Dear Friends and Colleagues,

I am pleased to share with you Jhpiego’s Annual Report for 2012. Throughout its 40-year history, Jhpiego has been an organization looking forward, toward the next country in need, the next global health challenge, the next great innovation that will save lives. But it’s also important for us to reflect upon our accomplishments as an organization so we may gain valuable perspective on what has worked and why. This year marks my 10th anniversary at Jhpiego and, even after a decade, I’m still amazed by the incredible impact of our programs and the selfless dedication of our employees in preventing the needless deaths of women and their families.

Over the past year, Jhpiego has seen unprecedented growth and success in regions of the world and health intervention areas that we could only have dreamt of a few short years ago. This is due in large part to support from our partners and the innovative spirit and “can do” attitude of our incredible staff, who work in collaboration with our partners on the ground to make these dreams a reality.

For example, Jhpiego, with support from the Bill & Melinda Gates Foundation and others, has implemented the first postpartum intrauterine contraceptive device (IUCD) national scale-up effort in the world. Currently in 19 states in India, the program has trained more than 4,200 providers, as of December 2012, and counseled more than 1.5 million women.

Across the Indian Ocean in Tanzania, a Jhpiego-led, U.S. Agency for International Development-funded and government-supported project to prevent the transmission of HIV reached an incredible milestone this year, providing voluntary medical male circumcision services to its 100,000th client. Used in combination with other HIV prevention measures, this underutilized intervention is making a real difference in stopping the spread of this epidemic.

USAID’s Maternal and Child Health Integrated Program, which is led by Jhpiego, has shown tremendous growth in four years (2009–2012), reaching more than 1.8 million women with services to help them give birth safely. This year also marked the first live webcast of a high-level MCHIP technical meeting.

Jhpiego has made significant progress in fighting malaria through one of our many successful public-private partnerships. With support from the Jubilee Joint Venture in Ghana, malaria prevention services are being integrated with reproductive health, family planning and immunization to strengthen health services for nearly 1 million residents in the western region.

Developing the next generation of extremely low-cost innovations remained a top strategic priority. Three global health projects designed by Jhpiego and partners were again among the top winners at the prestigious Saving Lives at Birth: A Grand Challenge for Development competition.

Looking ahead, Jhpiego will focus its efforts on shining an even brighter spotlight on cervical cancer, a preventable disease that kills 270,000 women each year. Our highly successful single visit approach (SVA) to screening and treatment saves lives and must be available for every woman in need.

On behalf of Jhpiego and the vulnerable women and families we serve, I would like to express our deep-felt appreciation to all of our partners, donors, colleagues and friends who have made the past year such a resounding success. We look forward to working with you in the many years to come.

Leslie Mancuso, PhD, RN, FAAN
President and Chief Executive Officer
Capacity Building

From the hills of Rwanda and plains of Kenya to the mountains of Afghanistan and the islands of Indonesia, Jhpiego’s legacy of developing skilled health care providers and a competent health workforce to keep women and families alive and healthy entered its fifth decade. Skilled health care providers, working in a properly equipped and supplied health system, can effectively prevent and treat illnesses and save lives.

Our work in 2012 centered on preparing and building a competent, global health workforce, assisting countries in meeting their ever-increasing needs for skilled health care providers who can deliver quality care. We helped educate students for careers in nursing, midwifery and other health-related professions by developing evidence-based curricula and hands-on clinical skills trainings in conjunction with schools and educational centers. Jhpiego updated the skills and teaching techniques of faculty, provided continuing education and supportive supervision to midwives, nurses, physicians and other health care cadres and mentored emerging health care leaders.

In just 2012 alone, more than 32,000 health care providers—the majority of them nurses and midwives—in at least 36 countries have participated in Jhpiego-led trainings and courses such as basic emergency obstetric and newborn care, family planning, HIV/AIDS counseling and testing, malaria prevention and treatment, and cervical cancer screening and cryotherapy. These nurses, midwives, clinicians and other essential health workers will share their new knowledge and skills widely with colleagues from health posts to hospitals, expanding exponentially the impact of this work in helping countries care for themselves.

