EVALUATION OF REGIONAL WORKSHOPS AND FOLLOW UP ACTIVITIES TO STRENGTHEN THE ROLE OF HEALTH CARE PROFESSIONAL ASSOCIATIONS IN ACHIEVING MDGs 4 AND 5

APPENDICES

Evaluation conducted by
DEPARTMENT OF COMMUNITY HEALTH SCIENCES
AGA KHAN UNIVERSITY
Karachi, Pakistan
June 2011
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Appendix 1: Context of the three regional workshops

Background and objectives

To follow up on the HCPA Joint Statement of January 2007, the PMNCH secretariat developed a series of workshops with the theme: “the role of HCPAs in reaching MDGs 4 and 5”. The desired outcomes were:

- A practical action plan.
- Creation of national and regional networks.
- A multilevel exchange of experience among the different fields of expertise.
- Creation of country teams to develop action plans based on specific country needs.
- Identification of leaders and responsible parties for achieving goals.

Organization

Our desk review indicates that planning for these workshops was meticulous, with clear guidelines, templates and procedures. Sessions and group work were well planned and coherent, as were agendas, speaker selection, session sequencing and time allocation.

However, the workshop reports identified several organizational barriers. In particular, it was difficult for the organizers to identify and communicate with potential participants before the workshops because of the weak HCPA network at all levels (national, regional and international). After the workshops, poor communication systems led to ineffective follow-up and monitoring of progress and implementation in participating countries.

Participants

Participating countries were selected according to:

- RMNCH indicators.
- Presence of HCPAs at country level.
- Variability of experiences in the focus area for a greater cross learning.

Representatives from each of the HCPA groups were selected so as to bring these cadres together (paediatricians, obstetricians/gynaecologists, nurses, midwives and pharmacists). Senior public-sector officials and representatives of international and regional organization were also invited. Based on the workshop reports and CSAPs, it is clear that participation was broadly based, with representatives from the MOH, international organizations and leadership of PMNCH at the Blantyre and Ouagadougou workshop. At the Dhaka workshop, MOH representation was only noted for Bangladesh.
Structure of workshops

The workshops encouraged representatives to share information during presentations, panel discussions and group work. The focus was on how HCPAs assessed the challenges facing them, and the likely solutions.

The first half of each workshop allowed health-care professionals to discuss challenges and innovative solutions linked with five key growth areas for HCPAs. The second half consisted of country group work. This was organized to enable teams to reach a consensus on priority issues, and jointly devise feasible CSAPs.

Deliverables

Each workshop resulted in:

- A two-year CSAP developed by each participating country.
- Identification of existing opportunities for advancing RMNCH.
- Identification of focal persons to coordinate post-workshop activities.
- A set of indicators for successful implementation of CSAPs.
- A timeline for implementation of the CSAPs.

Documents indicate that PMNCH expressed an interest in providing support to participating HCPAs, to help them achieve the goals outlined in their CSAPs. A PMNCH representative outlined opportunities for financial, technical, advocacy and communications support in a session on day two of each workshop.
Appendix 2: Ethical approval

Ethical approval has been obtained from the ethical review committee (ERC) of the Aga Khan University. The ERC reference number is 1629-CHS-ERC-2010.

ERC APPROVAL LETTER

Faculty of Health Sciences
Medical College

September 7, 2010

Dr. Fauzia Rabbani
Community Health Sciences Department
The Aga Khan University
Karachi

Dear Dr. Rabbani,

Re: 1629-CHS-ERC-2010. PI - Dr. Fauzia Rabbani: Impact Evaluation of regional workshops on the role of health care professionals in achieving MDGs 4 and 5.

Thank you for the response received on September 4, 2010 to the Committee’s recommendations regarding the above mentioned study.

The modified documents submitted by you were found appropriate. The study was given an approval for a period of one year. Any changes in the protocol or extension in the period of study should be notified to the Committee for prior approval.

All informed consents should be retained for future reference. A progress report should be submitted to ERC Office after six months.

Thank you.

Yours sincerely,

Dr. S.Q. Nizami
Chairman
Ethical Review Committee
Appendix 3: Evaluation methodology

Quantitative component

Respondents were asked to complete a generic questionnaire, and then a second questionnaire specific to their country. The latter asked detailed questions about the CSAPs pertaining to the two or three specific areas they had chosen to focus on during the workshop. The five possibilities were:

1. Advocacy.
2. Human resource.
3. Organizational strengthening.
4. Service quality improvement.
5. RMNCH planning.

The questionnaires were mailed to the 154 participants for whom a valid email address could be found. The response rate was 2/40 (5%) for Blantyre, 7/53 (13.20%) for Ouagadougou and 5/61 (8%) for Dhaka.

Box 1: Log status of the survey questionnaires

<table>
<thead>
<tr>
<th>Total Participants</th>
<th>195</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email IDs available</td>
<td>154</td>
</tr>
<tr>
<td>Total emails sent</td>
<td>154</td>
</tr>
<tr>
<td>Emails bounced</td>
<td>44</td>
</tr>
<tr>
<td>Completed questionnaires</td>
<td>14</td>
</tr>
</tbody>
</table>

Although the questionnaire was comprehensive, the information in the results section is limited because many respondents answered briefly and often failed to respond to open-ended questions.

Qualitative component

Box 2: Log status of the interviews

<table>
<thead>
<tr>
<th>Total Participants</th>
<th>195</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total phone numbers available</td>
<td>159</td>
</tr>
<tr>
<td>Total numbers connected</td>
<td>30</td>
</tr>
<tr>
<td>Total numbers not connected</td>
<td>129</td>
</tr>
<tr>
<td>Advisory board interviews</td>
<td>8</td>
</tr>
<tr>
<td>Workshop participants interviews</td>
<td>22</td>
</tr>
</tbody>
</table>
Of 195 workshop participants, we had contact numbers for 159. Despite calling many times we managed only to speak to 30. Of these, six were from the Ouagadougou workshop (i.e. 9.83% of 61 participants), 16 from Dhaka (25.39% of 63) and eight were members of advisory board. Poor connectivity, changes of numbers and other problems meant that we failed to contact any of the Blantyre participants.

We conducted interviews using a semi-structured guide (appendix 12) then organized results in tabular form (appendix 13-15). All interviews with members of the PMNCH advisory board were conducted in English and the six interviews with Ouagadougou participants in French. Lead co-principal investigator (Co-PI) #1 was present in all of these interviews. The interviews with 16 Dhaka participants were conducted in the presence of the principal investigator, lead Co-PI #1 and Co-PI #2.

**What we asked**

The interviewees asked about the pre-workshop context, and noted any relevant RMNCH initiatives and evidence of preparation and coordination among stakeholders. They also asked participants about the mood of the workshops themselves, participation and networking opportunities. Finally they asked what happened when the workshops finished, such as follow-up activities, and about the barriers to implementation of agreed CSAPs.

**Triangulation**

When evaluating our findings, we used triangulation to clarify meaning and verify our observations.¹ We reviewed all sources of evidence (survey, desk review and interviews) and analysed data, ensuring that this evaluation was based on convergence of information (Figure 2). This approach, based on desk reviews, participant observation and other empirical data such as interviews, is emphasized in ethnographic studies.²

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Appendix 4: Limitations of this evaluation

Our evaluation was hampered by poor internet access and telephone connectivity and a lack of baseline information on national HCPAs. Also, a proper analysis of impact requires a comparison group. The absence of control HCPAs and an adequate sample size impaired assessment. The only source of the “before status” of RMNCH initiatives was anecdotes from interviews (with the element of recall bias) and desk reviews. These offered little for baseline comparison.

Although the desk reviews provide mixed evidence, most interview participants did not link their country’s post-workshop activities with the PMNCH workshop. Almost all interview respondents mentioned that an evaluation conducted after a lapse of time (about 24 months) was not feasible and evoked a recall bias.

Moreover, legal and contract-issuing procedures took time, which delayed the start of the evaluation. Direct face-to-face communication with the workshop participants was not possible and it was realized rather late that there would be a poor response to web surveys and phone connections. Aga Khan University does not have readily available direct international telephone connection points, so initially the evaluation team had to use mobile phones to schedule interviews with the workshop participants. Further challenges were posed by time differences across zones and the need to hire a French-speaking consultant to conduct some interviews.
Appendix 5: Evaluation project team

The evaluation was conducted by a six-member team from Aga Khan University, assisted by the information systems unit of the CHS.

1. One team leader, Professor, responsible for overall project execution.
2. One lead Co-Principal Investigator (Co-PI), Senior Instructor with Masters in Health Policy and Management, assisted the team leader in all aspects of the project: conceptualization, execution, analysis, and documentation. Additionally, she collected and analysed quantitative and qualitative information from the Ouagadougou workshop.
3. One Co-PI, Assistant Professor, collected and analysed quantitative and qualitative information from the Dhaka workshop initially. This was later verified and elaborated by the lead Co-PI.
4. One Co-PI, Instructor, collected and analysed quantitative and qualitative information from the Blantyre workshop. The lead Co-PI assisted in the final verification.
5. One Co-PI, Assistant Professor, assisted in French translations.
6. One secretary provided logistic support.
Appendix 6: List of Participants

BLANTYRE WORKSHOP – NOVEMBER 2007

1. Badebye, Tony
   President of the Pharmaceutical Society of Uganda, Uganda

2. Banda, Wiza C.
   WHO Malawi Office Malawi

3. Bandazi, Sheila
   Ministry of Health of Malawi
   Deputy Director of Nursing Services, Malawi

4. Beshir, Hassen Mohammed
   Federal Ministry of Health of Ethiopia, Ethiopia

5. Bornwell Fesani
   WHO Malawi Office, Malawi

6. Broadhead, Robin
   Malawi

7. Byaruhanga, Emmanuel
   Consultant Obstet. / Gynaecologist, Honorary Lecturer, Medical Superintendent, Uganda

8. Chamisa, Judith
   International Confederation of Midwives Regional Representative for Africa East Zimbabwe

9. Chigamba, Beatrice
   Malawi

10. Chika Eunice Azuike
    Federal Ministry of Health of Nigeria
    Head of Nursing Division Nigeria

11. Chinyere Ezeaka, Veronica
    Department of Paediatrics, College of Medicine, Nigeria

12. Chisalika, J. President
    Malawi

13. Chuwa, Mary
    TAMA Treasurer United Republic of Tanzania

14. Cooper, Peter
    Department of Paediatrics, Johannesburg Hospital, South Africa

15. De Graft, Joseph

16. De Negri, Bérengère
    Academy for Educational Development (AED) Senior Advisor for Communication and Training, USA

17. Dihenga, Zubeda
    United Republic of Tanzania

18. Dube, Queen
    Q.E.C.H. Paediatrics Department, Blantyre Malawi

19. Ezechi Chukwujeukwu, Oliver
    Nigerian Institute of Medical Research (NIMR)
    Chief Research Fellow & Consultant Obstetrician and Gynecologist, Nigeria
20. Gaym Belay, Asheber  
   President of the Ethiopian Society of Obstetrics and Gynecology (ESOG) Ethiopia

21. Gemechu, Ayele Debede  
   Federal Ministry of Health of Ethiopia, Ethiopia

22. Heikens, Tom Geert  
   Malawi

23. Jacob, Adeline  
   TAMA Vice President United Republic of Tanzania

24. Joshua, Mattias  
   Ministry of Health of Malawi, Director of Clinical Services, Malawi

25. Kamwendo, Francis  
   Malawi

26. Kamwendo, Lennie  
   President of the Association of Malawian Midwives, Malawi

27. Kebede Gugesa, Kiros  
   Ethiopian Nurse Midwives Association, Ethiopia

28. Kimaro, Melkizedeki Stephen  
   Family and Reproductive Health Coordinator of the East, Central and South Africa Health Community (ECSA) United Republic of Tanzania

29. Malata, Address  
   Malawi

30. Massawe, Augustine  
   Muhimbili Medical Centre Senior Neonatologist, United Republic of Tanzania

31. Matola, Irene  
   Malawi

32. Mdegela, Mselenge  
   Lecturer, Muhimbili University, College of Health Sciences, Department of Obstetrics and Gynaecology, United Republic of Tanzania

33. Mhango, Chisale  
   Ministry of Health of Malawi  
   Director of Reproductive Health Services, Malawi

34. Molyneux, Elizabeth  
   Malawi

35. Moyo, Nester  
   International Confederation of Midwives Programme Manager, The Netherlands

36. Msolomba, Isabel  
   President, National Association of Nurses of Malawi, Malawi

37. Mukhtar-Yola, Mariya  
   Garki Hospital Abuja, Nigeria

38. Mwamtemi, Hadija  
   Paediatric Association of Tanzania (PAT), United Republic of Tanzania

39. Mworozi, Edison  
   Senior Consultant Paediatrician/ Honorary Lecturer, Clinical Head, Department of Paediatrics and Child Health, Mulago Hospital, Uganda
40. **Nadew, Haymanot Assefa**  
   Ethiopian Pharmaceutical Association, Ethiopia

41. **Nankunda, Jolly**  
   President of the Ugandan Pediatric Association, Uganda

42. **Ngaunje, Marjorie**  
   Ministry of Health of Malawi

43. **Ngoma, Dorothy**  
   Executive Director, National Association of Nurses of Malawi, Malawi

44. **Nindi, Kevin**  
   Ministry of Health of Malawi  
   Programme Manager, IMCI Malawi

45. **Nkeiru, Pius**  
   San Raphael of St. Francis Hospital Nsambya  
   Head of Department Obs / Gyn, Uganda

46. **Nuhu Ogala, William**  
   Nigeria

47. **Nwakaego Okoli, Mabel**  
   General Hospital Awka, Anambra State  
   Chief Nursing Officer in charge Anaesthetic Unit, Nigeria

48. **Obinya, Esther**  
   UNICEF Nigeria

49. **Obore, Susan**  
   Sub Investigator, MUJHU, Research Collaboration, Uganda

50. **Obuni, Janet D.**  
   Uganda National Association of Nurses and Midwives President, Uganda

51. **Olanipekun, Olatokunbo Abimbola**  
   Registrar of the Nursing & Midwifery Council of Nigeria, Nigeria

52. **Olufunso, Osidipe, Adesola**  
   Federal Ministry of Health of Nigeria, Nigeria

53. **Onuekwusi, Nkeiru**  
   Federal Ministry of Health of Nigeria, Nigeria

54. **Rabeneck, Sonya**  
   The Partnership for Maternal, Newborn and Child Health (PMNCH) Consultant, Switzerland

55. **Schaller, Jane**  
   Visiting Professor of Pediatrics, University of British Columbia; Karp Professor of Pediatrics Emerita, Canada

56. **Songane, Francisco**  
   The Partnership for Maternal, Newborn and Child Health (PMNCH) Director Switzerland

57. **Tizifa, Dora K.**  
   WHO Malawi Office, Malawi

58. **Toure, Kadidiatou**  
   Technical Officer, the Partnership for Maternal, Newborn & Child Health,  
   Country Support Switzerland

59. **Tugumisirize, Lydia**  
   Uganda Private Midwives Association Registered Nurse/Midwife Uganda
60. Wanyana, Jenipher  
   Ministry of Health of Uganda Medical Officer, Reproductive Health Division, Uganda

61. Weyitu Daniel, Sirba  
   President, Ethiopian Nurse Midwives Association, Ethiopia

62. Wondimagegnehu, Ahma Mekasha  
   Ethiopia

63. Worku Feye, Bogale  
   Ethiopian Pediatric Society, Ethiopia

64. Zaake, Dan  
   Mulago Hospital Medical Doctor, Uganda
Appendix 7: List of Participants

OUAGADOUGOU WORKSHOP – MARCH 2008

1. **Prof. Cherif Rahimy**  
   Professeur de Pédiatrie / Association Internationale de Pédiatrie, 01 BP 2640, Cotonou, Bénin

2. **Madame Priscille Zongo**  
   Epouse du Premier Ministre du Burkina Faso, représentant Mme Chantal Compaoré,  
   Epouse du Chef de l’Etat, Ouagadougou, Burkina Faso

3. **M. Bédouma Alain Yoda**  
   Ministre d'Etat, Ministre de la Santé du Burkina Faso,  
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4. **Dr Jean Gabriel Ouango**  
   Secrétaire général du Ministère de la Santé,  
   03 BP 7009, Ouagadougou 03, Burkina Faso

5. **Prof. Jean Lankoandé**  
   Président, Association d'obstétriciens et de gynécologues, Burkina Faso

6. **Dr Désiré Nézien**  
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7. **Mlle Augusta Bintou Traoré**  
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8. **Mme Aminata Bargo**  
   Sage-femme, CHR Kaya, BP 230, Kaya, Burkina Faso,  
   Membre Association burkinabè des sages femmes (ABSF)

