Detailed Implementation Plan - Mayi & Mwana Project

						Ye	ar 1								Year	r 2								Year	r 3				PP	
Category/Activity/Sub-activity	Lead	Support																												Mileston
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START-UP (brought forward from early start-up plan plus any a	dditional activities)		2 3	4			0 9	10	11 1	12 13	14	15 .	.6 17	10	19 2	.0 21	. 22	23 2	4 23	20	21 20	29	30	31 32	33 .	34 33	, 30	3/	
General/Cross-cutting Start-up (cross-cutting meetings/events,				_	_	_		_		_				_		_						_		_		_				
Identify and select communities to participate in project in			П								T		1		1 1					I			T	П	$\overline{}$			\Box		
consultation with relevant stakeholders and introduce project																														
methodologies																														
Orient chiefs in project areas																														
Identify and select facilities to participate in project in																														
consultation with districth health offices and Ministry of Health.																														
Establish agreements with participating facilities to clarify																														
project supports.																														
Programmatic Start-up																														
Consult with MOH, ZAGO, and ZPA on clinical mentorship																T														
component including curriculum and training modalities.			Ш																											
Conduct health facility assessments to determine areas for									[1	1]			1 [1 1			1 [[
capacity building and quality improvement			ш																									\perp		
Map communities and links to participating facilities			₩		$\sqcup \!\!\! \perp$	\perp			\sqcup		_	+			\sqcup			$\perp \downarrow$	_	1	Щ		_	\sqcup	\perp	\sqcup		$\perp \! \! \perp \! \! \! \! \! \perp$		
Review SMAG curriculum and assess how it can be																														
complemented with FANSER nutrition and hygiene modules			₩								-				┢			-					-	-	+	-	$-\!\!\!\!+\!\!\!\!\!-$	+		
Assess capacity of existing SMAGs and areas for capacity																														
building/mentorship support Recruit FANSER Care Group volunteers to provide training,			╁	-							-	-			1		-			-			-	1	+		+	+		
mentorship and supportive supervision to SMAGs																														
Identify focal points within partner health facilities to support			++								+									-					+		+	+		
SMAGs in their catchment areas.																														
Conduct audit of exising network of SMAGs and FANSER																									\neg		\neg	\top		
volunteers to support project and determine optimal division of																														
target households into Care Groups.																														
Clarify supervisory structure between SMAGs, health facilities																														
and FANSER intermediaries (Health Promoters, Nutrition Field																														
Supervisors, Nutrition Volunteers).			\vdash								_									-					_		_	+		
Project launch workshop		L	ш																									ш		
Financial Start-up																					, ,									
Work with partners to assess financial management capacity																														
and develop improvement plans.																														
			oxdot																									Ш		
For new partners, conduct sub recipient financial management																														
assessment.			₩	_				_			-	-			-	_				+	\vdash		_		+	┢	$-\!\!\!\!+\!\!\!\!\!-$	+		
Review, document and communicate project financial																														
management requirements, roles and responsibilities.																														
Work with partners to establish financial management and			T		t t	+		1			1	+		1	t	-	1	\dagger		1	H		1	tt	\dashv	\dagger	\dashv	+		
reporiting processes, formats and schedules and orient partner																														
staff on them.																														
Human Resources Start-up																														
Draft JDs for all project staff, incluidng clinical mentors.			\prod								T																\top			
Recruit and onboard staff.																														
Capacity Strengthening (Start-up)																														
Based on results from partner facility assessments (see P.2),			П								T							T		Т					\top		\top		T	
develop quality improvement plans and establish processes for											1													1 1						
monitoring and reviewing progress and sharing mutual											1													1 1						
feedback.																												$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		