Ensuring a woman gives birth with a skilled provider and in a health facility with well-trained staff are two key health interventions that can prevent childbirth-related deaths of mothers and newborns. Among Jhpiego’s proudest achievements is its collaboration with the Government of Afghanistan to revitalize midwifery education in community-based schools across the country—creating a national system that has graduated more than 3,000 new midwives who have returned to their communities to provide maternal and newborn health services. Jhpiego’s leadership of and participation in the U.S. Agency for International Development’s Health Services Support Project was a system-wide approach to improving health care services for 22 million Afghans.

This project and its predecessors revised and reformed national health policies to rebuild the midwifery
education system and strengthen health facilities, designed and supported the education and training of midwives, introduced a quality improvement and assurance approach for use in local health centers and hospitals, integrated gender equality principles within the basic package of health services and mentored two professional organizations of midwives. In addition, Jhpiego, with partners, led an innovative community care initiative that used community health workers to educate pregnant women on safe birth practices and provide them with essential lifesaving medicine to prevent bleeding after birth, the leading cause of maternal deaths in Afghanistan and worldwide.

The Afghan Mortality Survey, released last year, reported a significant drop in maternal deaths. The study found that 327 Afghan women die for every 100,000 births, in contrast to 1,400 per 100,000 births, the ratio reported in 2008 by the World Health Organization. As Acting Minister of Health Suraya Dalil told Reuters then, the reduction “shows that our strategies on educating midwives on emergency obstetric care and on family planning have worked.”

With the end of the Health Services Support Project this year, Jhpiego is supremely proud of its contributions to a vastly improved maternal health landscape in Afghanistan that include:

- The percentage of women giving birth in health facilities has increased from 19 percent in 2005 to 32.4 percent in 2011;
- Midwifery training programs have increased from one in 2002 to 30 today;
- Eighty-six percent of graduates of community midwifery schools obtained jobs;
- A professional organization of midwives was started and supported with the help of Jhpiego; the association has more than 2,000 members in 33 of 34 provinces;
- More than 17,000 health care workers, supervisors, faculty and health ministry staff have been trained in 28 areas of care, from emergency obstetric and newborn care to family planning and mental health;
- Health facilities, totaling 505 across 21 provinces, are using a new quality improvement and assurance system to provide better services; and
- Community health workers have educated more than 10,000 pregnant women living in remote areas on self-administration of misoprostol, a

Young Midwife Takes Charge, Saves a Life

She may be young, but on this day in the village of Shahidan, Shahrbanoo proves to be a woman of confidence, conviction and capability. While surveying the village women’s health, the community-educated midwife knocks on the door of a small house where she knows a pregnant woman has given birth. “How is the mother?” Shahrbanoo asks. The man at the door refuses to let her in. Shahrbanoo moves onto the next house. But when her survey work is done, the HSSP-supported midwife returns to the house where she had been turned away. She knocks firmly: “I am a midwife. I am here to help.” The man is skeptical that this young woman can help his wife. He has given up hope. Shahrbanoo insists that she enter. The man lets her in. The man’s wife, a mother of six, is still bleeding after giving birth. Shahrbanoo examines her. The mother is likely to bleed to death if the placenta isn’t removed. There isn’t enough time to get her to a health facility and Shahrbanoo is without her midwifery kit. But she finds a plastic bag to protect herself, uses it as a glove and, with the skills she has learned in midwifery school, reaches in and removes the retained placenta, and gently massages the uterus. The bleeding stops. This is the first life this young midwife has saved, and with confidence and resolve she is ready to save even more lives. Chosen to attend midwifery school with the support of her community, Shahrbanoo shows through her work that their trust in her is well-deserved.
lifesaving drug to prevent postpartum hemorrhage; the drug is taken if women can’t reach health facilities to give birth.

In India alone this year, where Jhpiego is helping reinvigorate postpartum family planning services and access to the intrauterine contraceptive device (IUCD) in 19 states, more than 4,200 pre-service educators and faculty, nurses and physicians have benefited from Jhpiego’s capacity-building work, and more than 1.5 million women have been counseled on postpartum family planning.