9. **Mme Brigitte Thiombiano**  
   Présidente FASFACO, 01 BP 4686, Ouagadougou 01, Burkina Faso

10. **Dr Fatimata Zampaligré**  
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11. **Prof. Yé Diarra**  
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   Secrétaire générale Société Burkinabè de Pédiatrie (SO.B.PED),  
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13. **Prof. Tinoaga Laurent Ouédraogo**  
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14. **Prof. Dao Blami**  
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15. **Dr Sanon Djénéba**  
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16. Prof. Blandine Thiéba née Bonané  
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20. Dr André Mayouya  
FNUAP/ Burkina Faso

21. Dr Oumou Soumana Diakité Maïga  
Conseiller technique au Ministère de la Santé du Mali

22. Dr Broulaye Traoré  
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23. Dr Moussa Eugène Dembélé  
Médecin pédiatre, EPH Sikasso, BP 82 Sikasso, Mali

24. Dr Assitan Sy née Sow  
Gynécologue-obstétricienne, Présidente entrante Société Mali, Professeur enseignant à la faculté de médecine, BP 2028, Bamako, Mali

25. Dr Mariame Diakité  
Gynécologue obstétricienne, membre (Présidente sortante) de la Société malienne de Gynécologie et obstétrique (SOMAGO), BP 2028, Bamako, Mali

26. Dr Nouhoum Coulibaly  
Pharmacien, BP 1958, Bamako, Mali

27. Mme Fatoumata Dicko Maïga  
Présidente de l’Association des Sages-femmes du Mali (ASFM), BP 232, Bamako, Mali

28. Mme Yalcouyé Aoua Guindo  
Secrétaire relations extérieures de l’Association des sages-femmes du Mali, BP 232, Bamako, Mali

29. M. Bocar Almodjine Djiteye  
Assistant médical (cadre supérieur infirmiers), BP 267, Bamako, Mali

30. Dr Boubacar Sidibé  
Coordonnateur des Programmes de Santé de Save The Children, USA, STC/Mali

31. Dr Hamma Soumana Adamou  
Chef de Division santé de la femme et de l’enfant, MSP/Niger, BP 2088, Niamey, Niger

32. Dr Hama Soumana  
Gynécologue obstétricien, Société de gynécologie et obstétrique du Niger (SGON), BP 10813,

33. Dr Moumouni Kamaye  
Pédiatre, à la maternité Issaka Gazobi, membre de l’Association Nigérienne de pédiatrie (ASNPE) BP 10813, Niamey, Niger
34. **Dr Aïssa Diatta**  
Médecin pédiatre, BP 10920, Niamey, Niger,  
Membre de l’Association nigérienne de Pédiatrie (ASNIPED)

35. **Dr Madeleine Rahamatou Garba**  
Gynécologue, BP 904, Niamey, Niger

36. **Dr Hama Balkissa**  
Secrétaire à l’information du Syndicat des Médecins, pharmaciens et chirurgiens dentistes, BP 10760, Niamey, Niger

37. **Dr Mamoudou Issaka Mariama**  
Chirurgien dentiste, Vice présidente de l’ordre des Médecins, Chirurgiens-dentistes et Pharmaciens, BP 12207, Niamey, Niger

38. **Mme Maifada Rekia**  
Sage-femme, BP 623, Niamey, Niger

39. **M. Issa Amadou**  
Secrétaire général du syndicat national des infirmiers(e) du Niger (SNIN), BP 623, Niamey, Niger

40. **Dr Kabba Joiner**  
Directeur général OOAS, 01 BP 153, Bobo Dioulasso, Burkina Faso

41. **Dr Angela Okolo**  
PO (MPH) OOAS, 01 BP 153, Bobo Dioulasso, Burkina Faso

42. **Dr Léopold Ouédraogo**  
Gynécologue obstétricien, responsable Programme MPS, OMS/Ouagadougou, 10 BP 242 Ouagadougou 10, Burkina Faso

43. **Mme Madeleine Hélène Mudiay-Kashika**  
Représentante du Ministre de la Santé en RDC, Chargée d’études au Cabinet du Ministre, Ministère de la Santé, RDC, Bld 30 juin

44. **Prof Wembonyama Okitotsho Stanis**  
Professeur de Pédiatrie et de Santé publique, Vice doyen faculté de médecine Université de Lubumbashi, Lubumbashi, Président de la Société Congolaise de Pédiatrie (SOPECOD) RDC/Katanga, et Secrétaire général Association Pédiatres Afrique centrale (APAC), 9202, Av Kabalo/Lubumbashi, RDC

45. **Dr Léon Tshilolo**  
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46. **Prof. Aloïs Nguma Monganza**  
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47. **Dr Jean-José Wolomby-Molondo**  
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48. **Mme Booto Mangi Madeleine Kelela**  
Pharmacienne et Secrétaire nationale adjointe du Conseil national de l’ordre des Pharmaciens de la RDC, Boulevard Lubumbashi n°11, c/ Masina à Kinshasa, RDC

49. **M. Jess Nondho Ombenny**  
Infirmier sage-femme, Coordinateur de la Région des grands lacs de l’Association Groupe des Volontaires pour la promotion de la maternité sans risques / SUD-KIVU
50. M. Louis Komba Djeko
Président urbain de l’Association Nationale des Infirmiers du Congo (ANIC), Directeur Chef de service Enseignement des Sciences de Santé, Ministère de la Santé publique

51. Prof. Dembel Sow
Pédiatre, Chef du Service universitaire de Pédiatrie, Faculté de Médecine, Université Cheikh Anta Diop (UCAD), Président de la Société sénégalaise de Pédiatrie (SOSEPED), Président de la Commission médicale d’Établissement du Centre national hospitalier, Albert Royer, (CHNEAR), CHU Fann, BP 25755 Dakar, Fann – Cité Fayçal n°5 Dakar

52. Prof. Mamadou Ba
Professeur de pédiatrie, Président de l’APANF, Secrétaire général de la Société sénégalaise de Pédiatrie (SOSEPED), BP 5297 Dakar Fann, Sénégal

53. Dr Fatou Nar Mbaye Diouf
Médecin Chef de la Division de la Santé de la Reproduction au Sénégal

54. M. Cheikhou Oumar Dia
Trésorier, Conseil national de l’Ordre des Pharmaciens du Sénégal, Villa n° 7538, Sicap Mermoz 2ème Porte, BP 45050, Dakar-Fann

55. Mme Marieme Fall
Présidente de l’Association nationale des sages-femmes du Sénégal, Secrétaire générale de la FASFACO, ENDSS Villa n°2 Dakar-Fann, Sénégal

56. Mme Fatou Aris Badji
Présidente de la cellule régionale de l’Association des sages-femmes de Ziguinchor, HLM Nemax n° 244, BP 408

57. M. Abdou Gueye
Président de l’Association nationale des infirmiers et infirmières d’Etat du Sénégal (ANIIDES), BP 16999, Dakar Fann, Sénégal

58. Prof. Christiane Welffens-Ekra
Présidente de la Société Africaine de Gynécologie et d’Obstétrique (SAOG), 08 BP 212, Abidjan 08, Côte d’Ivoire

59. Dr Lauré Adrien
Directeur exécutif, Société haïtienne des Obstétriciens et Gynécologues (SHOG), 29 Rue Berne, Portau-Prince, Haiti

60. Dr André Lalonde
Vice président administratif, Société des Obstétriciens et Gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada)

61. Dr Yemdame Bangagne
Spécialiste Santé à l’UNICEF, Ouagadougou, Burkina Faso

62. Dr Geneviève Begkoyian
Chief of Health, WCA RO UNICEF, BP 29720 Dakar, Sénégal

63. Dr Francisco Songane
Directeur, Partenariat pour la santé de la mère du nouveau né et de l’enfant

64. Dr Mamadou H. Diallo
Chef de section support aux pays, Partenariat pour la santé de la mère du nouveau né et de l’enfant

65. Mme Kadidiatou Touré
Officier technique support aux pays, Partenariat pour la santé de la mère du nouveau né et de l’enfant
Appendix 8: List of Participants

DHAKA WORKSHOP – NOVEMBER 2008

1. Guljan Jalal
   Midwife Nursing Association of Afghanistan

2. Halima Khalil
   Coordinator of Community Education Afghan Midwifery Association, Afghanistan

3. Latifa Farooq
   Medical Doctor Afghan Society of Obstetrics and Gynecology Afghanistan

4. Mohammad Edris
   Gender Officer Ministry of Public Health Afghanistan

5. Rabia Abdul Samih
   Midwife Trainer Afghan Midwifery Association Afghanistan

6. Sabira Turkamani
   Midwife program officer Afghanistan

7. Saleh Rahman Rahmani
   Director Afghan Pediatric Association Afghanistan

8. Saleha Hamnawozada Abdul
   CME Coordinator Afghan Midwifery Association, Afghanistan

   Deputy Director Afghan Pediatric Association, Afghanistan

10. Shakila Saifuddin
    Director Afghan Pharmacists Association, Afghanistan

11. Anwar Hossain Munshi
    Joint Secretary Ministry of Health and Family Welfare, Bangladesh

12. A.B. Bhuyan
    Focal Point CSBA Obstetrics and Gynecological Society, Bangladesh

13. Abdul Hannan
    President Bangladesh Pediatric Association, Bangladesh

14. Abul Faiz
    Director General of Health Services Ministry of Health and Family Welfare, Bangladesh

15. Faruque Ahmed
    Director of Health BRAC, Bangladesh

16. Ferdoussi Begum
    Doctor Obstetrics and Gynecological Society, Bangladesh

17. Hamima Umme Morsheda
    Nursing Inspector Nursing College Rajshahi, Bangladesh

18. Ira Dibra
    President Bangladesh Nurses Association, Bangladesh

19. Jebun Nessa Rahman
    NPPP - RH UNFPA, Bangladesh
20. Jenny Finch  
Senior Sector Manager Health and Volunteer Programmes AUSAID, Bangladesh

21. Kaosar Afsana  
Programme Head BRAC Health Program, Bangladesh

22. Khaled Hassan  
Medical Officer HRH WHO, Bangladesh

23. Khurshid Talukder  
Consultant Pediatrician/ Research Coordinator Centre for Woman and Child Health (CWCH), Bangladesh

24. Long Chhun  
Medical Officer WHO, Bangladesh

25. Malin Bogren  
International Program Officer UNFPA, Bangladesh

26. Mohsinur Rahman  
A/D Project Coordinator, DGHS Ministry of Health and Family Welfare, Bangladesh

27. Parimal Mutsuddi  
Ambassador for peace UPF/UN, BICPAJ, Bangladesh

28. Roushon Ara Begum  
National Professional Project Personnel UNFPA, Bangladesh

29. Saiful Islam, MPH  
Special Correspondent, BSS News Agency, 68/2 Purana Paltan, Dhaka-1000, Bangladesh

30. Saiqa Siraj  
Sr. Nutritionist BRAC, Bangladesh

31. Sayeba Akter  
President Obstetrics and Gynecological Society, Bangladesh

32. Shah Alam  
Secretary General Obstetrics and Gynecological Society, Bangladesh

33. Shamsun Nahar  
Registrar Bangladesh Nursing Council, Bangladesh

34. Shariful Islam  
Program Officer PPD, Bangladesh

35. Tahera Ahmed  
Assistant Representative UNFPA, Bangladesh

36. Zafrullah Chowdhury  
Project Coordinator Gonoshasthay Kendra, Bangladesh

37. Hiralal Konar  
Vice President Federation of Obstetric and Gynecological Societies of India

38. Jatinder Kaur  
Midwife Society of Midwives of India

39. Jaydeep Tank  
Chairperson Federation of Obstetric and Gynecological Societies of India

40. Neelam Kler  
President elect National Neonatology Forum, India
41. **Panna Choudhury**  
President elect Indian Academy of Pediatrics, India

42. **Prafull D. Sheth**  
Vice President International Pharmaceutical Federation, India

43. **Subhash C. Mandal**  
Vice President, Bengal Branch Indian Pharmaceutical Association, India

44. **Samuel Kyaw Hla**  
Professor Pediatric Society of Myanmar Medical Association, Myanmar

45. **Ajudey Prasad Shrestha**  
President Nepal Pharmaceutical Association, Nepal

46. **Dharmpal Prasad Raman**  
Health Program Management Specialist USAID, Nepal

47. **Heera Tuladhar**  
General Secretary Nepal Society of Obstetrics and Gynecology Nepal

48. **Indu Thapa**  
National Safe Motherhood Coordinator FHD Nepal

49. **Jita Baral**  
Safe Motherhood Regional Coordinator FHD, Western Development Regional, Nepal

50. **Laxman Shrestha**  
Vice President Nepal Pediatric Society, Nepal

51. **Nathalie Peters**  
Maternal and Newborn Health Specialist UNICEF Country Office, Nepal

52. **Pramila Pradhan President**  
Nepal Society of Obstetrics and Gynecology, Nepal

53. **Rameshwar Man Shrestha**  
President Nepal Pediatric Society, Nepal

54. **Sarala K. C.**  
President Nursing Association of Nepal, Nepal

55. **Abdul Latif Sheikh**  
President Society of Hospital Pharmacists of Pakistan

56. **Anita Samuel**  
Training Coordinator TACMIL Health Project USAID, Pakistan

57. **Clara Pasha**  
Vice President First International Confederation of Midwives, Pakistan

58. **Haleema Yasmin**  
General Secretary Society of Obstetrics & Gynecology of Pakistan

59. **Imtiaz Kamal**  
President Midwifery Association of Pakistan

60. **Irshad Begum**  
Vice President Midwifery Association of Pakistan

61. **Nighat Durrani**  
Registrar Pakistani Nursing Council
62. Nighat Shah  
Treasurer Society of Obstetrics and Gynecology of Pakistan

63. Salma Shaikh  
Professor Pakistan Pediatric Association

64. Shahida Zaidi  
Vice President International Federation of Gynecology and Obstetrics, Pakistan

65. Shereen Zulfiqar Bhutta  
Professor International Federation of Gynecology and Obstetrics, Pakistan

66. Zulfiqar Bhutta  
Professor Aga Khan University, Pakistan

67. Andres de Francisco  
Adviser to the Director Partnership for Maternal Newborn and Child Health, Switzerland

68. Kadidiatou Toure  
Technical Officer, the Partnership for Maternal, Newborn & Child Health, Country Support Switzerland

69. Jennifer Requejo PhD  
Partnership for Maternal Newborn and Child Health USA
Appendix 9: List of Advisory Board Members

1. **André B. Lalonde**
   MD, FRCSC, MSc
   Executive Vice-President/ Vice-président administratif
   The Society of Obstetricians and Gynaecologists of Canada (SOGC)

2. **Bridget Lynch**
   President, International Confederation of Midwives (ICM)

3. **Moyo Nester**
   Program Manager,
   International Confederation of Midwives (ICM)
   The Netherlands

4. **Joyce E Thompson**
   DPH, RN, CNM, FAAN, FACNM
   Independent International Consultant
   Women's Health, Midwifery, Nursing, Healthcare Ethics
   Professor Emeritae: University of Pennsylvania & Western Michigan University

5. **Jane G. Schaller**
   MD, Executive Director, International Pediatric Association
   Visiting Professor of Pediatrics, University of BC
   Karp Professor of Pediatrics Emerita, Tufts University
   Children's Hospital, Dept of Pediatrics

6. **Chok wan Chan**

7. **Prof Dao Blami**
   Vice Doyen, Institut Supérieur des Sciences de la Santé
   Université Polytechnique de Bobo Dioulasso, Burkina Faso
   Chef du Département de Gynécologie, d'Obstétrique
   et de Médecine de la Reproduction
   CHU Souro Sanou

8. **Jennifer Requejo PhD, MA, MHS**
   Assistant Scientist
   Institute for International Programs
   Johns Hopkins Bloomberg School of Public Health

9. **Atf Ghérissi PhD, MEdSc, CM**
   Maître Assistante Universitaire en Sciences de l'Education appliquées à la Santé, Ecole Supérieure des Sciences et Techniques de la Santé
   Université Tunis-El Manar
GENERIC QUESTIONNAIRE

Impact Evaluation of Regional Workshops on the Role of Health Care Professional Associations in Achieving MDGs 4 and 5

SECTION I-A: INTRODUCTION & ETHICAL CONSIDERATIONS

You/your organization have been a participant in the regional workshop sponsored by The Partnership for Maternal and Newborn Health (PMNCH). The purpose of these workshops was to increase the capacity of national Health Care Professional Associations (HCPAs) to contribute to the development of national MNCH policies and programmes thus contributing towards achievement of MDGs 4 and 5. The Department of Community Health Sciences at Aga Khan University (AKU) Karachi, Pakistan has been commissioned by PMNCH for conducting an 'Impact evaluation study' of these regional workshops. You are now requested to assist in this evaluation study by completing this questionnaire.

