

A.3 STATEMENT OF WORK

Project Components and Anticipated Results

Links to USAID Strategy for Ukraine and Results Framework

This Maternal and Infant Health Project contributes directly to the Mission's currently approved strategy under Strategic Objective 5: "Improved Social Conditions and Health Status". The IRs, which relate to the Maternal and Infant Health Project are IR. 5.1 "Changed behaviors and systems to improve health" and IR 5.2 "Conditions for targeted vulnerable groups are improved". The Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) component of the MIHP will also contribute toward Special Objective 8 "HIV Transmission Among High Risk Groups Reduced and Impact on Those Affected Lessened". The project will contribute to improving the indicator(s) relevant to these SOs and IRs such as: "Percentage of complicated pregnancies that have successful outcomes, in selected areas".

Tangible Project Results

Tangible results under this Task Order include:

- ❖ Perinatal counseling and services at the primary health care level through family medicine will be improved;
- ❖ Primary health care professionals' capacity will be enhanced to identify pregnancy complications for timely referrals to specialized obstetrical care in out-patient women's consultations and/or hospitals, and family medicine professionals will be able to handle emergency life-threatening pregnancy complications and/or labor until specialized help is arranged;
- ❖ Essential newborn care will be enhanced, by focusing on neonatal resuscitation, breastfeeding and prevention of infectious diseases;
- ❖ Family planning services and counseling will be strengthened, in particular during the post-partum and post-abortion periods;
- ❖ Linkages between family medicine/primary care clinics, outpatient women's consultations/women's wellness centers and maternity hospitals will be strengthened;
- ❖ The capacity of selected facilities will be enhanced to provide integrated care focusing on prenatal services, prepared childbirth and delivery practices, through fostering family-centered maternity care; and
- ❖ An ongoing monitoring and evaluation system will have been established to provide regular feedback to primary health care providers and to promote the implementation of positive accomplishments nationwide.

- ❖ The capacity of selected facilities to provide comprehensive care including the prevention of mother to child transmission of HIV/AIDS (PMTCT) will be enhanced.

Selection of Project Sites

The project will work in the following oblasts: Donetsk, Volyn, Kiev and Crimea. They were selected on the basis of several criteria, including the oblast leadership, oblast health administration and facility commitment, and experience with

USAID-supported reproductive or maternal and infant health programs. Each of selected oblasts will have a different degree of expertise and experience in at least one priority component, such as extended primary care/family medicine that covers reproductive health care; an outpatient district serving patients with mild complications; inpatient delivery without complications; and oblast maternity care for complicated delivery and neonatal cases.

The city authorities in Donetsk have been very supportive of the on-going Maternal and Infant Health Project and have repeatedly requested an increase in the number of city maternities working with MIHP to implement contemporary principles of peri-natal care. In Maternity #6, the city authorities and staff have started to implement peri-natal principles using the experience of Donetsk Maternity #3 without financial support from MIHP. Currently the city is working on critical refurbishment to Maternity #6 in order to be able to implement the evidence-based peri-natal principles learned from Maternity #3. The quality of antenatal care is directly connected with the quality of the delivery, thus it will be important to support the 22 antenatal clinics with the refurbishment of one room for family preparation for delivery and parenthood in each of these clinics.

Volyn is one of the poorest oblasts in Ukraine. Volyn is a farming oblast with a scattered population throughout the countryside. For this reason, many deliveries take place in small maternities in rayon hospitals. Volyn Oblast Authorities have requested two additional rayon maternity hospitals serving the rural population to be included to the project. These two maternities are Novovolyn Town Hospital (Coal-Mining Area) and Kamin-Kashirskiy Rayon Hospital (Chernobyl Area). MIHP is currently working in Volyn Oblast with Lutsk City Maternity and the Kovel Rayon Maternity.

Kiev, the capital of Ukraine has a special independent status from Kiev Oblast. According to health issues a special committee has the power to issue prikazes implemented at city-level. There are currently nine maternity houses in Kiev that provide obstetric and neonatal care to pregnant woman and newborns for a population of 2.7 million. There were approximately 22,000 deliveries in 2002 in Kiev and only one fifth of these were classified as a normal delivery. The indicators of pregnancy and birth complications, as well as mother and prenatal mortality rates in Kiev are 3 times higher than the average Western European countries.

Maternity #1, located in Kiev periphery, serves a poor part of the city population. In 2003, 1,700 women delivered in Maternity #1, the level of normal delivery was only 25%. Despite the commitment of the staff to improve the situation, important changes and basic equipment are needed for staff to enable young mothers and their infants to benefit to international standards of peri-natal care. Maternity #5 is one of the busiest maternities in Kiev, delivering more than 4,000 women in 2003. Maternity #5 was recently completely refurbished and equipped with excellent supplies and materials. However, despite this new equipment and infrastructure, the staff lacks exposure to the most recent evidence-based technologies and approaches. The practices at the

maternity are obsolete approaches in peri-natal care, resulting in less than 20% of deliveries as normal deliveries.