The Government of Ethiopia, with Jhpiego at the helm, launched its Strengthening Human Resources for Health project. A comprehensive workforce development effort, the five-year initiative is designed to increase the numbers of skilled midwives, anesthetists and essential health care workers and deliver quality health care to Ethiopians, with the ultimate goal of driving down the country’s maternal and child death rates. The project is grand in scope, covering the breadth of the human resource spectrum, from the education of health care college students to the establishment of post-graduate programs to the development and support of health care managers and leaders.

Community-Level Care

An integral part of Jhpiego’s mission is to ensure that women and families have access to quality care from city to village, hospital to home. If women and families can’t reach care, care must be brought to them. In 2012, Jhpiego’s imperative on community-level care cuts across programs and interventions.

In Rwanda, for example, 5,800 community health workers trained by Jhpiego in 2012 represent the grassroots level of community care—they visit pregnant women in their homes, educate them on safe birthing practices, accompany them to give birth in a local health facility, visit their homes following a birth and instruct them on care and feeding of newborns. They also test children for malaria and provide first-line treatment; counsel women on family planning and distribute contraceptives; and, in some communities, help prevent bleeding after birth by women who deliver at home through the proper use of the lifesaving drug misoprostol. This is part of a national strategy devised by the government with assistance from Jhpiego to ensure that more women and babies survive childbirth.
In Mozambique, Jhpiego’s expertise in integrated, home- and community-based HIV counseling and testing contributed to a milestone in 2012, when the government’s five-year-old national program served its 900,000th client. This program is a successful collaboration of local civic and religious groups, the Ministry of Health, global health nongovernmental organizations and international donors.

Jhpiego’s single visit approach to cervical cancer prevention and treatment, as well as its initiatives for community distribution of misoprostol, also illustrates aspects of community-level care that are successful in saving lives in under-resourced and hard-to-reach areas. In Burkina Faso, with the steadfast support of the Izumi Foundation, midwives and physicians at Yalgado Ouedraogo University Teaching Hospital and Souro Sanou University Teaching Hospital are providing potentially lifesaving screening and treatment for precancerous lesions on the cervix—services that until recently were unavailable. These dedicated health care professionals under the leadership of Dr. Jean Lankoande, chief of obstetrics and gynecology at Yalgado, are featured in Jhpiego’s 2012 video documentary, “Living with HIV but Dying from Cervical Cancer: The Fight Against a Silent Killer.” Their work in providing thousands of women with this potentially lifesaving screening has served as a model for other public health facilities in Burkina, one of 20 countries where Jhpiego’s pioneering screen-and-treat method is practiced.

In 2012, Jhpiego’s proven community-based intervention to prevent bleeding after birth debuted in South Sudan, an exciting new opportunity to save women’s lives in this young and under-served country. Funded through MCHIP, Jhpiego and partners began working with community health workers in two districts to educate women on the use of misoprostol to prevent postpartum hemorrhage. In South Sudan, the majority of women give birth at home without the presence of a skilled health care provider. In this initiative, modeled after our successful project in Afghanistan that benefited more than 10,000 women, community health workers visit women in their homes, discuss a birth plan and educate them about misoprostol and its ability to prevent bleeding after birth. Pregnant women enrolled in the project are provided with misoprostol and instructed on when to take the medicine if they can’t get to a health facility to give birth.

MCHIP advisor Mary Rose Dalaka (right) visits Linda Kenneth (center), who gave birth to her sixth child (shown here) in August, 2012, with help from a skilled birth attendant and home health visitor, Yunis (left), and the MCHIP-supported prevention of postpartum hemorrhage project in Mundri East, South Sudan.
Impact at Scale

Tanzania’s scale-up of voluntary medical male circumcision to prevent HIV/AIDS reached its 100,000th client in 2012, a milestone in the government’s strategy to save lives and realize an AIDS-free generation. This is but one example of Jhpiego’s distinguished achievements in bringing quality health interventions to the most people for the greatest impact.