This questionnaire survey evaluates the progress your HCPA has made in the identified areas (Advocacy, Organizational Strengthening, Human Resources, Quality Improvement, and MNCH planning) as per your country specific action plan. Your participation therefore is of immense value for future workshops and follow-up plans. This survey will take maximum 45 minutes of your time. Kindly note that participation in this survey does not entail any direct financial or other benefits to you/your organization.

It is strongly encouraged that you/your HCPA participate in this survey. However, you are free to choose whether or not to participate. You have the right to withdraw anytime from this survey. You may also refuse to answer any of the questions if you don’t feel comfortable. Your identity in this study will be treated as confidential. The results of the study may be published for scientific purposes but will not reveal you/your organization’s identity. However, any records or data obtained as a result of your participation in this study may be inspected by the sponsor or by AKU Ethical Review Committee (ERC) members. All the information about your organization will be kept strictly confidential.

SECTION I-B: INFORMED CONSENT

I now understand the purpose of the study. I understand that all information collected in the survey will be held in confidence and that, if it is presented or published, my personal/organization’s identity will not be revealed. I confirm that I will be taking part in this study of my own free will and that I can discontinue the survey at any time.

I give permission to responsible members of the Aga Khan University, Karachi Pakistan to access data from this survey for the purpose of evaluating the impact of the workshops organized by PMNCH.

1. Yes 2. No  *Please insert the correct code in the box provided
**SECTION II – Demographics & General Information**

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<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Age:</td>
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<tr>
<td>Gender:</td>
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<tr>
<td>Level of education (highest degree achieved):</td>
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<td>Country:</td>
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<tr>
<td>Name of HCPA:</td>
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<tr>
<td>Respondent’s designation in the HCPA:</td>
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<tr>
<td>Date:</td>
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<td>Years of experience of working in the organization:</td>
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**Workshop Attended:**
1. Malawi - Nov 2007
2. Burkina Faso - March 2008
3. Bangladesh - Nov 2008
4. Not Attended

**Key Growth Area for HCPAs**

Which of the following areas did your HCPA choose in the PMNCH workshop for making country action plan? *(More than one response is possible)*

1. Advocacy
2. Organizational Strengthening
3. Human Resources
4. Quality Improvement
5. MNCH planning

- Please refer to appropriate areas your HCPA had chosen in PMNCH workshop in order to respond to the questions below.

- HCPA = Health Care Professional Associations

- All questions are pertaining to post-PMNCH regional workshop
**AREA 1: INVOLVEMENT IN ADVOCACY**

*Please enter the appropriate code/s for each question in the box provided.*

1) Did your HCPA face any legislative barriers after the PMNCH workshop in implementing its action plan?
   1. Yes
   2. No
   99. Don’t Know

2) If yes, what were the barriers? *(More than one response is possible)*
   1. Bureaucratic delay
   2. Stakeholders’ resistance
   3. Non conducive policies at national level
   96. Others (specify) ___________________________________

3) Were the barriers successfully resolved? *(One or all of the above barriers)*
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

4) Has your HCPA contributed to MNCH policy making at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/Don’t Know” then skip Q5 and move to Q6)*

5) If yes, what impact has been made in MNCH policy making by your HCPA after the PMNCH workshop? *(More than one response is possible)*
   1. Identification of gaps
   2. Appropriate revision in national policy
   3. Strengthening of MNCH policy
   4. Implementation of MNCH policy
   96. Others (specify) ___________________________________

6) Was your HCPA able to improve any drug policy/authorization for drug use related to MNCH after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

7) Has any reallocation of funding for MNCH taken place following your HCPA’s efforts post-PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/Don’t Know” then skip Q8 and move to Q9)*
8) If yes, what proportion of funding has been directed towards MNCH as a result of advocacy efforts of your HCPA? *(More than one response is possible)*
   1. 10 – 25 %
   2. 25 – 50 %
   3. > 50 %
   96. Others (specify) ___________________________________________

9) Has your HCPA contributed to fund raising for MNCH program at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/Don’t Know” then skip Q10 and move to Q11)*

10) If yes, specify the amount of fund raised by your HCPA? *(More than one response is possible)*
    1. 5000 US $
    2. 5000$ – 10,000$
    3. > 10,000$
    96. Others (specify) ___________________________________________

11) Did your HCPA work on developing any national protocol for Quality Improvement measures following the PMNCH workshop?
    1. Yes
    2. No
    99. Don’t Know
    *(If your answer is “No/Don’t Know” then skip Q12 and move to Q13)*

12) If yes, was that protocol implemented at national level?
    1. Yes
    2. No
    99. Don't Know

13) Did your HCPA facilitate any national level meeting to build consensus among various MNCH stake holders after the PMNCH workshop?
    1. Yes
    2. No
    99. Don’t Know

14) If yes, were the results of this consensus meeting disseminated at national level?
    1. Yes (please specify) ______________________________
    2. No
    99. Don’t Know
15) Was there any core committee of key executives of HCPAs formed in your country after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

16) If No, what were some issues related to coordination between different HCPAs? *(More than one response is possible)*
   1. Lack of time
   2. Logistic issues
   3. Lack of funding
   96. Others (specify) ________________________________

17) Are there examples of HCPAs working together with other HCPAs for advocacy in your country?

18) How can your HCPA’s contributions be measured and reported?

19) What are the most notable barriers to your HCPA in making effective contributions in advocacy? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   96. Others (specify) ________________________________

20) What are some practical and innovative actions that can overcome the barriers and increase HCPA roles in your country in advocacy – Way forward?
* Please enter the appropriate code/s for each question in the box provided.

21) Did your HCPA work/continue to work on any MNCH plans with MoH after the PMNCH workshop in your country?
   1. Yes
   2. No
   99. Don’t Know

22) Did your HCPA play any role in country’s health policy formulation after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

23) Was your HCPA involved in establishing a national quality assurance network after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

24) Is your HCPA involved in planning on job training for young workers at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

25) Were there any significant labor disputes regarding MNCH planning in your country after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

26) Was your HCPA able to resolve any major labor dispute at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

27) What are the most notable barriers your HCPA has faced in making effective contributions in MNCH planning? (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   96. Others (specify) ______________________________
28) What are some practical and innovative actions that can overcome the barriers and increase HCPA roles in your country in MNCH planning – Way forward?
AREA 3: SERVICE QUALITY IMPROVEMENT

* Please enter the appropriate code/s for each question in the box provided.

29) Following the PMNCH workshop has your HCPA been involved in any training on Continuous Quality Improvement (CQI) of MNCH programs at national level?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/Don’t Know” then skip Q30 and move to Q31)

30) If yes, what is the type of training in which your HCPA has been involved after the PMNCH workshop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

31) Has your HCPA been involved in developing measures for Quality Improvement at national level after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

32) Is there any Continuous Medical Education (CME) program designed for MNCH care providers by your HCPA after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/Don’t Know” then skip Q33 and move to Q34)

33) If yes, what type of CME program has been designed by your HCPA?
   (More than one response is possible)
   1. In-house training for staff
   2. External training
   96. Others (specify) ______________________________

34) Is there any common protocol/algorithm established for MNCH care in your country?
   1. Yes
   2. No
   99. Don’t Know
35) Are there following institutions present in your country? 
   (a) Accrediting body endorsing the MNCH programs
      1. Yes
      2. No
      99. Don’t Know

   (b) Regulatory body responsible for HCPA’s quality assurance
      1. Yes
      2. No
      99. Don’t Know
   (If your answer is “No/Don’t Know then skip Q36 and move to Q37)

36) If yes, then does your HCPA interact with the following institutions to bring about a change in MNCH policies?
   (a) Accrediting body endorsing the MNCH programs
      1. Yes
      2. No
      99. Don’t Know

   (b) Regulatory body responsible for HCPA’s quality assurance
      1. Yes
      2. No
      99. Don’t Know

37) What are the most notable barriers your HCPA has faced in making effective contributions in service quality improvement?
   (More than one response is possible)
      1. Lack of funding
      2. Lack of availability of stakeholders
      3. Absence of political will
      4. Logistic barriers
      5. Lack of commitment
      96. Others (specify) ______________________________

38) What are some practical and innovative actions that can overcome the barriers and increase HCPA roles in your country in service quality improvement—Way forward?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
39) Has any analysis of specific task distribution among MNCH workforce been conducted in your country after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

   *(If your answer is “No/Don’t Know” then skip Q40 and move to Q41)*

40) If yes, who has conducted the specific analysis?

41) Has any review of job descriptions of MNCH workforce taken place at national level in your country?
   1. Yes
   2. No
   99. Don't Know

42) Is there any community midwifery program in your country?
   1. Yes
   2. No
   99. Don't Know

43) Following the PMNCH workshop has your HCPA contributed to:
   (a) Community Midwife Program
   1. Yes
   2. No
   99. Don't Know

   (b) MNCH workforce job description development/refinement
   1. Yes
   2. No
   99. Don't Know

44) Has your HCPA been involved in the planning process for hiring of new MNCH employees at national level?
   1. Yes
   2. No
   99. Don’t Know
45) Was your HCPA able to initiate any structured program for skill development of MNCH staff at national level after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

46) Has your HCPA made any effort to reallocate existing MNCH staff at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

47) What are the most notable barriers your HCPA has faced in making effective contributions in Human Resources?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   96. Others (specify) ______________________________

48) What are some practical and innovative actions that can overcome the barriers and increase HCPA roles in your country in Human Resource Development – Way Forward?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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**AREA 5: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS**

*Please enter the appropriate code/s for each question in the box provided.*

49) Has your HCPA conducted any leadership training in MNCH after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don't Know

50) Has your HCPA taken any leadership role in MNCH care at national level after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don't Know

51) Has your HCPA developed/ defined any vision/ plan for promoting national level MNCH activities with MoH after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know
   *(If your answer is “No/Don’t Know” then skip Q52 and move to Q53)*

52) If yes, has your HCPA contributed towards sharing of this common vision at national level for MNCH care after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don't Know

53) Following the PMNCH workshop, does your HCPA regularly interact with national level stakeholders for improving MNCH in your country?
   1. Yes
   2. No
   99. Don't Know
   *(If your answer is “No/Don’t Know” then skip Q54 and move to Q55)*

54) If yes, what modes of communication were used by your HCPA to interact with these national level stakeholders? *(More than one response is possible)*
   1. Meetings
   2. Workshops
   3. Developing MoUs
   4. Formulating proposals
   5. Sharing of progress reports
   96. Others (specify) ______________________________
   99. Don't Know
55) Since the workshop, has your HCPA developed any partnership with MoH for MNCH improvement?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

56) Was there any outcome of your HCPA’s partnership with MoH to improve MNCH at national level after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   96. Others (specify) _______________________________
   99. Don’t Know

57) Following the PMNCH workshop, does your HCPA regularly interact with other HCPAs for improving MNCH care in your country?
   1. Yes
   2. No
   99. Don’t Know

   (If your answer is “No/Don’t Know” then skip Q58 and move to Q59)

58) If yes, what modes of communication were used by your HCPA to interact with other HCPAs? (More than one response is possible)
   1. Meetings
   2. Workshops
   3. Developing MoUs
   4. Formulating proposals
   5. Sharing of progress reports
   96. Others (specify) _______________________________
   99. Don’t Know

59) Did your organization contribute towards exchange visits amongst HCPAs to strengthen MNCH leadership capacities at national level after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

60) Since the workshop, has your HCPA facilitated developing consolidated network of HCPAs in your country?
   1. Yes
   2. No
   99. Don’t Know

   (If your answer is “No/Don’t Know” then skip Q61 and move to Q62)
61) If yes, how frequently networking meetings have taken place?  
(More than one response is possible)  
1. Monthly  
2. Quarterly  
3. Biyearly  
4. Annually  
5. No regular schedule  
6. Never met  
96. Others (specify) ________________________________

62) Following the PMNCH workshop has your HCPA been involved in strengthening of existing infrastructure for improving MNCH at national level?  
1. Yes (please specify) ________________________________  
2. No  
99. Don’t Know

63) Following the PMNCH workshop has your HCPA contributed towards needs identification for MNCH capacity building to achieve MDGs 4 and 5?  
1. Yes (please specify) ________________________________  
2. No  
99. Don’t Know

64) How can your HCPA’s contributions towards MNCH capacity building be measured and reported?  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________

65) What are the most notable barriers your HCPA has faced in making effective contributions in organizational strengthening?  
(More than one response is possible)  
1. Lack of funding  
2. Lack of availability of stakeholders  
3. Absence of political will  
4. Logistic barriers  
5. Lack of commitment  
96. Others (specify) ________________________________

66) What are some practical and innovative actions that can overcome the barriers and increase HCPA roles in your country towards organizational strengthening — Way Forward?  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________
67) Do you foresee any added value of PMNCH workshops in improving MNCH objectives in your country?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

68) Have you developed any relationship with other HCPAs in your country after the PMNCH workshop?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

69) What informal means of collaboration have emerged between your organization and other HCPAs post PMNCH workshop?
   (More than one response is possible)
   1. E mail communications have started
   2. Meetings held
   3. Phone Calls
   96. Others (specify) ______________________________
   99. Don’t Know
NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

**AREA I: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS**

* Please enter the appropriate code/s for each question in the box provided.

1) Was your HCPA able to identify potential funding agencies to strengthen infrastructure and secretariat?
   - 1. Yes
   - 2. No
   - 99. Don’t Know
   
   *(If your answer is “No/ Don’t Know” then move to Q6)*

2) If yes, who were the partners involved in identifying the potential funding agencies? *(More than one response is possible)*
   - 1. FMoH
   - 2. PMNCH
   - 3. UNFPA
   - 4. UNICEF
   - 5. WHO
   - 96. Others (specify) ___________________________
   - 99. Don’t Know

3) Was your HCPA able to get any support from partners for identifying the potential funding agencies?
   - 1. Yes
   - 2. No
   - 99. Don’t Know
   
   *(If your answer is “No/ Don’t Know” then move to Q5)*

4) What kind of support was provided by the partners? *(More than one response is possible)*
   - 1. Financial support
   - 2. Sponsor the secretariat
   - 3. Donation in kind
   - 96. Others (specify) ___________________________

5) What is the number (approx.) of fully pledged partners?
   Number ______________________

6) Were you able to lobby the city administration to secure plot for land?
   - 1. Yes
   - 2. No
   - 99. Don’t Know
   
   *(If your answer is “No/ Don’t Know” then move to Q10)*
7) If yes, who were the partners involved in lobbying the city administration for securing the plot of land? *(More than one response is possible)*

1. FMoH
2. City council
99. Don’t Know
96. Others (specify) ________________________________

8) Was any support letter from FMoH received for securing the plot of land?

1. Yes
2. No
99. Don’t Know

9) Was your HCPA able to secure the plot of land?

1. Yes
2. No
99. Don’t Know

10) Has your HCPA initiated any discussion to have a union activity separate from professional association?

1. Yes
2. No
99. Don’t Know

*(If your answer is “No/ Don’t Know” then move to Q13)*

11) If yes, who were the partners in initiating the union activity? *(More than one response is possible)*

1. FMoH
2. FMoLSA
3. FMoJs
4. HCPAs
99. Don’t Know
96. Others (specify) ________________________________

12) What initiatives have been taken towards initiating this union activity?

_________________________________________________________________________________

_________________________________________________________________________________

13) Has your HCPA met with FMoH for taking part in the accreditation and registration of health care professionals?

1. Yes
2. No
99. Don’t Know

14) If yes, has your HCPA contributed/ participated in accreditation and registration of health care professionals?

1. Yes
2. No
99. Don’t Know
15) Was any plan developed to advocate for new membership with executive committee (EC) of each HCPA?
   1. Yes
   2. No
   99. Don’t Know
   
   (If your answer is “No/ Don’t Know” then move to Q18)

16) If yes, was any fund received for advocating this new membership?
   1. Yes
   2. No
   99. Don’t Know

17) How many new members were added to executive committee?
   Number ______________________

18) Has any joint meeting of HCPA representatives been organized?
   1. Yes
   2. No
   99. Don’t Know
   
   (If your answer is “No/ Don’t Know” then move Q22)

19) If yes, has your HCPA attended that meeting?
   1. Yes
   2. No
   99. Don’t Know

20) Was any fund received for organizing the joint meeting of HCPA representatives?
   1. Yes
   2. No
   99. Don’t Know

21) How many joint meetings of HCPA’s representatives were held?
   Number (approx.) __________________

22) If none or anyone of the above mentioned proposed plans for organizational strengthening were implemented, what could be the possible barriers?
   (More than one response is possible)
   
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ___________________________
23) Have HCPAs in your country interacted with FMoH to improve the quality of standard MNCH care in your country after PMNCH workshop?

1. Yes
2. No
99. Don't Know

24) Has your HCPA interacted with FMoH to improve the quality of standard MNCH care?