Category/Activity/Sub-activity	Lead	Support				Υ	ear	1								Ye	ear 2										Year	3				F	PP I	Mileston
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Based on results from SMAG assessments (see P.5), develop																																		
quality improvement plans and establish processes for																																		
montiroing and reviewing progress and sharing mutual																																		
feedback. Procurement Start-up (General)														<u> </u>			<u> </u>							<u> </u>							ш	_		
Procure equipment and supplies (including office furniture,			П		ТТ	- 	Т	П	_	Т	Т	_		1	П		Т	1			Т		1	1	П	一	<u> </u>	1		T	$\overline{}$	_		
motor tricycles, bicycles for SMAGs)																																		
Procure IEC materials							+	+			-	-	+			_						+				一十				1	++	+		
Other Operations Start-up Activities (e.g. security management,	office set-up)					_	+	-	_	_	_		_	+		_	<u> </u>		<u> </u>	_	_		+	!				_	-	+				
Office set-up			П	Т	Т		Т	ТТ	Т			Т			П	$\overline{}$	T	T				Т	Т	Т	П	$\overline{}$	Т	Т	Т	T	\overline{T}	T		
Clarify lines of communication between project,			t				+					+	+			+						1				-						-		
SMAGs/communities and health facilties.																																		
PROJECT IMPLEMENTATION																																		
Strategic Objective 1: Pregnant women in targeted dis	tricts adopt im	proved antenat	al ar	nd po	stna	tal he	ealt	h and	l he	alth	-see	kins	beh	navi	ors.																			
IR 1.1: Safe Motherhood Action Groups (SMAGs) in																lma	tor	201.2	nd c	hild	hoal	+h +	onic			—					_	_		
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Output 1.1.1: SMAGs improve understanding and provision	or accurate mater	nai and child healt	n into	rmati	ion.		_	1 1	_					1			_											_		_			- 1	
Train SMAGs in updated curriculum, with support from health																																		
facilities and FANSER Nutrition Field Supervisors.			┢	-	+		+-	++				-	-			_						╁				\rightarrow			-		++	-		
Conduct baseline assessment to determine barriers to accessing MCH services and behavior change on MCH topics.																																		
Identify and register households.																																		
Align SMAG and FANSER lessons into cohesive curriculum with priority monthly topics to be delivered to households by SMAGs and FANSER Nutrition Volunteers (joint or separate depending																																		
on community and network of existing volunteers)																															Ш			
Form groups of mothers to participate in SMAG/Care Group lessons.																															Ш			
Mentor and accompany SMAGs to deliver lessons and ocnduct monthly household visits, with support from health facilities and FANSER Nutrition Field Supervisors and Care Group volunteers.																																		
Train SMAGs in ASPIRE education methdology to improve							+				+	-	+	1		-	+					╁	+			+		+			++	+		
behavior change communications.																																		
Provide bicycles to SMAGs to facilitate monthly household visits.																																		
Conduct refresher trainings.																																		
Conduct cooking demonstrations.																																		
Output 1.1.2: SMAGs regularly monitor the health of pregna	nt women and inf	ants in their comm	nuniti	es.																														
Mentor and accompany SMAGs to conduct monthly household																																		
visits to pregnant women in their communities.																																		
Support SMAGs in delivering essential newborn care modules																																		
and conducting follow up household visits during first 5 days to																																		
promote breastfeeding and kangaroo care and monitor the																								1										
health of the mother and baby.			\vdash	+	+		+	++	-	+	+	+	-	+	++	-	+		\vdash		+	+	-	1	\vdash	\dashv		+	+	-	++	+		
Equip SMAGs with capacity to implement community scoreboards to track and share progress on process indicators																																		
and provide feedback on progress toward MCH outcomes.																								1										
IR 1.2: SMAGs facilitate timely referrals to health fac	cilities for pregr	nant women an	d ne	wboı	rns.		1						-				1							1										
Output 1.2.1: More pregnant women arrive for their first AN																																		

Output 1.2.1: More pregnant women arrive for their first ANC visit in the first trimester.

Output 1.2.2: More pregnant women deliver their children at facilities under supervision of skilled provider.