Kenya, Mozambique and Zambia carried out similarly successful and safe circumcision projects in 2012. At year’s end, Jhpiego-supported male circumcision programs provided this lifesaving intervention to 325,773 people in these four African countries, helping to avert an estimated 46,732 new infections by 2025.

Research trials have shown that when scaled up rapidly in areas with high HIV prevalence, male circumcision is an effective HIV-prevention strategy, reducing heterosexual men’s risk of acquiring HIV by approximately 60 percent, and also reducing a woman’s risk of coming into contact with an HIV-positive man.

A key to scaling up this safe and effective intervention has been Jhpiego’s strategy of training nurses in minor surgery so they can perform or assist in the procedure. Nurses across sub-Saharan Africa are providing medical male circumcision services to thousands of young men, and Jhpiego has been their greatest supporter, mentor and resource.

Innovations

Innovating to save lives has been Jhpiego’s mission since the organization’s founding 40 years ago. This tradition of developing low-cost, scientifically sound solutions to global health challenges has led to a unique partnership with Laerdal Global Health and the Johns Hopkins Center for Bioengineering Innovation & Design (CBID).

Through this unique partnership, Johns Hopkins biomedical engineering students are designing the next generation of innovative solutions to global health challenges under the leadership and mentorship of Jhpiego’s global health experts in collaboration with Laerdal’s business executives. In 2012, projects developed through the Jhpiego-CBID partnership were winners for the second consecutive year in the prestigious Saving Lives at Birth: A Grand Challenge for Development competition, sponsored by USAID, the Government of Canada and the Gates Foundation. The winning projects, chosen from a field of 500 contenders, use cellphone technology to devise a non-invasive screening device for anemia; create an easier-to-use, less costly model to teach health care providers how to insert an intrauterine contraceptive device (IUCD) after birth; and develop a program to equip frontline health care workers at the periphery of the health system with the skills to prevent the leading causes of childbirth-related deaths for women and newborns.

Jhpiego and Laerdal Global Health also expanded their Helping Mothers Survive initiative, kicking off a program to donate 1,000 of the MamaNatalie birth simulators to four international health organizations.
On the Frontlines of HIV Prevention, Nurses Take the Lead

In Tanzania’s efforts to prevent the spread of HIV, Illuminata Sanga is breaking ground and stereotypes. Sanga, 36, is among the 200 nurses who are performing voluntary medical male circumcisions (VMMCs) proficiently and safely in an area of Tanzania that has been hit especially hard by the HIV/AIDS epidemic.

She received her training in VMMC as part of a Jhpiego-supported program funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) global flagship Maternal and Child Health Integrated Program (MCHIP). Sanga and her nursing colleagues perform all aspects of a comprehensive, HIV-prevention program. They educate, counsel and test, and, as the World Health Organization (WHO) recommends, perform VMMC procedures. “This is a strong example of task shifting, a key component of efficiency principles recommended by WHO in scaling up VMMC services in the target countries,” says Dr. Augustino Hellar, VMMC Program Advisor at Jhpiego’s offices in Tanzania.

Since Sanga began participating in the VMMC program in 2009, she estimates that she has performed 4,000 procedures for adolescents and men. In the past two and a half years, more than 100,000 clients have received services in Iringa and Njombe regions.

“Nurse Sanga has been a champion of the program in the region. Being one of the first providers to be trained in the VMMC program, she has proven to be a remarkable manager, a very proficient provider, a trainer and also a mentor for newly trained providers,” says Dr. Hellar.

Sanga says that she is very motivated by the way the people of Iringa have received the program. Thanks to strong community mobilization and radio advertisements, many residents understand the importance of VMMC in reducing HIV infection. “I believe I am making a significant contribution,” she says proudly.
for use in helping frontline health care workers properly manage birth complications and save lives. The presentations were made at the October 2012 International Federation of Gynecology and Obstetrics World Congress.

And this past year, Accelovate, the Jhpiego-led and USAID-funded initiative to advance promising health solutions to large-scale use, identified its priority areas as pre-eclampsia/eclampsia and postpartum hemorrhage, which are the leading causes of maternal death worldwide. Accelovate’s focus is on innovative strategies to address bottlenecks in the introduction of low-cost interventions that will reach women and providers at the frontline of the health care system.