1. Yes
2. No
99. Don't Know

25) If yes, who were the partners involved in this interaction with FMoH? (More than one response is possible)

1. WHO
2. EPS
3. UNICEF
4. ESOG
5. SC-USA
6. ENMA
7. UNFPA
8. ENA
9. PACKARD
10. EPA
99. Don't Know
96. Others (specify) __________________________________

26) Were you able to avail international standards of care for MNCH from your partners?

1. Yes
2. No
99. Don’t Know

27) Were any gaps identified in services quality by professional societies and existing associations in your country?

1. Yes
2. No
99. Don't Know

28) If yes, please mention the identified major gaps
29) Was any technical group formed to improve quality of health care in your country?
   1. Yes
   2. No
   99. Don't Know

30) If yes, when was this technical group formed?
   ___/___/___ DD / MM / YY
   *(Exact complete date is not mandatory)*

31) Have any guidelines been developed or adopted to improve the quality of care in your country?
   1. Yes
   2. No
   99. Don't Know

32) Were national management guidelines for MNCH service quality improvement developed?
   1. Yes
   2. No
   99. Don’t Know

33) Were Standards of Performance (SOP) developed by your HCPA?
   1. Yes
   2. No
   99. Don’t Know

34) Has your HCPA developed a plan for task assignment to different categories of health workers at national level?
   1. Yes
   2. No
   99. Don’t Know

35) Did your HCPA develop job descriptions for health workers?
   1. Yes
   2. No
   99. Don’t Know

36) Has any situation analysis been done to assess the motivation in health workers in your country?
   1. Yes
   2. No
   99. Don't Know
37) Has your HCPA prepared any proposal to develop incentive package to motivate health workers?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/ Don’t Know” then move to Q40)*

38) If yes, was any negotiation done with government during the development of this incentive package to motivate health workers?
   1. Yes
   2. No
   99. Don’t Know

39) What was the result of this negotiation?
   _______________________________________________________________

40) Was a partner remuneration scheme designed/ implemented to improve the motivation of health workers for MNCH in your country?
   1. Yes
   2. No
   99. Don’t Know

41) If none or anyone of the above mentioned initiative to improve the quality of standard MNCH care were in place, what could be the possible reasons?
   *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) _______________________________
Country Specific Questionnaire

MALAWI

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions

HCPA = Health Care Professional Associations

**AREA I: SERVICE QUALITY IMPROVEMENT**

* Please insert the correct code/s for each question in the box provided.

1) Has your HCPA conducted any stakeholder meeting to develop a roadmap for quality improvement in your country as indicated in your country action plan?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Area II)

2) If yes, when was it conducted?
   
   __/__/____
   DD / MM / YY  (Exact complete date is not mandatory)

3) Has any proposal for conducting the meeting been written and submitted to partners for financial support?
   1. Yes
   2. No
   99. Don’t Know

4) Who were the partners involved in conducting this stakeholder meeting? *(More than one response is possible)*
   1. Access
   2. USAID
   3. Norwegian Church Aid
   4. WHO
   5. UNFPA
   6. UNICEF
   7. DFID
   99. Don’t Know
   96. Others (specify) ________________________________________________

5) Was any report of this meeting prepared?
   1. Yes
   2. No
   99. Don’t Know

6) Was the meeting report disseminated to the partner HCPAs?
   1. Yes
   2. No
   99. Don’t Know
7) If none of the above initiatives related to service quality improvement were materialized, what were the possible reasons?

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
96. Others (specify) ________________________________
8) Was any networking meeting of existing professional associations conducted in your country?
   1. Yes
   2. No
   99. Don’t Know
   
   (If your answer is “No/ Don’t Know” then move to Q14)

9) If yes, when was it conducted?
   __/__/__
   DD / MM / YY
   (Exact complete date is not mandatory)

10) Who were the partners/associations involved in conducting the networking meeting? (More than one response is possible)
   1. Association of Malawi Midwives
   2. National Organization of Nurses and Midwives of Malawi
   3. Medical Association of Malawi
   4. Pharmaceutical Association of Malawi
   5. Pediatrics Association of Malawi
   6. Obstetricians & Gynecologist Association of Malawi
   7. Allied Health Association (for CO, MAs Pharmacy assistants)
   8. Public Health Association of Malawi
   9. Mental Health Malawi
   10. Norwegian Church AID
   11. World Vision
   12. Family Health International
   13. Access
   14. UNFPA
   15. UNICEF
   16. WHO
   17. NAC
   18. UNFPA
   19. DFID
   99. Don’t Know
   96. Others (specify) ____________________________________________

11) Was any financial support available for the networking meeting?
   1. Yes
   2. No
   99. Don’t Know

12) Was any report of this networking meeting prepared?
   1. Yes
   2. No
   99. Don’t Know
13) Was the meeting report disseminated to the partner HCPAs?
   1. Yes
   2. No
   99. Don’t Know

14) Was any checklist designed/developed to assess the communication system amongst the existing HCPAs?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/ Don’t Know” then move to Q17)*

15) If yes, was there any assessment of this communication system conducted?
   1. Yes (please specify) ______________________________
   2. No
   99. Don’t Know

16) Was any assessment report of this communication system compiled/prepared?
   1. Yes
   2. No
   99. Don’t Know

17) Was there any plan to orient association leaders on leadership?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/ Don’t Know” then move to Q20)*

18) If yes, was proposal written and submitted to partners for financial support to orient association leaders on leadership?
   1. Yes
   2. No
   99. Don’t Know

19) If yes, was orientation done for association leaders on leadership?
   1. Yes
   2. No
   99. Don’t Know

20) Was proposal written and submitted for financial support to conduct exchange visits amongst HCPAs?
   1. Yes
   2. No
   99. Don’t Know
21) If yes, have any exchange visits taken place amongst HCPAs?
   1. Yes
   2. No
   99. Don’t Know

22) If none or anyone of the above mentioned initiatives (networking meeting, assessment of communication system, orientation on leadership or conduction of exchange visits amongst HCPAs) have materialized, what were the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ____________________________________________
Country Specific Questionnaire

NIGERIA

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

<table>
<thead>
<tr>
<th>AREA I: INVOLVEMENT IN ADVOCACY</th>
</tr>
</thead>
</table>

* Please enter the appropriate code/s for each question in the box provided.

1) Was any Health Bill passed by the government after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q5)

2) If yes, when was the health bill passed?
   ____/____/____
   DD / MM / YY
   (Exact complete date is not mandatory)

3) Who were the partners involved in pushing for the passage of health bill?
   (More than one response is possible)
   1. SOGON
   2. PAN
   3. NANNM
   4. PSN
   5. MLSAN
   99. Don’t Know
   96. Others (specify) __________________________________

4) Did your HCPA conduct any advocacy visits to NASS / FGN for facilitating the passage of health bill?
   1. Yes
   2. No
   99. Don’t Know

5) Was a meeting convened with chairperson, secretaries of HCPAs and the PMNCH to establish a HCPA forum?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q10)

6) If yes, was a forum formed for HCPAs to address the health problems?
   1. Yes
   2. No
   99. Don’t Know
7) Was any technical committee formed to initiate the inception of the forum?
   1. Yes
   2. No
   99. Don’t Know

8) Who were the partners involved in the inception of the forum?
   (More than one response is possible)
   1. SOGON
   2. PAN
   3. NANNM
   4. PSN
   5. MLSAN
   99. Don’t Know
   96. Others (specify) ______________________________

9) What kind of support did your HCPA get in developing this forum?
   (More than one response is possible)
   1. Financial
   2. Technical
   3. No support
   99. Don’t Know
   96. Others (specify) ______________________________

10) Did your HCPA contribute towards developing a work plan for MNCH at state level?
    1. Yes
    2. No
    96. Others (specify) ______________________________

11) If yes, what kind of support did your HCPA get in developing this work plan?
    (More than one response is possible)
    1. Financial
    2. Technical
    3. No support
    99. Don’t Know
    96. Others (specify) ______________________________

12) Was your HCPA involved in developing a committee for community mobilization to increase advocacy for MNCH?
    1. Yes
    2. No
    99. Don’t Know
13) If yes, what kind of support did your HCPA get in developing a committee for community mobilization? *(More than one response is possible)*

1. Financial
2. Technical
3. No support
99. Don’t Know
96. Others (specify) __________________________________________________________________________

14) Was your HCPA able to work with this committee in identifying the communities which need to be mobilized?

1. Yes
2. No
99. Don’t Know

15) If none or anyone of the above mentioned initiatives on advocacy based on your proposed country action plan is in place, what could be the possible reasons? *(More than one response is possible)*

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
96. Others (specify) __________________________________________________________________________
16) Was a building obtained for HCPA secretariat to house all different HCPAs at national level?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q19)

17) If yes, who were the partners involved in procuring the building?
   (More than one response is possible)
   1. PAN
   2. SOGON
   3. NMA
   4. NANNM
   5. ACPN
   6. AGMPN
   7. PSN
   8. MLSAN
   9. CHPAN
   99. Don’t Know
   96. Others (specify) ________________________________

18) Did government support to provide one building to house all different HCPAs?
   1. Yes
   2. No
   99. Don’t Know

19) What could be the reason for not being able to procure a building?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________

20) Was a forum established immediately after the PMNCH workshop to strengthen the network with HCPAs as indicated in the action plan?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q25)
21) If yes, when was the forum established?

____/____/____  (Exact complete date is not mandatory)

22) How frequently did the forum meet? (More than one response is possible)

1. Monthly  
2. Quarterly  
3. Biyearly  
4. Annually  
5. No regular schedule  
6. Never met  
99. Don’t Know  
96. Others (specify) ________________________________

23) Has your HCPA shared the meeting report and debriefed honorable ministry of health (HMH) and HCPA together?

1. Yes  
2. No  
99. Don’t Know

24) If no such forum was established, what were the barriers? (More than one response is possible)

1. Lack of funding  
2. Lack of availability of stakeholders  
3. Absence of political will  
4. Logistic barriers  
5. Lack of commitment  
6. Lack of interest from focal person assigned by workshop participants  
96. Others (specify) ________________________________

25) Was any alternative funding mechanism explored by your HCPA for establishing this forum?

1. Yes  
2. No  
99. Don’t Know

26) Was any proposal written to partners for funding to equip and staff the HCPA secretariat?

1. Yes  
2. No  
99. Don't Know

27) Was any fund raised for equipping and staffing the secretariat by your HCPA?

1. Yes  
2. No  
99. Don't Know
28) Was the fund made available for capacity building/monitoring and meetings?
   1. Yes
   2. No
   99. Don't Know

29) If no such initiatives related to fund raising are in place, what could be the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________
Country Specific Questionnaire

TANZANIA

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

| AREA I: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS |

* Please insert the correct code/s for each question in the box provided.

1) Were the workshop delegates able to write a feedback report on PMNCH workshop to present it to each HCPA’s secretariat?
   
   1. Yes
   2. No
   99. Don’t Know

   (If your answer is “No/ Don’t Know” then move to Q4)

2) Was this feedback report on PMNCH workshop presented to each HCPA secretariat?
   
   1. Yes
   2. No
   99. Don’t Know

3) When was this report presented to each HCPA secretariat?
   
   DD / MM / YY (Exact complete date is not mandatory)

4) Were members able to encourage these secretariats to actively promote partnership amongst HCPAs?
   
   1. Yes
   2. No
   99. Don’t Know

5) Was there any joint meeting of Tanzania based HCPAs convened to sensitize and emphasize the importance of establishing partnership to reduce maternal, newborn and child deaths?
   
   1. Yes
   2. No
   99. Don’t Know

   (If your answer is “No/ Don’t Know” then move to Q8)
6) Who were the partners involved in convening of this sensitization meeting?  
(More than one response is possible)  
1. AGOTA  
2. PAT  
3. TANNA  
4. TAMA MAT  
5. MEWATA  
6. TPHA  
99. Don’t Know  
96. Others (specify) ________________________________________  

7) How many meetings held for sensitizing and emphasizing the importance of establishing partnership to reduce maternal newborn and child deaths??  
Number of meetings (approx.) ____________________________  

8) Has your HCPA had any dialogue with MoH about the importance of fostering partnership amongst HCPAs in order to achieve MDGs 4 and 5?  
1. Yes  
2. No  
99. Don’t Know  
(If your answer is “No/ Don’t Know” then move to Q11)  

9) Who were the partners involved in conducting this meeting with MoH?  
(More than one response is possible)  
1. AGOTA  
2. PAT  
3. TANNA  
4. TAMA  
99. Don’t Know  
96. Others (specify) ________________________________________  

10) Was any report of this meeting between MoH officials and HCPAs prepared?  
1. Yes  
2. No  
99. Don’t Know  

11) Was your HCPA able to build capacity in advocacy and lobbying skills among secretariat members of HCPAs?  
1. Yes  
2. No  
99. Don’t Know  
(If your answer is “No/ Don’t Know” then move to Q18)
12) Who were the partners/associations involved in capacity building in advocacy and lobbying skills among secretariat members of HCPAs? (More than one response is possible)
   1. PMNCH
   2. UNFPA
   3. WHO
   6. UNICEF
   7. HCPAs (international)
   99. Don’t Know

13) Has your HCPA organized any workshop/training on advocacy skills in your country?
   1. Yes
   2. No
   99. Don’t Know

14) Did your HCPA get any support from your partners for organizing workshop/training on advocacy skills?
   1. Yes
   2. No
   99. Don’t Know

15) What kind of support did you get from your partners?
   1. Identification of facilitators
   2. Financing the facilitators
   3. Mobilization of teaching material
   4. No support
   99. Don’t Know
   96. Others (specify) __________________________

16) How many secretariat members were trained from each HCPA?
   Number (approx.) ______________

17) Was any report of this workshop/training prepared?
   1. Yes
   2. No
   99. Don’t Know

18) If none or anyone of the above mentioned organizational strengthening strategies have been implemented, what could be the possible reasons? (More than one response is possible)
   7. Lack of funding
   8. Lack of availability of stakeholders
   9. Absence of political will
   10. Logistic barriers
   11. Lack of commitment
   12. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) __________________________
Country Specific Questionnaire

UGANDA

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

<table>
<thead>
<tr>
<th>AREA I: MNCH PLANNING</th>
</tr>
</thead>
</table>

* Please enter the appropriate code/s for each question in the box provided.

1) Were members able to give feedback on PMNCH workshop to their parent HCPAs?
   1. Yes
   2. No
   99. Don’t Know

2) If yes, was a joint meeting of country representative HCPAs conducted after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

3) Has your HCPA developed any partnership with MoH in your country after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

4) If yes, when was the partnership planned and finalized with MoH?
   
   ___/___/___  
   DD / MM / YY  *(Exact complete date is not mandatory)*

5) Did the representative of HCPAs from your country develop collaboration on MNCH after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

6) Was a common forum of all five HCPA representative groups (Obstetricians and gynecologist, Pediatrics, Nurses, Midwives, and Pharmacists) formed after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

7) If yes, when was the forum established?
   
   ___/___/___  
   DD / MM / YY  *(Exact complete date is not mandatory)*
8) Was your HCPA able to obtain a copy of national health sector strategic plan II (HSSP) after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

9) If yes, was your HCPA subsequently involved in national HSSP development?
   1. Yes
   2. No
   99. Don’t Know

10) Were representatives from HCPA in your country identified to meet Director General Health services?
    1. Yes
    2. No
    99. Don’t Know
    *(If your answer is “No/ Don’t Know” then move to Q13)*

11) If yes, has your selected group of HCPA representatives conducted any meeting with Director General Health services?
    1. Yes
    2. No
    99. Don’t Know

12) What were the main decisions taken during the meeting?
    ____________________________________________________________
    ____________________________________________________________

13) Has your HCPA shared the PMNCH workshop report with MoH in your country?
    1. Yes
    2. No
    99. Don’t Know

14) If yes, who were the people in MoH with whom this report was shared? *(More than one response is possible)*
    1. Commissioner RH
    2. Commissioner CH
    3. Director General Health
    99. Don’t Know
    96. Others (specify) __________________________________________
15) Were all the present HCPAs able to present their strategic plans and constitutions to the registrars of medical, dental, nursing and pharmaceutical council in your country?

1. Yes
2. No
99. Don’t Know

16) If yes, when was it presented?