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Category/Activity/Sub-activity	Lead	Support	1	2 3	4	5	6	7 8	3 9	10	11	12 1	.3 1	4 15	5 16	6 17	18	19	20 2	21 2	2 2	3 24	25	26	27	28	29	30 3	31 3;	2 33	34	35	36	37	e(s)
Mentor and accompany SMAGs to counsel targeted households												Ì											Ì										T		
on warning signs during pregnancy and neonatal periods and	ĺ		1																																
accessing facilities at critical times (i.e. labor, early ANC	1		1																																
registration, monthly ANC visits, postnatal care at 6 days and 6 weeks).																																			
Support SMAGs in delivering essential newborn care modules																																			
and conducting follow up household visits during first 5 days to	ĺ																																		
promote breastfeeding and kangaroo care and monitor the	ĺ																																		
health of the mother and baby.			Ш																											Ш	Ш				
Establish Council of Champions to engage traditional headmen																																			
and religious leaders to promote MCH, including prioritizing the	ĺ																																		
first ANC visit in the first trimester.			Ш																											╙	Ш				
Train Council of Champions in MCH, nutrition and hygiene	1		1																																
topics.			Ш																										\bot	Ш	Ш	Ш			
Liaise with Council of Champions to determine local	İ	1																					1												
contribution the project (ex. Brick/labor donations to	İ	1																					1												
construct/rehabilitate mother's waiting shelters).	<u> </u>		ш					╙													\perp		1	<u> </u>	Ш					\bot	丄	Ш			
Encourage partner participation in SMAG lessons to improve	İ	1																					1												
knowledge and health-seeking behavior, and joint planning and	İ	1																					1												
preparations for birth.	<u>i </u>		ш																				<u> </u>						丄	丄	丄	Ш			
Output 1.2.3: SMAGs coordinate with facilities for transport	ation support for o	critical cases.																																	
Implement mobile health solution to strengthen two-way																																			
referrals between the community (i.e. SMAGs) and facilities for	ĺ																																		
critical cases and arrange transportation assistance as needed	ĺ																																		
(i.e. motor tricycles, ambulances).	1		1																																
SMAG member accompanies critical cases to facility.																																			
IR 1.3: Pregnant and lactating women and caregiver	•				n hea	alth	, nut	triti	on a	nd h	ygie	ne ac	ction	ıs.																					
Output 1.3.1: Women and health care decision makers have	improved unders	tanding of key me	sage	s.																															
Supplement SMAG trainings with additional health, nutrition	1		1																																
and hygiene modules and resources currently in use by the CRS	ĺ																																		
FANSER project in Eastern province.			ш																										丄	Ш	丄	ш			
SMAGs deliver lessons and visits to targeted households.	<u> </u>																																		
Design and broadcast radio messages on MCH.																														T	T				
Engage theatre group for messaging.																														T	T				
Output 1.3.2: Women and caregivers are supported to adop	t MCH, nutrition a	nd hygiene actions	<u></u>	•			•															•													
Equip SMAGs with skills and resources to conduct monthly		, , <u> </u>	П	1	1 1		<u> </u>	Т	1	П	T	Т		Т	Т	T	1	П	T		Т		1			T	П	П	\top	\top	T	П	т		
household visits to counsel pregnant women on diversification	ĺ																																		
of dietary intake including iron-rich foods, nutrition-sensitive	ĺ																																		
hygiene and exclusive breastfeeding for at least six months, in	ĺ																																		
addition to sessions on other SMAG curriculum topics	ĺ																																		
mentioned above.	1		1																																
Clarify processes for SMAGs to refer women to facilities for folic			П																											Ī	Ì				
acid and iron supplements, deworming tablets and malaria	İ	1																					1												
prophylaxis to support optimal nutrition and prevent anemia.	ĺ																						1							1					
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As requested by facilities, SMAGs conduct home visits to follow	ĺ	1																					1												
up with women who have received supplements to answer	İ	1																					1												
questions and observe and record intake.		<u> </u>	Щ		Ш					Ш								Ш			┸				Ш				Ш	Щ	Щ	Щ			
Strategic Objective 2: Health facilities in targeted dist	ricts improve de	elivery of anten	atal	and [oosti	nata	al he	alth	ser	vices	i.																								
IR 2.1: Clinical staff in targeted facilities demonstrat	e increased kno	owledge and cap	acit	y to	perf	orm	9 eı	mer	geno	y ob	stet	ric a	nd n	ewk	borr	1 car	e (E	mOl	IC) f	unct	ion	š													
Output 1.1: Clinical staff receive tailored mentorship and te	chnical support.																																		
Conduct clinical trainings to advance skills development on 9																																			
signal EmONC functions, including newborn resuscitation and	İ	1																					1												
improved customer service skills.	<u> </u>							1								1																1 1			