Local Ownership

For programs and health system changes to be effective and have lasting impact, Jhpiego works with and through local institutions to create efforts that are owned, believed in and supported by the countries themselves. Jhpiego’s work in India epitomizes this approach in developing, refining and implementing country-led strategies and programs.

In partnership with the government, Jhpiego has supported the scale-up of family planning services as a key component of India’s national maternal and newborn health strategy. During a National Review Meeting on Family Planning held in November, Anuradha Gupta, Mission Director of the National Rural Health Mission, praised Jhpiego and its work implementing the government’s strategy to revitalize the postpartum IUCD.

“There is a very, very clear action plan that we have formulated …,” she said. “I must single out Jhpiego … for appreciation because I have personally seen how in a focused manner we are able to take this forward.”

Jhpiego’s India team has been at the forefront of policy development, provider trainings across professions and community outreach efforts to expand access to this vital family planning method, earning accolades from
government partners. Our work in this area expanded to 19 states in 2012.

With the support of MCHIP, the Gates Foundation, the Norway India Partnership Initiative and the David and Lucile Packard Foundation, Jhpiego, as of December 2012, has trained 2,203 providers in IUCD insertion, who then share their skills and knowledge with many more colleagues.

"Before MCHIP started working with us, there were no trainings that had happened here. We thought we had all the knowledge needed to teach our students, but we now realize that our knowledge and method of teaching were outdated," said Sister Uma Rana from the Auxiliary Nurse and Midwife Training Center, Rani Pokhri, in Uttarakhand. "There have been so many improvements in our training center and in our training methods. This has become possible because MCHIP has taken us through a step-by-step progression of improving our teaching-learning process. Not only have our students benefited and are able to grasp concepts better and get a clearer understanding of the curriculum, but even we as faculty have benefited a lot."

The India team also has been an innovator across technical and social areas. The organization's experts have refined the practice of postpartum IUCD insertion, piloted a Safe Childbirth Checklist program in the populous state of Rajasthan and promoted the education of male relatives as family planning advocates to benefit the health of their wives and children.

At the 2012 launch of the Safe Childbirth Checklist program in 10 districts of Rajasthan, B. N. Sharma, then the Principal Health Secretary, Government of Rajasthan, praised Jhpiego, saying, "This is a very historical occasion for the state of Rajasthan … I compliment the entire team of Jhpiego for conceiving this program."

"If you look at the unmet need for spacing and limiting in Bihar, it is very high. It is at 37 percent. (While) it's the woman who needs the services, it's the attitude of the men, especially the husband, (which) is extremely important. And we need technical support to do this and that is where Jhpiego's role becomes very important. Jhpiego is helping us and supporting us."

—Sanjay Kumar, Executive Director, State Health Society, Government of Bihar
From Skeptic to Champion of Postpartum Family Planning

India’s effort to revitalize postpartum family planning (PPFP) and provide women the option of a long-acting method of contraception has a new convert in Dr. Indukala Siddalingappa.

Throughout her 36-year medical career, Dr. Indukala had serious reservations about the postpartum intrauterine contraceptive device (PPIUCD). As head of the obstetrics and gynecology unit at the Vani Vilas Hospital in Bangalore, India, she believed that the hospital and the women it serves—mostly from neighboring villages as well as the urban slums of Bangalore—would not be well-suited for the method. But after she saw how a government hospital, similar to her own, had successfully performed more than 900 PPIUCD insertions, with few complications, her perception of the contraceptive changed.

Upon returning to her facility after the training, she began providing PPFP and PPIUCD services. Today it is an integral part of her family planning repertoire. “At the training, I saw the advantages of this method. The [no-touch] technique minimizes the risk of infections. Even if any risk remains, it is minimal compared to the amount of good that it can do,” says Dr. Indukala, an alumna of a Jhpiego-led PPFP/IUCD training.