____/____/____  DD / MM / YY  (Exact complete date is not mandatory)

17) If none or anyone of the above mentioned initiatives related to one MNCH plan were materialized, what were the barriers? (More than one response is possible)

7. Lack of funding
8. Lack of availability of stakeholders
9. Absence of political will
10. Logistic barriers
11. Lack of commitment
12. Lack of interest from focal person assigned by workshop participants
96. Others (specify)  __________________________________
## AREA II: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS

*Please enter the appropriate code/s for each question in the box provided.*

### 18) Was a list for all members of HCPAs in your country prepared?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don't Know</td>
</tr>
</tbody>
</table>

### 19) Has any checklist been developed to analyze the situation of membership and governance issues?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don't Know</td>
</tr>
</tbody>
</table>

### 20) Was meeting with executive committees conducted to share HCPA’s activities and work plan in your country?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don't Know</td>
</tr>
</tbody>
</table>

### 21) If yes, were activities and work plan approved during meeting with executive committees?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don't Know</td>
</tr>
</tbody>
</table>

### 22) Was any meeting with other HCPAs conducted to share your HCPA’s activities and work plans?

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
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<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don't Know</td>
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</table>

*(If your answer is “No/ Don’t Know” then move to Q25)*

### 23) Which of the following associations worked with your HCPA to develop the work plan? *(more than one response is possible)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>AOGU</td>
</tr>
<tr>
<td>2.</td>
<td>UPA</td>
</tr>
<tr>
<td>3.</td>
<td>UNANM</td>
</tr>
<tr>
<td>4.</td>
<td>UPMA</td>
</tr>
<tr>
<td>99.</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>96.</td>
<td>Others (specify) ____________________________</td>
</tr>
</tbody>
</table>

### 24) Have your partner associations (mentioned above) supported your HCPA financially?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>99.</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

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25) If none or anyone of the above-mentioned organizational strengthening strategies could be implemented, what were the possible reasons? *(More than one response is possible)*

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants

96. Others (specify) ________________________________
26) Was any situation analysis conducted using checklist on level of dissemination, availability of treatment guidelines in 11 regional referral hospitals?

1. Yes
2. No
99. Don’t Know

(If your answer is “No/ Don’t Know” then move to Q30)

27) If yes, who were the partners involved in this situation analysis?

(More than one response is possible)

1. AOGU
2. UPA
3. UNANM
4. UPMA
99. Don’t Know
96. Others (specify) __________________________________

28) Was any proposal developed for requesting fund for this situation analysis?

1. Yes
2. No
99. Don’t Know

29) Was any report prepared for this situation analysis?

1. Yes
2. No
99. Don’t Know

30) If no such situation analysis was conducted, what were the possible reasons?

(More than one response is possible)

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
96. Others (specify) __________________________________
Country Specific Questionnaire

BURKINA FASO

NOTE: Based on the country specific action plan made during the PMNCH workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

<table>
<thead>
<tr>
<th>AREA 1: INVOLVEMENT IN ADVOCACY</th>
</tr>
</thead>
</table>

*Please enter the appropriate code/s for each question in the box provided*

1) Was the training of HCPAs’ members organized to improve competencies for advocacy?
   1. Yes
   2. No
   99. Don’t Know

2) If yes, what is the number (approx) of HCPAs members trained?
   Number ______________________

3) How many personnel are active now for advocacy activities?
   Number (approx.) _______________

4) How many persons/target groups have been sensitized?
   (More than one response is possible)
   1. Adolescents
   2. Youth
   3. Students
   96. Others (specify) ____________________________

5) Was a committee created for follow up of activities of trainings and advocacy?
   1. Yes
   2. No
   99. Don’t Know

6) Were the insufficient logistics (equipments, rolling stock, fuel etc) made available after the PMNCH workshop for advocacy activities?
   1. Yes
   2. No
   99. Don’t Know

7) Were the campaigns for sensitization of community leaders and organizations executed to overcome socio-cultural barriers?
   1. Yes
   2. No
   99. Don’t Know
8) If yes, how many campaigns have been executed so far?
   Number (approx.) _______________

9) When were these campaigns executed?
   DD / MM / YY (Exact complete date is not mandatory)

10) What is the number (approx) of leaders who were sensitized?
    Number ______________________
11) Is there a functional head quarter/office available for HCPAs activities after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

12) If yes, are the required equipments and means of communication available at this head quarter?
   1. Yes
   2. No
   99. Don’t Know

13) Was appropriate staff recruited for this head quarter?
   1. Yes
   2. No
   99. Don’t Know

14) Was there a search of funds for covering recurrent expenditures of this head quarter?
   1. Yes
   2. No
   99. Don’t Know

15) If yes, were the funds made available for recurrent expenditure?
   1. Yes
   2. No
   99. Don’t Know

16) Who were the partners involved in fund raising for the headquarter?
   (More than one response is possible)
   1. SOGOB
   2. SOBPED
   3. ONPB
   4. ABI
   5. ABSF
   6. MoH
   7. NGOs
   8. UNFPA
   9. UNICEF
   10. OOAS
   11. OMS
   12. Plan Burkina
   13. PAMAC
   14. AES
   15. FCI
   96. Others (specify) ________________________________
17) Did the partners provide institutional support for the functioning head quarter?
   1. Yes
   2. No
   99. Don't Know

18) If none of the above mentioned activities to make the head quarter functional were materialized, what could be the possible reasons?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   7. Lack of security
   96. Others (specify) ________________________________

19) Were the roles of associations and ToRs widely disseminated to all member HCPAs after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

20) Were meetings of statuaries held after the PMNCH workshop to disseminate roles and ToRs?
   1. Yes
   2. No
   99. Don't Know

21) Is there any PV of meetings/ reports of congress available?
   1. Yes
   2. No
   99. Don't Know

22) Has a convention of partnership been signed between MoH and HCPAs after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

23) Is there a network of HCPAs established after the PMNCH workshop in your country to achieve MDGs 4 and 5?
   1. Yes
   2. No
   99. Don't Know

   (If your answer is “No/Don't Know” then move to Area 3)
24) If yes, how many coordination meetings of this HCPA network have been conducted?
   Number (approx.) _______________

25) When was the last networking meeting held?
   DD / MM / YY (Exact complete date is not mandatory)

26) Who were the participating HCPAs? Specify:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
27) Were there any trainings/refreshers conducted for MNCH health providers after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

28) If yes, how many health personnel have been trained/retained?
   Number (approx.) ________________

29) How many functional teams are working for quality improvement in your country?
   Number (approx.) ________________

30) Was there any improvement in the insufficient communication between health provider-health provider and health provider-patients after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

31) Was any technical support provided by PMNCH for training of HCPAs?
   1. Yes
   2. No
   99. Don’t Know

32) Was the PNP revised and made available in health facilities after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

33) Did HCPAs participate effectively in the process of PNP revision?
   1. Yes
   2. No
   99. Don't Know

34) What do you think is the rate of utilization of revised PNP?
   Percentage % (approx.) __________

35) Were decision makers approached for granting of training scholarship for training for quality improvement?
   1. Yes
   2. No
   99. Don't Know
36) If yes, how many decision makers were approached?
   Number (approx.) _______________

37) How many scholarships were obtained for this training?
   Number (approx.) _______________

38) After the PMNCH workshop, was there an increase in the number of health personnel recruited per year?
   1. Yes
   2. No
   99. Don’t Know

39) How many training were held integrating innovative techniques into basic training after the PMNCH workshop?
   Number (approx.) _______________

40) What is the percentage of service providers trained?
    Percentage % (approx.) __________

41) What is the number of workers supervised after the training?
   Number (approx.) _______________

42) Was advocacy done for equipment following the standards of PEC of mother, newborn and child health?
   1. Yes
   2. No
   99. Don’t Know

43) What percent of the structures of SMNI were equipped following these standards?
    Percentage % (approx.) __________

44) If none of the above mentioned activities for quality improvement were materialized, what could be the possible reasons?
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   7. Lack of security
   96. Others (specify) ________________________________
Country Specific Questionnaire

DEMOCRATIC REPUBLIC OF CONGO

NOTE: Based on the country specific action plan made during the PMNCH workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

<table>
<thead>
<tr>
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</table>

1) Was the restoration of workshops achieved for HCPAs/MNE and media after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

2) Were the channels of advocacy (conferences, sites, letters, meetings, media) defined after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

3) If yes, how many connecting activities of HCPAs took place after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

4) Was there a meeting for consultation with the workshop participants took place to revitalize the associations?
   1. Yes
   2. No
   99. Don’t Know

5) If yes, what is the number of associations who were provided with assistance in this meeting?
   Number ______________________

6) Was there an engagement with central & provincial ministries for advocating MNCH after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

7) If yes, what is the number of personnel sensitized?
   Number ______________________
8) Was a cadre of consultation of HCPAs created for the availability of actors and stakeholders of advocacy after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

9) If yes, is there a constitution of a follow up group available?
   1. Yes
   2. No
   99. Don't Know

10) Was a budget developed for collaboration with training institutions?
    1. Yes
    2. No
    99. Don't Know

11) Is there any collaboration with training institutions after the PMNCH workshop?
    1. Yes
    2. No
    99. Don't Know

12) If none or any one of the above mentioned initiatives were implemented in advocacy, what were the possible reasons?
    *(More than one response is possible)*
    1. Lack of funding
    2. Lack of availability of stakeholders
    3. Absence of political will
    4. Logistic barriers
    5. Lack of commitment
    6. Lack of security
    7. Lack of interest from focal person assigned by workshop participants
    96. Others (specify) ____________________________________
AREA 2: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS

*Please enter the appropriate code/s for each question in the box provided*

13) Was there any needs assessment of the members of HCPAs for leadership capacity building and motivation after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

14) If yes, how many HCPAs are organized and functional?
   Number ______________________

15) Was a constitution of network of HCPAs prepared in Congo after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

16) Was a network of all HCPAs created through computers after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

17) Was an action plan & program of activities produced for an office / headquarter for HCPAs in your country?
   1. Yes
   2. No
   99. Don’t Know

18) Was a national workshop organized for all HCPAs after the PMNCH workshop to increase inter-HCPA collaboration in Congo?
   1. Yes
   2. No
   99. Don’t Know

19) If none or any one of the above mentioned organizational strengthening strategies were implemented in Congo what were the possible reasons?
   *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________
20) Was the continuing education program (CEP) revised after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

21) Was there an assessment of state of affairs of training institutes for service quality improvement?
   1. Yes
   2. No
   99. Don't Know

22) If yes, what is the number of partners involved in the CEP revision and assessment of state of affairs?
   Number (approx.) _______________

23) If yes, what is the impact on mortality?
   Number (approx.) _______________

24) Was the required technical, logistic and financial support provided by the partners (All HCPAs and international organizations mentioned in the action plan)?
   1. Yes
   2. No
   99. Don't Know

25) Was an assessment of pharmaceutical sector done for service quality improvement in Congo after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

26) If yes, are the reports of inspection available?
   1. Yes
   2. No
   99. Don't Know

27) Were the protocols written and disseminated for service quality improvement in your country?
   1. Yes
   2. No
   99. Don't Know
28) If yes, how many conferences and consultations held after the PMNCH workshop?
   Number (approx.) ________________

29) Was the plateau technique of care made available in Congo?
   1. Yes
   2. No
   99. Don’t Know

30) If none or any one of the above mentioned initiatives were implemented to improve insufficient quality of services and the treatment, what were the possible reasons? (*More than one response is possible*)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ____________________________
Country Specific Questionnaire

MALI

NOTE: Based on the country specific action plan made during the PMNCH workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

AREA 1: MNCH PLANNING

*Please enter the appropriate code/s for each question in the box provided

1) Was a workshop of consultation between partners and HCPAs organized for accelerating the efforts to achieve MDGs?
   1. Yes
   2. No
   99. Don’t Know

2) When was the workshop organized?
   DD / MM / YY
   (Exact complete date is not mandatory)

3) Was the workshop report prepared & made available?
   1. Yes
   2. No
   99. Don’t Know

4) Was a framework of formal consultation & collaboration put in place between MoH and all HCPAs with regard to MDGs 4 and 5?
   1. Yes
   2. No
   99. Don’t Know

5) Was the stock of activities to support HCPAs in view of MDGs 4 and 5 taken in collaboration with MoH?
   1. Yes
   2. No
   99. Don’t Know

6) Have the central structures been informed about the importance of involvement of HCPAs in all activities around MDGs 4 and 5?
   1. Yes
   2. No
   99. Don’t Know

7) If yes, how many activities were held since the PMNCH workshop in which HCPAs were involved?
   Number (approx.) _______________
8) Were the periodic meetings with all association organized to assure the follow up of HCPAs’ activities after the PMNCH workshop?

1. Yes
2. No
99. Don’t Know

9) If yes, how many periodic meetings were organized?

Number (approx.) ________________

10) When was the last periodic meeting held?

DD / MM / YY (Exact complete date is not mandatory)

11) Was an action plan of Ouaga finalized and validated with clearly identified roles in these meetings?

1. Yes
2. No
99. Don’t Know

12) Was the required technical and financial support of partners (WHO, UNICEF, USAID, CANADA, UNFPA, UNESCO, World Bank) available to facilitate the above mentioned activities?

1. Yes
2. No
99. Don’t Know

13) If yes, who were the partners supported?

(More than one response is possible)

1. WHO
2. UNICEF
3. USAID
4. CANADA
5. UNFPA
6. UNESCO
7. World Bank
99. Don’t Know
96. Others (specify) ________________________________

14) If none or some of the above mentioned initiatives were materialized for improving MNCH planning, what were the possible reasons?

(More than one response is possible)

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of security
7. Lack of interest from focal person assigned by workshop participants
96. Others (specify) ________________________________
15) Was the construction of an appropriate office space done after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

16) If no, what were the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ______________________________
AREA 3: SERVICE QUALITY IMPROVEMENT

*Please enter the appropriate code/s for each question in the box provided*

17) Was a program of training on management, quality of care, behavior change etc, developed after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

18) If yes, how many personnel were trained?
   Number (approx.) _______________

19) Was a situation analysis for the training of gynaecology and doctors for surgeries in SONU was done after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

20) If yes, how many personnel were trained at the level of district health departments?
   Number (approx.) _______________

21) Was any protocol developed to manage newborns?
   1. Yes
   2. No
   99. Don't Know

22) If yes, who were the partners involved in the elaboration of this protocol?
   1. Ministry
   2. Faculty
   96. Others (specify) ____________________________

23) Was the protocol validated?
   1. Yes
   2. No
   99. Don't Know

24) If no such initiatives have taken place to improve quality of MNCH care in your country, what are the possible reasons?
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ____________________________
25) Was a fact-finding mission activated for ascertaining the state of affairs and to exchange views with health personnel in the regions and 6 communes of district Bamako?

1. Yes
2. No
99. Don’t Know

26) If yes, how many visits were carried out for this mission?

Number (approx.) _______________

27) Was a request to increase the number of gynaecology and paediatrics personnel in CES and in public sector developed?

1. Yes
2. No
99. Don’t Know

28) If yes, what is the number of gynaecology and paediatrics personnel available in CES?

Number (approx.) _______________

29) If none of the above mentioned initiatives are in place in the area of human resource in your country, what are the possible reasons?

