder presented, as part of MfM-sponsored panel addressing quality improvement entitled, "What is the local private health sector and can it offer quality maternal health care?". Mahesh Srinivas, Director of Programs presented on Matrika's QI visits made in both the public and private project facilities, building on various trainings to support sustained change in skills and clinical practices. He presented results from the QI visits, in which, for the first time in UP, public sector doctors along with team members from Pathfinder and WHP were engaged in on-site assessment of quality of service provision in both sectors

Finally, Pathfinder plans to share results from the project on our website, http://www.Pathfinder.org.

9. Please include any photos of the project.

A CD will be submitted to MSD for Mothers office in India, as photos are large in size.

Feedback

MSD for Mothers seeks to work collaboratively with each of our partners toward a common goal. We believe open and honest dialogue is essential for our joint success. As such, please try to answer the following question as candidly as possible.

10. How did *MSD for Mothers* and/or your program officer assist or hinder you in any of the following areas over the course of the project?

Technical assistance for implementation	During the three project years, MSD for Mothers supported six external fellows to assist the Matrika program in achieving its goals. The first two fellows, Tijen and Maggie, assisted with the preparation of training materials and outlining the quality assurance plan. Mr. Poulin Hugues' valuable three months conducting field visits in the summer of 2014 were useful in devising a communication plan and evaluation of activities. The campaign assessment survey highlighted the utility of van publicity in the communication strategy and informing more than 50 percent of the communities about services available at SHCs. The third year of fellowship (through Reva, Nadia, and Audrey) helped us to develop program documentation and case studies. Additional MSD assets such as supply chain logistics expertise would have also been welcome. We weren't aware how to tap in to additional MSD resources beyond the fellows program.
Technical assistance for monitoring & evaluation	A monitoring tool was developed to assess the functionality of SHCs and the services provided by them. Feedback from MSD for Mothers and the agencies appointed (LSHTM) by them helped a lot in fine-tuning the program as well as showing the outputs. Based on the monitoring outcomes, we have also been able to improve the quality of the services from the centers.
Linkages to other partners, experts or initiatives	In addition to the MSD for Mothers Fellowship program, the project team highly valued the opportunity to meet with other MSD implementers in March 2015 for the partners meeting. It was a valuable opportunity to learn from others and reflect on project approaches and strategies.
Communications	Fellows supported by MSD for Mothers helped us develop the communication plan for the services and tools for evaluation of communication campaign. Similarly during the third year of fellowship, we also received support in writing technical briefs, case studies and development of a video on the PPFP component.
Other	

11. Do you have any recommendations for *MSD for Mothers* in managing future partnerships? Please include at least one area of improvement for *MSD for Mothers.*

We found the Global Health Fellows program an asset to our project. However, we felt that application and contracting procedures could have been simplified. We felt the process was too complex and challenging to manage. We communicated this feedback at the time, and the process for applying seemed to improve over time.

Pathfinder is proud to partner with MSD for Mothers. We appreciate the co-design process, but would like to recognize that a collaborative and iterative program design process is a significant investment for our organization, so further clarity and streamlining could always be helpful.

12. How did Merck/MSD expertise improve your program's effectiveness?

Periodic visits from the Merck team, including fellows for evaluations, assessments, communication, and strategy were crucial in designing the communication plan, case studies, reporting patterns, and training materials. We also highly valued the role of Rabin Martin, and found them to be a knowledgable and helpful partner.

13. Is there anything else you would like to add? Questions? Concerns?

None.

Financial Update

Please complete the attached Excel -format financial reporting template and complete the questions below.

1. **Please list any budget categories with variances of more than 10 percent for project period. Explain the cause of the variance and any effects it had on the project. If funding remains, explain why.**

   Pathfinder conducts business is multiple currencies and does attempt to align spending with budgets. At the end of this $3,250,000 project Pathfinder has a nominal balance of $8,505 due to currency fluctuations.

2. **Please explain any major concerns about, or proposed changes to, the approved budget for the coming reporting period. This may include any budget categories in which you anticipate a variance of more than 10 percentage points, any budget constraints that will affect progress toward key milestones, and budget modifications needed.**

   N/A

MSD

MSD for mothers
Committed to Saving Lives

Appendix A: Dashboard

For each objective, list the key milestones for the last year, as per the approved work plan	Achieved–green In progress-yellow Delayed–red	If achieved: What source of evidence do you have to support the result? If delayed: What was the cause?	What challenges did you encounter? Were they addressed? How? What course corrections or adjustments were made? Why?
Objective 1: Establish a social franchise network of private health providers and functional referral centers offering affordable ANC, EmOC and FP services by the beginning year 2 in three districts of Central Uttar Pradesh			
Identify providers in two blocks across three districts to enter into a profit sharing agreement to establish two block-level mini clinics (WHP-owned model franchise) providing ANC, EmOC and regular FP services and follow up care.		Identified two block level locations for the mini-clinic at project districts. Both of the clinics are registered with the respective CMO's office and service provision has started at these clinics. Re-registrations of UniHealth clinics for this year have been completed	
Identify rural network of 55 SHPs and 385 SCPs across three districts		50 SHPs and 365 SCPs are currently functional.	Frequent drop outs and eliminations of the providers from the network due to unrecognized degrees and qualifications resulted in a fewer number of Sky Network providers than targeted. The team has agreed to focus on strengthening the existing network and not continuing with identification for new service providers.