She adds, “The postpartum period is a very critical period to introduce a family planning method because the woman and her family are so receptive to our suggestions at this time. For people from this background, resumption of sexual activity is very erratic. They become pregnant dangerously early—without their knowledge or will.” Dr. Indukala believes that sending women home with a long-lasting and effective family planning method will limit unintended pregnancies and will give the mother time to recuperate and focus on her newborn.
Partnerships

Integral to Jhpiego’s work in preventing the needless deaths of women and families are the partnerships we have forged with the U.S. agencies, countries, NGOs, corporations, civic groups, professional organizations, foundations and others that are committed to delivering quality health care and saving lives.

In Ghana, for example, a group of oil-related businesses have banded together as the Jubilee Joint Venture to help strengthen primary health care services in six coastal districts in the western region, focusing on malaria prevention and treatment. Malaria is the primary cause of death in health institutions in Ghana’s western region and accounts for 39 percent of all outpatient visits, 48 percent of hospital admissions for children under five and 18 percent of deaths in facilities.

In 2012, Jhpiego’s work on behalf of Jubilee and the Ghana Health Services reached more than 400 frontline health workers, health officers and community volunteers who received education and management skills as part of this innovative partnership. The goal of the pioneering STAR (Supportive Technical Assistance for Revitalizing) CHPS project is to build the capacity of service providers in 61 health facilities, strengthen health systems and engage communities in improving health outcomes.

In Kenya, the Bill & Melinda Gates Foundation-funded Tupange project brings together national and local partners in an urban reproductive health initiative to increase access to and use of family planning. Led by Jhpiego, the project in the past year has reached more than 139,000 new family planning clients through all program interventions:

- More than 28,000 clients were referred for family planning by community health workers; 56 percent of these clients reached a health facility

With support from partner Merck, the Kenya team rolls out two Health Wagons, fully equipped mobile health clinics that offer a full complement of health services, including family planning, to women and families in remote areas.
A WOW Moment

After visiting an integrated health services and family planning outreach conducted by Kenya’s Tupange team in the Nairobi slum of Gatina, Monica Kerrigan, Deputy Director, Family Planning, at the Bill & Melinda Gates Foundation, was indeed moved. She expressed her enthusiasm for the work she had seen in a way the Tupange team will never forget: “WOW! Wow! Wow! Wow! Wow! I cannot believe what this team has achieved in such a short time. I am so impressed!”

Tupange’s progress thus far has won praise from top foundation officials. “On behalf of the foundation’s family planning team, I would like to convey our deep appreciation to you for providing us with an interesting and productive day of activities to view the great work you are doing with Tupange,” Clea Finkle, Family Planning Program Officer for Gates, wrote in an email to the Tupange team. “The site visits were all excellent… . All in all, we left Nairobi feeling confident about the Tupange project and its potential for effecting significant change.”

Other public-private partnerships launched in 2012 include the GE Foundation-supported work in Uganda that seeks to improve the quality of emergency obstetric and newborn care in the Isingiro District, a project that follows previous collaborations to strengthen health systems in Isingiro.

Building on the successes and achievements of Jhpiego’s malaria prevention work in Angola and Nigeria, the ExxonMobil Foundation supported a malaria in pregnancy prevention program in malaria-endemic districts along the oil pipeline in Chad and Cameroon. In the first year of implementation, Jhpiego’s capacity-building work strengthened services at 69 project-supported health facilities.

In Chad, more than 24,000 cases of malaria were confirmed through rapid diagnostic tests and nearly 9,000 children under five and 1,539 pregnant women were treated; an additional 6,646 older children and adults received treatment. More than 6,200 pregnant women received the first of three recommended doses of preventive malaria medicine and 4,627 pregnant women received the second dose.

In Pakistan, MCHIP kicked off two new, large programs that will assist the government in reducing maternal and child deaths by partnering with private hospitals, companies and foundations. Jhpiego also welcomed a new partner in Pakistan. Through the Research and Advocacy Fund, an effort by the Australian and British Governments, Jhpiego will identify barriers to health for Pakistani women.
Integration

Integrated health services remain a key factor in ensuring that women and families receive the health care they deserve. Whether because of long distances, poor infrastructure, fractured health systems or lack of information, many women don’t get the care they want and need.