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
96. Others (specify) _______________________________
Country Specific Questionnaire

NIGER

NOTE: Based on the country specific action plan made during the PMNCH workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

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<th>AREA 1: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS</th>
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</tbody>
</table>

1) Were the meetings for indexing of HCPAs held after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

2) If yes, is there a list/inventory of HCPAs available after these meetings?
   1. Yes
   2. No
   99. Don’t Know

3) Was a common secretariat for HCPAs created in Niger after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

4) Was a network of all HCPAs created through computers after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

5) If none of the above mentioned organizational strengthening strategies were implemented in Niger, what were the possible reasons?
   *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ____________________________
AREA 2: INVOLVEMENT IN ADVOCACY

*Please enter the appropriate code/s for each question in the box provided*

13) Was the training for improving competencies for advocacy organized by HCPAs after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

14) If yes, how many personnel were trained by HCPAs?
   Number (approx.) _______________

15) Was the tool for putting up justifications among all institutions leaders in SMNE popularized after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

16) Were the sessions on advocacy, conferences, and open days of HCPAs for communities in favor of SMNE organized after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

17) Did different plans of Minister (political, plan of health sector development, roadmap) disseminated after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

18) If none of the above mentioned initiatives were implemented in advocacy, what were the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ____________________________

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AREA 3: SERVICE QUALITY IMPROVEMENT

*Please enter the appropriate code/s for each question in the box provided*

19) Were the competencies of health personnel and other auxiliary workers in HCPAs (SONNE, PTME, CPN/R, Nutrition, and PCIME) reinforced after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

20) If yes, how many personnel were trained by HCPAs?
   Number (approx.) _______________

21) Was the approach on quality assurance reinforced after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

22) If yes, how many personnel were trained by HCPAs?
   Number (approx.) _______________

23) Was the required technical and financial support provided by the partners (All HCPAs, PTF, and DSME)?
   1. Yes
   2. No
   99. Don’t Know

24) If none of the above mentioned initiatives were implemented to improve insufficient quality of services and the treatment, what were the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________
Country Specific Questionnaire

SENEGAL

NOTE: Based on the country specific action plan made during the PMNCH workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

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</table>

*Please enter the appropriate code/s for each question in the box provided

1) Were the restoration of workshops for MoH and media possible after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

2) If yes, when were these workshops held?
   ____/____/____
   DD / MM / YY  *(Exact complete date is not mandatory)*

3) If yes, are the minutes of these workshops available?
   1. Yes
   2. No
   99. Don’t Know

4) Was a plan drafted for advocacy in political direction and for local councils?
   1. Yes
   2. No
   99. Don’t Know

5) If yes, is the advocacy plan available to all HCPAs?
   1. Yes
   2. No
   99. Don’t Know

6) Were the advocacy sessions held after the PMNCH workshop to improve situation regarding insufficient advocacy of HCPAs for MNCH in political direction?
   1. Yes
   2. No
   99. Don’t Know

7) If yes, how many advocacy sessions were held?
   Number (approx.) _______________
   0
8) When were these advocacy sessions held?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9) How many persons were reached out for these sessions?
Number (approx.) _______________

10) What are the profiles of the persons reached out for advocacy?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11) What are the number of conventions signed with radio channels for advocacy with professionals and population about MNCH?
Number (approx.) _______________

12) Was the resolution on MNCH approached with gender perspective after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

13) How many strategies were defined to include gender as an approach?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
AREA 2: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS

*Please enter the appropriate code/s for each question in the box provided*

14) Was an inventory of domains of competencies for managerial capacity developed as proposed in the action plan?
   1. Yes
   2. No
   99. Don’t Know

15) Was a plan for this managerial capacity building training elaborated after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

16) If yes, how many training were planned?
   Number (approx.) _______________

17) Was there any training organized to improve managerial capacity of the associations after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

18) If yes, how many training were held?
   Number (approx.) _______________

19) When were these trainings held?
    ---------------------------------------------------------------------
    ---------------------------------------------------------------------
    ---------------------------------------------------------------------

20) Are the trainings plans and follow up reports of training available?
   1. Yes
   2. No
   99. Don’t Know
21) If the above initiative as proposed in the country specific action plan were not implemented, what are the possible barriers? *(More than one response is possible)*

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
7. Lack of security
8. Others (specify) ____________________________

22) Was a framework of consultation created between MoH and all HCPAs with regard to MDGs 4 and 5 by an order of the minister?

1. Yes
2. No
99. Don’t Know

23) If yes, was this framework implemented?

1. Yes
2. No
99. Don’t Know

24) If yes, was a common action plan elaborated to implement this framework of consultation?

1. Yes
2. No
99. Don’t Know

25) Were the conventions between MoH and HCPAs formalized as envisaged in the plans?

1. Yes
2. No
99. Don’t Know

26) If yes, how many conventions were signed between MoH and HCPAs after the PMNCH workshop?

Number (approx.) _______________

27) Was a realistic and executable plan of communication inside each HCPA, between HCPAs and with partners (MoH, NGOs, sleeping partners) developed after the PMNCH workshop?

1. Yes
2. No
99. Don’t Know
28) If yes, was this plan of communication available to all HCPAs?
   1. Yes
   2. No
   99. Don’t Know

29) If none or some of the initiatives were implemented, what are the possible barriers? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   7. Lack of security
   96. Others (specify) ________________________________
30) Was a plan of training, follow up and evaluation to build the capacity of members of HCPAs in the domain of quality of care developed after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

31) If yes, how many training sessions were held for members of HCPAs?
   Number (approx.) ________________

32) Were there any conventions signed with HCPAs for implementing activities for quality assurance?
   1. Yes
   2. No
   99. Don’t Know

33) How many HCPAs are integrated in the committee on war against maternal, newborn and infant mortality?
   Number (approx.) ________________

34) If the above mentioned initiatives for service quality improvement were not implemented, what are the possible barriers?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   7. Lack of security
   96. Others (specify) ____________________________
Country Specific Questionnaire

AFGHANISTAN

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

| AREA I: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS |

* Please insert the correct code/s for each question in the box provided.

1) Was there any networking system established amongst the HCPAs by sharing information through email after the PMNCH workshop?

   1. Yes
   2. No
   99. Don’t Know

2) If yes who were the members involved in this networking?

   (More than one response is possible)

   1. APA
   2. AMA
   3. ASOG
   4. AAP
   5. ANA
   6. Govt
   7. MoH
   8. UN agencies
   99. Don’t Know

3) Were there any coordination meetings conducted amongst the HCPAs?

   1. Yes
   2. No
   99. Don’t Know

4) If yes, how many monthly meetings have been conducted since the PMNCH workshop?

   Number ______________________

5) Please specify date of the last meeting

   ____/____/____

   DD / MM / YY  (Exact complete date is not mandatory)

6) Was a joint forum to facilitate an effective communication with national, regional and international HCPAs developed?

   1. Yes
   2. No
   99. Don’t Know
7) If yes, has any MoU been signed between the partner HCPAs as committed in the action plan?

   1. Yes
   2. No
   99. Don’t Know

8) Was required support to initiate or sustain networking initiative in your country available?

   1. Yes
   2. No
   99. Don’t Know

9) If yes, what kind of support was available? *(More than one response is possible)*

   1. Technical support from regional partners
   2. Approval required from government
   3. Logistics and financial support from UN agencies/donor communities/bilateral agencies
   96. Others (specify) ________________________________

10) If no such networking system was established, what were the possible reasons? *(More than one response is possible)*

   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of security
   7. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________

11) Was a shared goal related to MDGs 4 and 5 chosen by all HCPAs in your country after the PMNCH workshop?

   1. Yes
   2. No
   99. Don’t Know

12) If yes who were the partners involved in developing the shared goal? *(More than one response is possible)*

   1. APA
   2. AMA
   3. ASOG
   4. AAP
   5. ANA
   6. Govt
   7. MoH
   8. UN agencies
   99. Don’t Know
13) Did HCPAs in your country come to an agreement for developing one common MNCH plan?
1. Yes
2. No
99. Don’t Know

14) Has your HCPA identified specific capacity building needs for organizational strengthening after the PMNCH workshop?
1. Yes
2. No
99. Don’t Know

(If your answer is “No/ Don’t Know” then move to Area 2)

15) If yes, was a capacity building plan developed based on needs assessments?
1. Yes
2. No
99. Don’t Know

16) Was a proposal developed for funding for the proposed capacity building plan?
1. Yes
2. No
99. Don’t Know

17) What kind of support was available to the respective HCPAs for developing the proposed capacity building plan? (More than one response is possible)
1. Technical support from regional partners
2. Approval required from government
3. Logistics and financial support from UN agencies/donor communities/bilateral agencies
96. Others (specify) ______________________________

18) Was your HCPA charged with developing an evaluation plan to assess its strengths and determine how it will contribute to the accomplishment of the proposed plan?
1. Yes
2. No
99. Don’t Know
19) Was there any initiative to increase awareness about safe motherhood strategy related to identification of danger signs and need for skilled care during pregnancy started?

1. Yes
2. No
99. Don’t Know

(If your answer is “No/ Don’t Know” then move to Q24)

20) If yes, what kind of support was available for this initiative?

(More than one response is possible)

1. Technical support from regional partners
2. Approval required from government
3. Logistics and financial support from UN agencies/donor communities/bilateral agencies
96. Others (specify) __________________________________________

21) Was an advocacy plan developed for the above initiative?

1. Yes
2. No
99. Don’t Know

22) Was any IEC material for this initiative developed and distributed?

1. Yes
2. No
99. Don’t Know

23) Was the above mentioned plan implemented?

1. Yes
2. No
99. Don’t Know

24) Was any initiative developed to introduce Zinc and low osmolarity ORS in private heath sector after the PMNCH workshop?

1. Yes
2. No
99. Don’t Know

(If your answer is “No/ Don’t Know” then move to Q28)
25) If yes, who were the partners involved in introducing Zinc and low osmolarity ORS initiative? *(More than one response is possible)*

1. APA
2. AMA
3. ASOG
4. AAP
5. ANA
6. Govt
7. MoH
8. UN agencies
99. Don’t Know

26) What kind of support was available for the above initiative? *(More than one response is possible)*

1. Providing technical material by MoPH
2. Approval required from government
3. Logistics and financial support from UN agencies/donor communities/bilateral agencies
96. Others (specify) ________________________________

27) Was the above plan implemented in all or any of the three provinces (Kabul, Nanganhar and Hirat) as proposed in the country specific action plan?

1. Yes
2. No
99. Don’t Know

28) If the above plan is not implemented was there any orientation of the stakeholders started?

1. Yes
2. No
99. Don’t Know

29) Is there any initiative to promote health care providers for the use of partograph and active management of third stage of labor launched after the PMNCH workshop?

1. Yes
2. No
99. Don’t Know

30) If yes, who were the partners involved in this initiative? *(More than one response is possible)*

1. APA
2. AMA
3. ASOG
4. AAP
5. ANA
6. Govt
7. MoH
8. UN agencies
99. Don’t Know
31) What kind of support was available for the above mentioned initiative? *(More than one response is possible)*

1. Technical support from regional partners
2. Approval required from government
3. Logistics and financial support from UN agencies/donor communities/bilateral agencies
96. Others (specify)  __________________________________

32) What is the number (approx) of care providers trained in the use of partograph and active management of third stage of labor?

Number (approx.) _______________

33) Is any training plan developed for health care providers in all or any of the three provinces (Kabul, Nangarhar, Hirat)?

1. Yes
2. No
99. Don’t Know

34) If none of the above initiatives as per the country plan is in place, what are the possible barriers? *(More than one response is possible)*

1. Lack of funding
2. Lack of availability of stakeholders
3. Absence of political will
4. Logistic barriers
5. Lack of commitment
6. Lack of interest from focal person assigned by workshop participants
7. Lack of security
96. Others (specify)  ________________________________
Country Specific Questionnaire  
BANGLADESH  

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.  

HCPA = Health Care Professional Associations

**AREA I: INVOLVEMENT IN ADVOCACY**

* Please insert the correct code/s for each question in the box provided.

1) Was a core committee of key executive HCPAs, as proposed in the action plan, formed after the PMNCH workshop?
   
   1. Yes
   2. No
   99. Don’t Know
   
   *(If your answer is “No/ Don’t Know” then move to Q5)*

2) If yes, when was it formed?
   
   ___/___/___  
   DD / MM / YY  *(Exact complete date is not mandatory)*

3) Who were the members of the committee?
   *(More than one response is possible)*
   
   1. OGSB
   2. BPA
   3. BPS
   4. BNA
   99. Don’t Know
   96. Others (specify) ________________________________

4) Were you able to get any seed money from the PMNCH for the formation of a core committee?
   
   1. Yes
   2. No
   99. Don’t Know

5) Was a concept paper with proposed action plan for intra and inter association collaboration for MNCH developed?
   
   1. Yes
   2. No
   99. Don’t Know
6) If yes, who was involved in this concept paper development?
   *(More than one response is possible)*
   1. All HCPAs
   2. UNFPA
   3. UNICEF
   4. WHO
   5. MoHFW
   99. Don’t Know
   96. Others (specify) ________________________________

7) Were any meeting/meetings of executives of the national HCPAs held to discuss a way forward for HCPAs collaboration?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/ Don’t Know” then move to Q10)*

8) If yes, did the proposed concept get endorsed by all?
   1. Yes
   2. No
   99. Don’t Know

9) Was the proposed concept circulated to all?
   1. Yes
   2. No
   99. Don’t Know

10) If no initiatives on advocacy based on country specific action plan are in place what were the possible reasons? *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________
11) Was your HCPA able to lobby the MoH to approve the strategy entitled “enhancing contribution of Nurse Midwives for midwifery services”?
   1. Yes
   2. No
   99. Don't Know

12) If yes, who were the partners involved in this strategy?
   (More than one response is possible)
   1. All HCPAs
   2. UNFPA
   3. UNICEF
   4. WHO
   5. MoHFW
   99. Don’t Know
   96. Others (specify) ______________________

13) If no, what were the reasons for not lobbying?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ______________________

14) Was your HCPA able to lobby the MoH to upgrade post of nurses to improve MNCH services as proposed in the action plan?
   1. Yes
   2. No
   99. Don't Know

15) If yes, when this post was upgraded?
   __/__/____
   DD / MM / YY  (Exact complete date is not mandatory)

16) Were representatives of HCPAs able to join the health man power review committee of MoH chaired by Additional Secretary?
   1. Yes
   2. No
   99. Don't Know
17) If yes who were the representatives? *(More than one response is possible)*

1. All HCPAs
2. Some/few HCPAs
3. UNFPA
4. UNICEF
5. WHO
6. MoHFW
99. Don’t Know
96. Others (specify) __________________________

18) Was your HCPA able to advocate MoH to fill up old and create new posts for MNCH services?

1. Yes
2. No
99. Don’t Know

19) If yes, how many new posts were created /old posts filled?

Number (approx.) _______________
**Country Specific Questionnaire**

**INDIA**

*NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.*

*HCPA = Health Care Professional Associations*

<table>
<thead>
<tr>
<th>AREA I: SERVICE QUALITY IMPROVEMENT</th>
</tr>
</thead>
</table>

*Please enter the appropriate code/s for each question in the box provided.*

1) Has your HCPA developed a document to bridge the gaps in CQI standards as per country specific action plan after the PMNCH workshop?
   - 1. Yes
   - 2. No
   - 99. Don’t Know

2) If yes, who were the partner HCPAs involved in the development of above document? Please specify the name/names:

________________________________________________________________________

3) If no such document was developed, what were the possible reasons? *(More than one response is possible)*
   - 1. Lack of funding
   - 2. Lack of availability of stakeholders
   - 3. Absence of political will
   - 4. Logistic barriers
   - 5. Lack of commitment
   - 6. Lack of interest from focal person assigned by workshop participants
   - 96. Others (specify) ________________________________

4) Has any accreditation of PHCs and other public health facilities taken place to improve MNCH service provision?
   - 1. Yes
   - 2. No
   - 99. Don’t Know

5) If yes please specify number of PHCs accredited?

________________________________________________________________________
**AREA II: INVOLVEMENT IN ADVOCACY**

*Please enter the appropriate code/s for each question in the box provided.*

6) Did your HCPA fulfill the requirements for collaboration as outlined in the country action plan?
   1. Yes
   2. No
   99. Don't Know

   *(If your answer is “No/ Don’t Know” then move to Q12)*

7) If yes, was intimation by PMNCH sent to all the HQs and to WHO country office for collaboration with MoH?
   1. Yes
   2. No
   99. Don’t Know

8) Was there any MOU signed by the partner HCPAs for this collaboration?
   1. Yes
   2. No
   99. Don’t Know

9) Was there any country level meeting held to develop the strategy of collaboration between HCPAs and MoH as proposed in the country action plan?
   1. Yes
   2. No
   99. Don't Know

10) If yes, when was that meeting conducted?
    ____/____/____
    DD / MM / YY *(Exact complete date is not mandatory)*

11) Which HCPAs participated in the collaboration? Specify:
    
    

12) Was there any ratification from the government to include the relevant HCPAs in the technical groups at all levels?
    1. Yes
    2. No
    99. Don’t Know

13) If no, what were the potential barriers for non ratification? *(More than one response is possible)*
    1. Absence of political will
    2. Logistic barriers
    3. Lack of commitment
    96. Others (specify) __________________________
Country Specific Questionnaire

NEPAL

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

<table>
<thead>
<tr>
<th>AREA I: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Please enter the appropriate code/s for each question in the box provided.</td>
</tr>
</tbody>
</table>

1) Was any forum developed of existing HCPAs to promote working together for MDGs 4&5 after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q8)

2) If yes who were the partner HCPAs for the above activity?
   (More than one response is possible)
   1. NMA
   2. NESOG
   3. NEPAS
   4. NAN
   5. PESON
   6. PMA
   7. ASN
   8. PHA
   9. NPA
   99. Don’t Know
   96. Others (specify) __________________________________

3) Was any MOU signed by all HCPAs for the above activity?
   1. Yes
   2. No
   99. Don’t Know

4) Was there any quarterly meeting of all the collaborating HCPAs held after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

5) If yes how many meetings were conducted?
   Number ____________________________

6) When was the last meeting conducted?
   ___/___/___  DD / MM / YY (Exact complete date is not mandatory)
7) Were the minutes of meeting shared with all the participating HCPAs?
   1. Yes
   2. No
   99. Don’t Know

8) Was there any email list of all the participating HCPAs developed as a net working tool?
   1. Yes
   2. No
   99. Don’t Know

9) Was there any attempt by you (as a workshop participant) to discuss the importance of working together within your own organization after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

10) Was there any attempt made to increase the membership within each HCPA?
    1. Yes
    2. No
    99. Don’t Know

11) If yes how many new members were added?
    Number ______________________

12) Were there any proposals for training different cadres of MNCH health providers developed after the PMNCH workshop?
    1. Yes
    2. No
    99. Don’t Know

13) Was any required technical support provided by PMNCH for development of training needs of the HCPAs?
    1. Yes
    2. No
    99. Don’t Know

14) If none of the proposed organizational strengthening strategies were implemented what could be the possible reasons?
    (More than one response is possible)
    1. Lack of funding
    2. Lack of availability of stakeholders
    3. Absence of political will
    4. Logistic barriers
    5. Lack of commitment
    6. Lack of interest from focal person assigned by workshop participants
    96. Others (specify) ______________________________
AREA II: INVOLVEMENT IN ADVOCACY

* Please enter the appropriate code/s for each question in the box provided.