Identify at least nine urban medical clinics, nursing homes and private hospitals in three district towns to provide in-patient care as part of franchise network. Try to accredit these facilities with the support from the system		Six FCs out of nine were established. Agreements signed with the providers.	Unavailability of qualified providers and lack of interest in joining the network from qualified providers led to the underachievement in terms of identifying the required number of FCs.
Procure quality Sky meds, ANC, EmOC, and FP products		Sky meds procured and available at 2,577 outlets across the three project districts. WHP project records.	
Objective 2: Strengthen capacity of and linkages between rural private and urban public sector health providers to offer high-quality ANC, EmOC, and FP services in three districts of Central Uttar Pradesh by the beginning of year 2			
Conducting TOT and create a pool of master trainers		Thirty-one master trainers trained on maternal health topics. Training records, reports, registration sheet, official letters of communication.	
Train Sky network providers in general ANC, EmOC, FP, and postpartum contraception counseling		All Sky Network providers are currently trained under the project.	
Train public sector providers at 29 functional referral centers on ANC protocol, safe delivery, PPIUD, and FP procedures		188 trained against target of 150 (62 medical officers, 78 staff nurses and 48 ANMs). Training records, reports, and registration sheets.	
Strengthen quality assurance mechanisms for Sky centers, including incorporating quality standards used by other MfM partners		QI visits has shown significant improvement	
Monitor service provision against established targets		Quality monitoring teams constituted at the district level. QI visits have been undertaken and considerable progress has been made.	
Document quality assurance process and results to date (e.g. detailed description of quality assurance process and tools used, overview of quality of care offered and challenges or areas of focus)		QI plan and risk mitigation plan is in place.	

Advocate with the government to strengthen public-private linkages, e.g., government support for referral systems, inclusion of private providers in *Janani Suraksha Yojana* , encourage state expansion, standardize provider training, address barriers to task-shifting among providers, etc.		Adequate support is being provided by the government: Project -hosted technical support group meeting for FP with government of Uttar Pradesh and other developmental partners. All private providers can accredit themselves for Hausla Sajhedari scheme, which provides benefits /incentives to private providers on providing FPservices.	
Objective 3: Improve community awareness, demand and linkages with maternal health services among rural populations in three districts of Central UP by the end of Year 2			
Development of communication materials to mobilize communities to recognize danger signs and seek care		Sufficient communication material developed such as flip book on maternal health,FP, Birth Preparedness and Complication Readiness calendar . Posters and leaflets on requirement of ANCs, FP and mothers' feed to child has also been printed	
Train 2,000 ASHAs on danger signs, birth preparedness, complication readiness, and safe delivery, referring women to services and helping women access insurance schemes		2,149 ASHAs have been trained against the target of 2,000 ASHAs. During ASHAs training, project team has emphasized on available insurance scheme.	

Definitions:

1) Objectives - specific and measurable statements that support the goal of the project
2) Milestone - important markers of progress that indicate if a project is on time or falling behind schedule
3) Status – colored coded indicator to quickly show the status of a key milestone
4) Description – short overview explaining whether if the milestone has been achieved or is delayed
5) Challenges or Course Corrections – explanation of challenges and/or corrective action plans to meet the objective

Appendix B | Matrika Achievements

Targets

Targets	Actuals
440 Sky Network Providers	415 Sky Network Providers
9 empaneled private facilities	6 empaneled private facilities
Supply chain in 3 districts	2,577 outlets across 3 districts
1000 ASHAs trained	2,149 ASHAs trained

Achievements in Key Metrics

Metrics (per contractual language)	Final Results
Increased availability of affordable ANC, EmOC, postpartum and FP services in rural areas via social franchise network	58 center (50 SHCs, 6 FCs and 2 mini clinics)
Increased number of private and public sector rural providers conducting quality ANC, basic EmOC for PPH/eclampsia, referral for comprehensive emergency care, and postpartum follow-up	Providers from 58 private and 192 public facilities providing the mentioned services
Increased number of ASHAs educating women on danger signs in pregnancy/labor, referring women for maternal health services in social franchise network, and linking women with free delivery care at public sector facilities	2,149 ASHAs trained under the project providing services to the women in the community
Increased number of women:	
○ Receiving quality ANC, postpartum and FP services through the social franchise network	2,10,666 women received prenatal services and 40,520 women received counseling on FP
○ Accessing government schemes for safe delivery care	1,33,062 women delivered at the institution
○ Accessing EmoC through public-private linkages	This data is not being captured under the project