Category/Activity/Sub-activity	Lead	Support					Yea	r 1					j				Ye	ear 2										Yea	ır 3					PP	Mileston
category/Activity/Sub activity	Lead	Support	1	2 :	3 4	5	6	7 8	₃ 9	10	11	12	13	14	15	16 1	.7 18	3 19	20	21	22	23	24 2	5 2	6 2	7 28	29	30	31	32 3	3 34	1 35	36	37	e(s)
In collaboration with MOH, recruit and deploy clinical mentors to build technical capacity of facility staff and provide accompaniment in applying quality improvement tools and skills																																			
In collaboration with MOH, pilot incentives to attract skilled professionals to work as clinical mentors in rural facilities.																																			
At select sites, test innovations in telemedicine to facilitate consultation and referrals for critical cases.									I																										
IR 2.2: Targeted facilities establish and routinely app	oly quality impr	ovement syste	ms t	o en	hand	e op	era	tion	s.																										
Output 1.3: Facilities increase knowledge and application of	QI methods.																																		
Institute health facility scorecards to support tracking of indicators and progress towards goals.									L																					┙					
Train healthcare providers in quality improvement methods.																																			
Establish facility-based quality improvement teams. Schedule monthly team meeting to review data and address QI issues.								+	+	+	H	\vdash		H									+	-				\forall	\dashv	+	+	+	\dashv	\dashv	
IR 2.3: Pregnant women and caregivers report great	er satisfaction	with health ser	vice	s rec	eive	d		${}$	\pm	_	ш		_	ш													1	ш	\dashv	\rightarrow	一	\perp	_		
Output 2.3.1: Facilities deliver quality, client-centered MCH		with ficultii ser	VICC	3100	CIVC	u.																													
Ensure clinical mentors support case identification, promote HIV screening, and ensure periodic cohort monitoring for pregnant women and their children.								T	T	Τ													T					П		T	T				
Procure tricycles and modify them as rural ambulances to facilitate rapid transport of critical cases to facilities.										1																		\prod		T		\Box			
Establish and encourage utilization of client satisfaction/feedback mechanism.																																			
Strategic Objective 3: Improved coordination and adv	ocacy with dist	rict, provincial	and	natio	nal	tean	ns w	ithir	n th	e Mi	inisti	ry o	f He	alth	(M	OH)	to sı	ıppo	rt ta	arge	eted	dist	ricts												
IR 3.1: Health facilities enhance data management a																																			
Output 3.1.1: Health facilities routinely use qualit	y data for strat	egic decision m	akin	g an	d ad	voca	cy t	o M	OH.				_		- 1			1								_					_				
Recruit strategic information advisor to serve as roving support to all facilities and liaison with health information officer at district health office.																																			
Train and mentor clinical staff and facility management on data management and utilization, and integration of patient-level MCH data with existing electronic platforms (DHIS2, SmartCare).																																			
Establish monthly data review meetings at health facilities. Participate in monthly district health office meeting to share updates and lessons learned.								+	Ŧ	Ŧ	Ħ			H														Ħ		+	Ŧ	\blacksquare			
Share regular updates with provincial health office to inform performance reviews of target districts.																																			
Contribute good practices and learnings by sharing reports with district health offices.																																			
IR 3.2: MOH considers adoption of project learnings	and recommen	ndations for fut	ure	polic	y up	date	es ar	d M	ICH	prog	gram	mir	ıg.																						
Output 3.2.1:																																			
Conduct joint field monitoring and data quality assurance visits with Ministry of Health.									\perp					Щ															\square	\perp	\perp		Ш		
Participate in relevant special events (eg. Child Health Week)								\perp	\perp	\perp	\perp		L	Ш														Щ	\square	\perp	\perp	Ш	Ш		
Participate in meetings with the MOH, ZAGO, ZPA to share updates on clinical mentorshop activities.								_		L			L	Щ														Щ		╧	ļ	Щ	Ц		
MEAL Conduct SMILER workshop					Ŧ		_	Ŧ	Ŧ	Ŧ				_	-	7	7					1	7	Ŧ	T	Ŧ				4	Ŧ		_	4	
CONTROL SIVILER WOLKSHOP		1	1	1		1 1	- 1	- 1	1		1 '	1 1	1	1 1			- 1	1	1	1				- 1	- 1	1	1	1 1	. 1		- 1		1 17	ANNE	

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Train SMAGs/Care Group volunteers in data collection and																																		
management.																																		
Conduct baseline health facility assessments.																																		
Conduct midterm health facility assessments.																																		
Conduct Data Quality Assessments.																																		
Joint monitoring visits with MOH.																																		
Update registration records of beneficiaries																																		
Routine output level data collection																																		
Annual review meeting using evalutive thinking process												┸																						
Quarterly learning and reflection meetings																																		
Set up and deploy beneficiary accountability mechanism																																		
PARTNERSHIP AND CONSORTIUM MANAGEMENT																																		
SRFMP visits																																		
Learning exchanges																																		
Annual planning meeting												1																						
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DONOR ENGAGEMENT AND ACCOUNTABILITY ACTIVI	TIES											_									_	_											_	
Annual financial reporting																				_														
Annual programmatic reporting																				_														
Final project financial report																				_														
Final project narrative report																				_														
SUSTAINABILITY, EXIT, AND PROJECT CLOSE-OUT PLA	NNING																																	
Develop/refine project sustainabilty and exit plan												T															Ī							
(programmatic)																																		1
Develop cross-discipline close-out plan (programming, human																																		
resources, finance, data, assets)												⊥																						
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