15) Was any advocacy plan developed to convince government for one national MNCH plan after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

   (If your answer is “No/ Don’t Know” then move to Q19)

16) If yes, who were the partner HCPAs involved in developing the national PMNCH plan? (More than one response is possible)
   1. NMA
   2. NESOG
   3. NEPAS
   4. NAN
   5. PESON
   6. PMA
   7. ASN
   8. PHA
   9. NPA
   96. Others (specify) __________________________________________

17) Was the financial support to convene an advocacy workshop generated?
   1. Yes
   2. No
   99. Don’t Know

18) Was an advocacy workshop organized?
   1. Yes
   2. No

19) If yes, when that workshop was organized?
   ____/____/____
   DD / MM / YY (Exact complete date is not mandatory)

20) Was an advocacy plan to increase the number of Skilled Birth Attendants in the underserved areas developed in your country after PMNCH workshop?
   1. Yes
   2. No

21) If yes, was technical support in developing advocacy tools provided from PMNCH?
   1. Yes
   2. No
22) Was the data on baseline numbers of SBAs and their location accessed from the national resources after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

23) Has there been any increase in the number of SBAs after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

24) Was there any increase in the numbers of SBAs placed in MNCH after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

25) Was there any increase in the number of training sites for SBAs after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

26) Was any advocacy plan to emphasize importance of pharmacists in overall medication management with government developed?
   1. Yes
   2. No
   99. Don’t Know
   (If your answer is “No/ Don’t Know” then move to Q28)

27) If yes, was there an approval and support to conduct baseline study of quality drug availability from logistic management division of MoH obtained?
   1. Yes
   2. No
   99. Don’t Know

28) Was any technical or financial support obtained from PMNCH for the above study?
   1. Yes
   2. No
   99. Don’t Know

29) Was availability of quality drugs related to MNCH ensured in all facilities?
   1. Yes
   2. No
   99. Don’t Know
30) Was any baseline study to assess existing availability of quality drugs related to MNCH was conducted after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

31) If none or any one of the above mentioned advocacy plans were implemented what were the possible reasons?
   *(More than one response is possible)*
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) _________________________________
Country Specific Questionnaire

PAKISTAN

NOTE: Based on the proposed country specific action plan during the workshop, please answer the following specific questions.

HCPA = Health Care Professional Associations

AREA I: ORGANIZATIONAL STRENGTHENING OF ASSOCIATIONS

* Please insert the correct code/s for each question in the box provided.

1) Was the initial meeting of HCPAs leadership conducted after the PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know
   
   *(If your answer is “No/ Don’t Know” then move to Q6)*

2) If yes, when was this meeting convened?
   
   DD / MM / YY
   *(Exact complete date is not mandatory)*

3) Where was this meeting hosted?
   1. PMA house
   96. Others (specify) __________________________________

4) Was any MoU signed by the participating HCPAs leadership?
   1. Yes
   2. No
   99. Don’t Know

5) Who were the participating HCPAs in the development of MoU?
   *(More than one response is possible)*
   1. SOGP
   2. PPA
   3. MAP
   4. PNF
   5. PMA
   6. SHPP
   7. PSA
   8. LHW program
   9. MNCH program
   99. Don’t Know
   96. Others (specify) __________________________________
6) Was an agreement on 5 priority areas of intervention (5 Star Package) across continuum of MNCH care achieved?
   1. Yes
   2. No
   99. Don’t Know
   *(If your answer is “No/ Don’t Know” then move to Q10)*

7) If yes, was a core working group in each HCPA for the above mentioned package created?
   1. Yes
   2. No
   99. Don’t Know

8) If no or don’t know was such a core group formed in your own HCPA?
   1. Yes
   2. No
   99. Don’t Know

9) Who were the main partners HCPAs in the 5 Star Package development?
   *(More than one response is possible)*
   1. SOGP
   2. PPA
   3. MAP
   4. PNF
   5. PMA
   6. SHPP
   7. PSA
   8. LHW program
   9. MNCH program
   99. Don’t Know
   96. Others (specify) ________________________________

10) Was there any agreement with the umbrella HCPAs (IPA, FIGO, ICM, ICN, and PMNCH etc) signed after PMNCH workshop?
   1. Yes
   2. No
   99. Don’t Know

11) Was there any agreement with Lancet series on MNCH and PHC developed to generate evidence?
   1. Yes
   2. No
   99. Don’t Know

12) Were the estimates for current coverage rates for relevant intervention indicators recorded based on your HCPA’s contribution?
   1. Yes
   2. No
   99. Don’t Know
13) Did working groups in each HCPA and across organizations agree on intervention packages created?
   1. Yes
   2. No
   99. Don’t Know

14) Were common agreed protocols of preventive and therapeutic interventions developed?
   1. Yes
   2. No
   99. Don’t Know

15) If none or any one of the above mentioned organizational strengthening plans were implemented, what could be the possible reasons?
   (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   96. Others (specify) ________________________________
16) Were agreed work protocols and interventions at various levels of care developed after the PMNCH workshop?
   1. Yes
   2. No
   99. Don't Know

   (If your answer is “No/ Don’t Know” then move to Q20)

17) If yes, were the developed agreed work protocols and interventions at various levels of care, disseminated to the relevant sectors?
   1. Yes
   2. No
   99. Don’t Know

18) Who were the main partner HCPAs in developing the above protocols? (More than one response is possible)
   1. SOGP
   2. PPA
   3. MAP
   4. PNF
   5. PMA
   6. SHPP
   7. PSA
   8. LHW program
   9. MNCH program
   99. Don’t Know
   96. Others (specify) ________________________________

19) Who provided the technical and financial support for developing the above mentioned protocols? (More than one response is possible)
   1. UN agencies
   2. National MNCH program
   3. International donors
   4. PMNCH
   99. Don’t Know
   96. Others (specify) ________________________________

20) Was there any agreement achieved on work plan for training and capacity building by HCPAs at various levels?
   1. Yes
   2. No
   99. Don’t Know

21) Were any working groups created in each participating HCPA to collate and summarize existing evidence base on interventions for MNCH?
   1. Yes
   2. No
   99. Don’t Know
22) Was such a group created in your own HCPA?
   1. Yes
   2. No
   99. Don’t Know

23) Was a list of the core monitoring indicators for the 5 Star Intervention Package developed?
   1. Yes
   2. No
   99. Don’t Know

24) Were the detailed operational protocols and training manuals for the five star intervention package developed?
   1. Yes
   2. No
   99. Don’t Know

25) Was an agreed joint statement and advocacy plan developed by HCPA members, MNCH program and civic society for the 5 Star Intervention Package?
   1. Yes
   2. No
   99. Don’t Know

26) If yes, who were the partners to sign the above joint statement and advocacy plan? (More than one response is possible)
   1. SOGP
   2. PPA
   3. MAP
   4. PNF
   5. PMA
   6. SHPP
   7. PSA
   8. LHW program
   9. MNCH program
   99. Don’t Know
   96. Others (specify) ____________________________________

27) If above mentioned advocacy plans were not implemented/partially implemented, what are the possible reasons? (More than one response is possible)
   1. Lack of funding
   2. Lack of availability of stakeholders
   3. Absence of political will
   4. Logistic barriers
   5. Lack of commitment
   6. Lack of interest from focal person assigned by workshop participants
   99. Don’t Know
   96. Others (specify) ____________________________________
Appendix 11: Interview Guide

GENERAL INFORMATION

Name of respondent

Date and time of interview

Written e consent received on email 1. Yes 2. No
Verbal e consent received 1. Yes 2. No
Name of the organization/institution/HCPA

Designation in the organization

Complete contact details of respondent

Has the respondent attended the workshop physically 1. Complete 2. Partially
Has respondent also participated in filling the survey questionnaire 1. Yes 2. No

Personal details

Qualification:

Work experience

Current job:
<table>
<thead>
<tr>
<th>PROBE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Assessment of implementation of workplans</strong> (refer to relevant specific areas of the survey questionnaire and enter your overall comments)</td>
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<tr>
<td><strong>2. Barriers in implementation</strong> (personal, institutional, political, financial, logistics, responsible parties/focal person not following through, time constraints, other commitments, etc)</td>
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<td><strong>3. Impact of post-workshop activities on the achievement of workshop objective</strong> (enter your overall comments)</td>
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<td><strong>4. Perceptions about the country specific plan</strong> (OK/overambitious/needs more work)</td>
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<td><strong>5. Reasons for low response to questionnaire</strong></td>
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<td><strong>6. Expectations: met/partially met/unmet</strong></td>
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<tr>
<td><strong>7. Possible positive side effects</strong> <em>(Milestones with examples of success stories if any)</em></td>
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<tr>
<td>• Network building</td>
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<td>• Increased collaboration between HCPAs within the same country on any range of projects</td>
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<td>• Twinning with regional and international HCPAs</td>
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<td>• Strengthened relationships with the Ministry of Health and with UN organizations and NGOs <em>(# of meetings held if not why not)</em></td>
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<tr>
<td>• Building of working relationships</td>
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<td>• Increased communication</td>
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<td>• Any change in HCPA capacity since the workshops</td>
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<td>• Was HCPA house put in order</td>
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<tr>
<td>• Impact of HCPA at national, district and community level</td>
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<tr>
<td>• Impact on contribution to PMNCH planning</td>
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<tr>
<td><strong>8. Comparison of pre and post workshop state of affairs</strong></td>
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</tr>
<tr>
<td><strong>9. Recommendations for improvement and next steps</strong> <em>(What could have been done differently by PMNCH, IPA, ICM, FIGO, Suggestions for next workshops)</em></td>
<td></td>
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<tr>
<td>• Workshop structure content and purpose</td>
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<td>• Post workshop follow up</td>
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**Appendix 12: Summary of interviews with members of the PMNCH advisory board**

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<thead>
<tr>
<th>S. No.</th>
<th>Pre workshop</th>
<th>During workshop</th>
<th>Post workshop</th>
<th>Barriers</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>1</td>
<td>Burkina Faso Country HCPAs came together for the first time</td>
<td>Another PMNCH regional workshop in Bolivia was held in August 2010</td>
<td>Funding</td>
<td>Poor country level coordination</td>
<td>The HCPAs + NGOs + UN + MOH of each country has to work together</td>
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<td></td>
<td>HCPAs realized their role in national MNCH initiatives</td>
<td>SOGC will present to PMNCH in fall of 2010- outline of a plan for administrative support from UN agencies</td>
<td>Lack of role clarification at all levels</td>
<td>Need of a full-time person to coordinate all activities</td>
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<td></td>
<td>Workshop served as a platform/ 'Catalyst/ Canvas' for HCPAs to work together identifying common problems and solutions</td>
<td>SOGC dispersed USD 3000 to carry out a project in Congo</td>
<td>FIGO handed over responsibilities to line staff at regional level which did not work</td>
<td>Regional UN agency can provide a central office.</td>
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<td></td>
<td>Workshop served as 'wake up call' for MDGs</td>
<td>'UN agency active in Congo... played the role of Godfather'</td>
<td>Lack of administrative support for focal persons</td>
<td>HCPAs can serve as a great force within countries to reach the national objectives related to MNCH</td>
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<td></td>
<td>‘A stimulus’ and an ‘eye opener’ ‘energized people’</td>
<td>In Congo people became leaders themselves</td>
<td>SOGC had to use its own resources to coordinate activities – a difficulty</td>
<td>USD 3,000 is too small. At least USD 25,000 required so that a local in country coordinator can be hired</td>
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<td></td>
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<td>SOGC upgraded skills of medical students in Haiti and developed contacts with the government</td>
<td>Issue with transfer of money through bank transactions</td>
<td>Need to bring out the power within individuals for change...change of mindset is required</td>
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<td></td>
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<td>There was already a platform for multi professional HCPAs in Haiti to work together (previous earth quake in Jan 2010)….. this provided a stimulus after the PMNCH workshop</td>
<td>National governments are weak, not engaged with HCPAs</td>
<td>Workshop &quot;served as an incubator which needs life support&quot;</td>
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<td>Frequent change of office bearers leads to disruption in communication</td>
<td>Need of improvement in PMNCH planning processes</td>
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<td>Over time enthusiasm gets lost</td>
<td>Inter-HCPAs coordination need to be improved at country level</td>
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<td>Frequent change in HCPAs secretariats</td>
<td>Quarterly meetings at country level and regular monitoring by PMNCH is required</td>
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<td>HCPAs not recognized as organizational entities</td>
<td>PMNCH should clearly designate roles and responsibilities to coordinating organizations like FIGO/ICM/IPA</td>
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<td>MOH invites large NGOs and individuals only</td>
<td>Francophone African countries are slow to respond</td>
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<td>S. No.</td>
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<td>Recommendations</td>
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<td>2</td>
<td>• Lack of effective communication between PMNCH and ICM in the planning phase</td>
<td>• In Malawi workshop HCPAs learnt 'who is who' • Country HCPAs came together for the first time • Helped to get 'HCPA house in order' • Professional bonding developed amongst the HCPAs • Realization that all HCPAs are working for the same cause with common problems • Eye opener as to how different stakeholders can work together and network</td>
<td>• Although no policy change but 'inter-professional barriers' (between, midwives, paediatricians, pharmacist, nurses and physicians) softened • Mutual respect increased for each other • Spirit of team work developed between different cadres of health professionals</td>
<td>• Financial constraints • Need of technical assistance • Lack of capacity in HCPAs • Non-existent post PMNCH workshop interactions with country HCPAs • Lack of clear roles and responsibilities between PMNCH, ICM, HCPAs • Right people not involved to carry forward work eg: Nigeria, Uganda • MOH participants not involved in policy change because not part of MOH culture • CSAPs were not close to reality --- Wish list • Lack of communication because of inaccessibility to computers • Midwives change job frequently</td>
<td>• Need of human resources • Need specific contact person for coordination • More time is required for planning before the workshop • Careful selection of participants • Budget each activity in the CSAP indicating possible resources • The HCPAs + NGOs + UN + MOH of each country has to work together</td>
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<tr>
<td>S. No.</td>
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| 3     | As part of McArthur project Sonia Mc Arthur designed the UN workshop where a common statement was passed to strengthen all in-country HCPAs | • *Relationship building* among professional groups  
• *Turf wars eliminated* and movement towards respectful collaboration with a common vision for MNCH  
• Very *enthusiastic participation*  
• Strong voice of nurses and midwives  
• Strong HCPAs agreed to help out weaker HCPAs of nurses & midwives | | Workshop reports not focusing on HCPA joint statement vision  
Low status and wages of nurses, midwives and pharmacist  
Weak HCPAs —especially of nurses & midwives  
Physicians dominate communications with MOH, politicians and donors ‘as if they are Gods’  
Govt not interested in investing midwives  
Midwives with minimum competencies are licensed – doing more harm than good  
Funding barriers– especially for nurses & midwives  
Lack of role clarification as to who is going to carry it forward  
Follow up missing  
CSAPs not connected to reality  
Activities in the CSAPs are physician dominated  
Limited access to computers especially nurses & midwives  
CSAPs focused more on individual HCPAs rather than collaborative efforts among HCPAs | Country level HCPAs should not work as individual associations  
There should not be a disconnect between the HCPA joint visionary statement (2005-07), regional workshops, CSAPs and in-county activities of the HCPAs  
Doctors, nurses & midwives should be able to communicate with each other without status issues.  
Joint collaborative efforts with MOH are required  
Six monthly follow up  
PMNCH needs to speed up its processes  
Need strong people to follow up actions within country  
Need funds for exchange visits among HCPAs  
One-off type of workshops should be avoided |
| 4     | Workshop provided a chance for HCPAs to work together *identifying common problems and solutions*  
Chance to learn from each other… *sharing stories* ‘Opportunity for network building’ with UN organizations and other partners  
Helped in *priority setting* while working towards a common goal | • Post workshop evaluation conducted in Niger and Burkina Faso (2009) | | Lack of capability in country HCPAs to implement CSAPs  
Lack of strong leadership  
Political barriers (change of government)  
Presence/absence of contextual factors like LHW programme and coverage by SBAs within each country are important for implementation  
Already over committed focal persons  
Internal problems across HCPAs  
Ambitious CSAPs | • Simple and stepwise CSAPs  
• More time for informal small group discussions between the HCPAs in future workshops  
• Technical and financial support required  
• Follow up meetings, progress reports  
• Stronger role of PMNCH and other HCPAs envisaged  
• Develop networking/ communities of practice  
• Follow up by PMNCH should be considered to promote implementation rather than just evaluation |
<table>
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<tr>
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<tr>
<td>5</td>
<td></td>
<td>'Enthusiastic participation'</td>
<td>No participants of any of the workshops have been effectively followed up</td>
<td>Malawi workshop consultant was not very effective • Not enough money • No follow up • Not enough help available • The responsible parties not following through • Time Constraints • Already over committed focal persons</td>
<td>Having a meeting is a good start—but what counts is regular follow up action</td>
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<td>6</td>
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<td>'Network building', increased collaboration b/w HCPAs within the country • 'Twinning' with regional and international HCPAs • 'Strengthened relationships' with the MOH + UN + NGOs • HCPAs making a leeway in building a working relationship….partial completion of advocacy</td>
<td>Regular access to emails is an issue in effective communication • Financial constraints • Structural capacities of HCPAs</td>
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<td>7</td>
<td></td>
<td>IPA was instrumental in organizing the Dacca workshop, ICM for Malawi and FIGO for Burkina Faso PMNCH workshop</td>
<td>IPA was supposed to handle disbursement of funds to HCPAs • No progress reports were received by IPA • There were no resources to follow on HCPAs. PAIMAN for example works in its own districts • Individual efforts for fundraising by HCPAs may have been made • Evaluation team should contact the focal person in Hyderabad for post workshop details</td>
<td>Communicating on emails is not a spread culture in francophone African countries • No earmarked resources were made available for post- workshop startup activities by the PMNCH therefore implementation has been an issue • Integration across HCPAs and MOH was too</td>
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<tr>
<td>8</td>
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<td>IPA was supposed to handle disbursement of funds to HCPAs</td>
<td>No earmarked resources were made available for post- workshop startup activities by the PMNCH therefore implementation has been an issue • Integration across HCPAs and MOH was too</td>
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**Notes:**
- IPA = International People’s Aid
- PMNCH = Partnership for Maternal Newborn & Child Health
- MOH = Ministry of Health
- UN = United Nations
- NGOs = Non-Governmental Organizations
### Appendix 13: Summary of interviews with participants of the Ouagadougou workshop