Inclusion of Prevention of Mother To Child Transmission (PMTCT) into the project

The continued spread of HIV/AIDS in Ukraine is a matter of serious concern, especially because there is a clear trend in the increase in the number of HIV+ people and the number of children born to HIV+ mothers. Among children, PMTCT is the main mode of HIV transmission. USAID/Ukraine in its HIV/AIDS Strategy 2003-2008 identified addressing PMTCT as one of its priority areas. The inclusion of PMTCT into maternal and reproductive health services has been recommended as an international best practice. Thus, it is both cost-effective and scientifically efficient to include a PMTCT component into this project.

Specific Tasks

The contractor shall implement the tasks given below in the following sites:

1. Donetsk Maternity Hospital #6;
 2. 22 women's clinics in Donetsk City;
 3. Novovolyn Town Hospital, Volyn Oblast;

 4. Kamin–Kashirskiy Rayon Hospital, Volyn Oblast;
 5. Kiev City Maternity #1;
 6. Kiev City Maternity #5.
- The Contractor shall collaborate with the Policy Program’s Policy Development Group to develop or revise practices guidelines, including incorporation of new cost-effective medical technologies. The Contractor shall introduce these evidence-based guidelines and protocols for maternal and infant health service in the project sites and shall adapt them to the Ukrainian context as necessary for the most effective and efficient delivery of maternal and infant health services.
 - In order to strengthen the skills and services of family medicine practitioners to become the first line contact for reproductive health services, the Contractor shall select and train family medicine practitioners in the project sites. The hands-on training shall focus on new standards of care and medical technologies, as well as timely diagnosis and referral systems. The training shall include elements such as counseling on healthy lifestyles related to preservation and strengthening of reproductive health, including nutrition and micronutrients; substance abuse and smoking cessation/prevention, especially during pregnancy; counseling in family planning and modern contraception; breast health screening; prepared childbirth and delivery; family-centered maternity care; and newborn care, focusing on breast-feeding. The Contractor shall select the number of appropriate candidates based on the existing level of family medicine development in each of the project sites. These family physicians should already be certified to practice family medicine by appropriate Ukrainian medical boards.
 - The Contractor shall provide training of trainers and monitor the use and quality of newly acquired knowledge and skills, ensuring improved services. Following a needs assessment, project sites will be equipped with appropriate demonstration/training equipment and with an adequate amount of medical equipment and supplies to immediately implement improved

knowledge and skills acquired during training. The Contractor shall work with Ukrainian counterparts to test the feasibility and acceptability of new protocols and standards of care.

- The Contractor shall introduce to the maternity hospitals evidence-based best practices for delivery services; management of complicated pregnancies and deliveries; neo-natal resuscitation and basic neonatology services. The Contractor shall also train specialist ob/gyns to counsel families about the risks posed for future pregnancies, particularly for families with children born with birth defects, as well as a family history of genetic abnormalities, husband/wife blood incompatibility, uterine weakness and other risks.
- The Contractor shall support public awareness and education to encourage healthy lifestyles in promoting maternal and infant health in the project sites. This will include education regarding the hazards of tobacco, alcohol and drug use; lifetime nutrition choices; the importance of regular screening for breast health, high blood pressure and gynecological health; the increased need for nutritional supplements when considering pregnancy; and regular prenatal monitoring. The Contractor shall develop educational materials to be distributed at medical facilities, as well as for the print and broadcast media in project communities.
- The Contractor shall provide training on the protocols developed under the project. At the request of the Ministry of Health, the Contractor shall provide basic training and comprehensive information to members of medical universities, medical colleges and Ukrainian post-graduate institutions about The contractor shall support the MOH in printing newly developed protocols and support their national dissemination. Different information meetings and training activities shall be conducted in Ukraine to support this component.
- The Contractor shall ensure the integration of prevention of mother to child transmission (PMTCT) of HIV/AIDS into the project with a more intense focus of activities in Kiev and Donetsk oblast. Additionally, the contractor shall also ensure integration of PMTCT into the pre-existing MIHP activities in Crimea oblast. Collaboration with other organizations working in the field of PMTCT will be expected when appropriate. Specific subtasks under this project component include:
 - Training for health care providers on voluntary counseling and testing for antenatal health (to be done collaboratively with The POLICY Project and local NGOs);
 - Training for health care providers on care for HFV+ women at delivery;
 - Training for health care providers on the proper use and delivery of Caesarean sections for HFV+ women;
 - Training for health care providers on infant feeding guidelines for HIV+ women;
 - Training for health care providers on the clinical care of HFV+ children under three years of age with a special focus on treating opportunistic infections;
 - Information, education and communications materials development and dissemination

focused on the prevention of the mother to child transmission of HIV/AIDS;

- Develop a comprehensive guidebook on PMTCT for health care providers focusing on the perinatal period;
- Limited, cost-effective equipment procurement to support activities listed above.