Through the Strengthening Angolan Systems of Health (SASH) project—known as ForçaSaúde in Portuguese—Jhpiego is assisting the government in strengthening municipal and provincial health facilities through an integrated approach. The focus is on enabling Angolan health leaders, supervisors and providers in two provinces to manage and implement services that will reduce maternal and newborn deaths. Health care providers will work toward delivering services in which clients receive high-quality, high-impact family planning, malaria and HIV/AIDS services in one visit. So far, at least 60 providers have been trained in this service delivery model. For family planning, 1,300 women received contraceptive implants through this approach.

In Liberia, a similar approach is giving women access to family planning services while they attend child immunizations and is helping address an unmet need for family planning in the country. Through support from MCHIP, the Liberian Ministry of Health and Social Welfare has integrated family planning with routine immunization in 10 facilities, making it easier for women to avail themselves of such services.

Another laudable achievement was piloting integration of screening for tuberculosis in HIV/maternal and newborn health programs in Malawi and the dissemination of TB/HIV integration job aids as part of maternal and newborn health in six countries, including several pre-service nursing and midwifery education programs.
Systems Strengthening

This year saw the debut of Indonesia’s Expanding Maternal and Neonatal Survival (EMAS) project, a Jhpiego-led initiative that is working throughout the country to reduce maternal and newborn deaths by strengthening emergency obstetric care at local health centers and hospitals and improving the referral systems between local and regional facilities.

The latter includes using mapping and developing operating procedures for communications between referral and service sites, a groundbreaking approach to strengthening systems. The project also is mobilizing communities around quality care through citizen report cards, consumer service agreements and electronic feedback and follow-up.

“EMAS has opened our minds and made us realize that what we do in five minutes could have an effect on human life, especially on mothers’ and babies’ lives,” says Dr. Muhammad Ridha, head of the Pinrang District Health Office.

In Guinea, Jhpiego introduced a quality improvement and assurance approach—Standards-Based Management and Recognition (SBM-R)—into a targeted group of health facilities. The use of this tool has helped improve infection practices in many facilities and drive a significant increase in the use of family planning by woman accessing these health services.

The impact of Jhpiego’s health systems strengthening in 2012 was also felt in one of the most remote corners of Bolivia, where Jhpiego set out to strengthen health systems so that local leaders would have the confidence and tools to make lasting change. One year after we provided four months of technical assistance and targeted training, the municipal health authorities of San Jose used the tools and analysis they learned as the basis for their 2012 Municipal Health Plan and Budget. Using Jhpiego’s quality improvement approach developed in nearby Brazil, the municipal health department mobilized scarce local resources to address a critical need to improve services for pregnant mothers and newborns: construction of a blood transfusion site for obstetric emergencies.

Enabling our partners around the world to help themselves represents one of Jhpiego’s core values.
MCHIP by the Numbers

JRISE, Jhpiego’s centralized data reporting system, debuted in 2012, capturing the breadth and scope of the organization’s work and impact across health interventions and in 45 countries. The report shows the tremendous growth over four years of the U.S. Government’s global Maternal and Child Health Integrated Program, which is led by Jhpiego:

- Support for the delivery of maternal, newborn and child health services increased dramatically over the course of the first four years of MCHIP. For example, in Year 1, 15,688 women received active management of third stage of labor (AMTSL) with MCHIP support in one country; in Year 4, 118,775 received AMTSL in seven countries.

- Globally to date, MCHIP has supported AMTSL for more than 700,000 women; supported deliveries with skilled birth attendants for 1.1 million women; and trained more than 64,000 individuals in maternal and newborn health.

- MCHIP trained over 17,000 individuals in child health and nutrition, and supported the treatment of more than 600,000 cases of child diarrhea, and 97,000 cases of child pneumonia.

- Between fiscal years 2010 and 2011, the number of newborns receiving antibiotic treatment for infection increased from 8,843 to 252,982.

- More than 2.96 million women were counseled for family planning during maternal, newborn and child health services supported by MCHIP.