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Pre workshop</th>
<th>During workshop</th>
<th>Post workshop</th>
<th>Barriers</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>1</td>
<td>CSAP is not over ambitious It is feasible Positive impression Exchange b/w the HCPAs about their role was interesting Liked the power point on family planning Presentation from Haiti was very interesting</td>
<td>Restitution workshops held in the dept of gynaecology and obstetrics in Kinshasa, Congo 3 main HCPAs of the country were there in the workshop (paeds, gynae &amp; pharmacy) Media was present in that meeting, summary on the internet A national symposium on repositioning family planning services was held Last conference was on cervical cancer A meeting of 3 main HCPAs was held in July 2009 in Kinshasa, DRC At national level SCOGO collaborates with MOH &amp; RH national programme At regional level SCOGO is working with University of Makerere, Uganda With financial support from University of Makerere SCOGO organized a workshop in Kinshasa, on the quality of family planning services in 2009. This brought together representatives from all provinces of DRC In Feb 2010, University of Makerere provided funding for follow up &amp; assessment Paediatricians in DRC reorganized their HCPAs &amp; elected a new committee and are working well OBGYN association has regular national meetings and has a presence at the international meetings Many gynaecologists attended FIGO conference in South Africa in 2009 All HCPAs are planning to attend SAGO conference in Nov 2010 in Libreville Overall MMR has declined</td>
<td>People have to cover long distances to visit clinics Issue of supplies in clinics International partners support some clinics only CSAPs do not lay out the assessment criteria clearly No funding available for advocacy &amp; strengthening of HCPAs Implementation in our different country is the major barrier</td>
<td>Find a way for greater coverage of family planning services throughout the country Need office space to be more visible in our actions Need financial support from WHO &amp; World Bank HCPAs need to be more efficient</td>
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<td>S. No.</td>
<td>Pre workshop</td>
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<td></td>
<td></td>
<td>• Positive effects at national &amp; international level</td>
<td>• Tried to implement the CSAP but did not have the opportunity to do so because the minister of health &amp; the councilor changed</td>
<td>• Very large country</td>
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<td></td>
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<td>• At international level we were able to 'get closer to people' &amp; to HCPAs</td>
<td>• Association of Congo Nurses &amp; the director of SAGO at MOH initiated organization of meetings and prepared a plan to revive projects</td>
<td>• Wanted to organize a restitution meeting but financing was a problem</td>
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<td></td>
<td></td>
<td>• Strengthened our relations' with the midwives of Africa during the workshop</td>
<td>• 3 meetings were held</td>
<td>• Health represents a small part of state’s budget</td>
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<td>• At national level, we got closer to the President of Association of Congo Nurses</td>
<td>• Parallel activities: A national conference on repositioning of family planning services was held in Dec 2009</td>
<td>• Knowledge problem among professionals regarding emergency situations</td>
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<td></td>
<td></td>
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<td>• Report of this conference issued</td>
<td>• Lack of appropriate equipment in health centers</td>
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<td></td>
<td>• Working on implementation of a working plan regarding this conference to reposition family planning services</td>
<td>• If we do not have a system which can take care of obstetrical emergencies, we will always have a problem of maternal mortality</td>
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<td>• A second workshop was conducted with journalists to raise awareness among population</td>
<td>• Time constraints</td>
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<td>• Another workshop was organized with the participants of the conference</td>
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<td>• Improvement in quality, morbidity &amp; mortality</td>
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<td></td>
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<td></td>
<td>• Worked together with midwives in SAGO conference</td>
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<td>• Went to Mali together in 2008 with midwives</td>
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<td></td>
<td>• An OBGYN symposium is planned in Libreville from 22 to 26 Nov 2010 with SAGO, FASFACO &amp; the French Society of contraception</td>
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<tr>
<td>S. No.</td>
<td>Pre workshop</td>
<td>During workshop</td>
<td>Post workshop</td>
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<td>3</td>
<td>• Everyone was working on their own</td>
<td>• Very minimal &amp; feasible CSAP • Workshop event went beyond expectations • Very satisfied • <em>Was not conscious of the gravity of the problem before the PMNCH workshop</em> • Very pragmatic &amp; pertinent</td>
<td>• Some person was appointed as in charge of activities after PMNCH workshop • Ouagadougou Declaration was presented to minister of health after which things started moving • We got closer to the ministry • National Association of Congo Nurses called a meeting for all HCPAs to reconstitute the work done in the PMNCH workshop • A 5 year work plan for HCPAs within the framework of MDGs was elaborated for 2011-2015 • This 5 yr plan was presented to Minister of Health. Plan had several components including HCPA network development, training and competency assessment of health personnel, infrastructure development, allocation of IT equipment/ website development, improving transport and supervision &amp; advocacy for MNCH products etc • A national consensus for this plan was called by the minister before 15 Nov 2010 • The TOR etc were given to him to call partners for funding • Creation of this plan led to huge commitment of medical doctors, nurses &amp; paediatricians. <em>There is a real national commitment and after the national consensus the engine will start up</em> • The Minister in Congo is supportive of post PMNCH workshop activities • There has been a large diffusion through press, radio &amp; TV • People &amp; hospital staff have become aware of the gravity of problem • Doctors &amp; nurses are working together. • The links b/w HCPAs are getting stronger after the PMNCH workshop… <em>Every now &amp; then the HCPAs actors ask us what is next…..</em></td>
<td>• Unavailability of focal person for professional reasons….as a consequence immediate restitution was not achieved • The main problem is the financing • Not a real follow up conducted by the organizers</td>
<td>• Other international meetings should be organized to take stock of the situation, to stimulate countries which have fallen behind with their work plans • Organizers could help us with financing… which will give renewed impetus to the rest of the activities • Need to work with experts who could guide us towards practical things which could be easily carried out</td>
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<td>S. No.</td>
<td>Pre workshop</td>
<td>During workshop</td>
<td>Post workshop</td>
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<td>4</td>
<td>The midwives order exists</td>
<td>Workshop was truly satisfying</td>
<td>HCPAs like REMAM &amp; ANIM formed a network to work together</td>
<td>Did not face many barriers</td>
<td>An order should be created to be in charge of the post university training, with the HCPAs</td>
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<td></td>
<td>There was interaction among HCPAs which led to meetings during which strategies were developed</td>
<td>24 towns in total (3 from each of the 8 regions in Bamako) were selected to visit &amp; meet local professionals and the restitution of PMNCH workshop was made</td>
<td>3 modules were prepared to be delivered during the visits in each town</td>
<td>Few problems regarding communication</td>
<td>A second meeting to make an assessment about the objectives we have already reached &amp; to discuss &amp; try to find solutions about the issues we have been facing</td>
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<td>‘Here, for a lot of people, motivation has to do with money. We developed the last module to make them understand that there are different sources of motivation such as training &amp; recognition’</td>
<td>Access to internet is difficult in Mali. ‘Almost all the participants from Mali have an email address but they do not have a PC. And if they have one, they do not have an internet connection. And if they have one, most of the time it does not work’</td>
<td>The follow up strategy has to be rebuild</td>
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<td>Brochures were also prepared to be given with each module. A report about Ouagadougou workshop was also attached to these brochures</td>
<td>Professionals are really ‘craving’ for information &amp; training sessions</td>
<td>Need to find a mechanism which can help us to make the advocacy of HCPAs before administrative, financial &amp; govt institutions in order to support HCPAs</td>
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<td>Local health professionals were given brochures for dissemination</td>
<td>Nurses are not powerful</td>
<td>Future workshops should first assess the status of what has been done</td>
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<td>The Minister gave financial support for the above activities</td>
<td>Financial constraints</td>
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<td>REMAM &amp; ANIM decided to make a study trip to Burkina Faso</td>
<td>Insufficient follow up</td>
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<td>A delegation of 8 persons was sent for the Nurses International Day on 8th May 2009</td>
<td>Lack of support from PMNCH ‘We asked PMNCH to write to the authorities so that they would pay attention to us… But we were on our own &amp; most of the time it was an issue’</td>
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<td>Burkina Faso Nurses Association came to Bamako and a common declaration was signed to create the African Network of Nurse HCPAs</td>
<td>Strategies need financial, political &amp; administrative support</td>
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<td>An international symposium was organized gathering all the French speaking countries</td>
<td>External international support is not there</td>
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<td>Ministry sponsored the symposium party</td>
<td>Some HCPAs are neglected</td>
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| 5      | • Already had work plans before the PMNCH workshop  
        • Already started working on these objectives  
        • The department of Family Health, an entity of the MOPH is very active on MNCH in Haiti  
        • Have the support of several international partners like PAHO/WHO  
        • Theoretically all the HCPAs are gathered within the Haitian Medical Association  
        • SHOG works a lot with Haitian Paediatric Association to develop common projects  
        • Also linked to Haitian Public Health Association  
        • Changes in the syllabus have been planned  
        • SHOG already strengthened with the support of SOGC, Canada  
        • Excellent relations with MOPH  
        • Project for establishment & participation as a contributor to present the example & experience of SHOG regarding the achievement of MDGs 4 & 5...to show the role that HCPAs can play  
        • Did not create a CSAP  
        • Expectations met  
        • Able to follow discussions on the forum created to facilitate exchanges w/b/w different HCPAs  
        • Workshop gave us an 'International South-South Portal'  
        • Perfect organization of the workshop  
        • Eye-opening experience  
        • *The workshop was the element which opened eyes on the “power” that we, health care professionals can have when a decision is to be taken and on how we can use this power to influence health policy in our countries; which is not an easy task*  
        • Haitian Public Health Association organized a symposium on Maternal Health in 2009...SHOG was an active partner  
        • Faculty of Medicine of Haiti State University has made significant efforts for changes in syllabus  
        • In Haiti, HCPAs are more open for each other & South-South cooperation  
        • A member of BF OBGYN Association came to Haiti to participate in continuing training activities  
        • Members of HCPAs are aware of their role  
        • After the 2010 earthquake priorities are somewhere else  
|           | • Lack of organization, lack of structures, financial problems coupled with lack of human resources within the associations. *All this explains the handicaps of HCPAs*  
        • Time constraints  
        • The training needs to be improved & adapted to the needs of country  
        • Necessary to plan how to find means needed by HCPAs to play their role ‘A lot of people who were in Ouagadougou probably went back to their countries without having the possibility to strengthen their associations. They are aware of the power they can have but to use this power, they need means’ |
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| 6     | • Before, the HCPAs used to work individually  

• Very satisfied with the workshop  

• Starting point for the network, & fostering commitment  

• ‘Gave birth to the will to work’  

• Don’t know much about implementation of CSAPs  

• There were awareness campaigns  

• Meetings to elaborate conventions between the organizations & state  

• HCPAs organized a training session regarding precancerous cell screening which gathered 21 persons  

• Mobilization of all HCPAs which intervene in MNCH field  

• An order was set up which will assess what is to be done  

• MOH & Family Health Dept support activities  

• FIGO, WHO motivated the creation of the network & its organization after the PMNCH workshop. *The workshop was an event which led to the creation of the network but I cannot see any direct effects on MNCH activities except for the motivation of the organizations to work in this field.’  

• There were no meetings with PMNCH since the workshop  

• Midwives meeting is going to take place in Gabon from 19 to 21 Nov 2010 – TOR and programme will be sent on email  

• Insufficient human & financial resources  

• Time constraints  

• ‘The professionals who are members of HCPAs are volunteers. They are civil servants & they have to take their free time to conduct activities with the associations; this is a handicap’  

• Functional constraints  

• For the work to be even more efficient all the HCPAs should be involved, informed & ready to participate in the collective actions.  

• Information should be conveyed at all levels as a lot of people don’t have access to computers or email.  

• Need of regular follow up (every year or twice a year) & meetings  

• Future workshop clarifying financial ways to carry out activities |
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| 1     | • Standards of neonatal care defined and guidelines revised recently... not related to PMNCH workshop  
  • Already public health foundation and the quality cell are involved with MOH for MNCH initiatives | • Communications on email  
  • MOU signed  
  • No meeting could be held  
  • Already working on a project to develop certain behavior change communication material for health care professionals  
  • This helped to develop a national consortium on issues related to MNCH….not related to PMNCH in India  
  • Consortium helped to liaise on between Indian Academy of Paediatrics, National Neonatology Forum & Federation of Obstetricians and Gynaecologists + MOH  
  • Bangladesh Workshop brought together professional associations  
  • Funding obtained from UNICEF to develop standards of quality for newborn care & defined structure of special care of newborn unit at the district hospital  
  • Proposed toolkit for infrastructure of newborn facilities accepted by the government  
  • PMNCH workshops concept was good, allowed people to work together and jointly voice their issues  
  • A presentation was made to the secretary health in India after the PMNCH workshop | • Meeting could not be held because people are busy...Time Constraints  
  • Issue of human resource: focal person not available  
  • Lack of funds  
  • Ill-defined roles  
  • Whatever work was done was under different banners….not directly related to PMNCH  
  • Little if any support and feedback from PMNCH in organizing subsequent meetings/workshops | • Philosophy of PMNCH workshops appreciated  
  • Only workshops are not sufficient, hand holding by PMNCH required and coalitions need to be built  
  • Proper follow up needed otherwise ‘workshops are only show-case activities’  
  • Feedback from workshop participants is required later what work/did not work and why…also need to know what the barriers were |
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<td>2</td>
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<td>HCPAs were explained about the CSAP</td>
<td>&quot;the new concept of HCPAs working together in itself is a barrier&quot;</td>
<td>Advocacy</td>
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<td></td>
<td>Entire PMNCH concept went extremely well</td>
<td>Nothing much seems to have happened</td>
<td>Partnership required marketing &amp; funding</td>
<td>We need to tie up with MOH &amp; WHO country office.</td>
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<td></td>
<td>motivated the participants to work together</td>
<td>MOU was signed</td>
<td>Nursing association was not there in the workshop so the gap remains</td>
<td>PMNCH should inform MOH &amp; WHO country office for technical support</td>
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<td></td>
<td>CSAP was modest</td>
<td>Pharmaceutical companies are doing training</td>
<td>Funding constraints</td>
<td>Some funding should come from MOH &amp; WHO country office.</td>
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<td></td>
<td>Expectations totally met</td>
<td>No feedback</td>
<td>New plans keep coming with every new government in our part of world</td>
<td>Support from other funding organizations is needed</td>
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<td>International Federation of Pharmacists is working on a statement on the role of pharmacists in MNCH</td>
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<td>Shared with 130 countries</td>
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<td>Policy paper was made</td>
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<td>Hope that this statement will be approved in the 5th congress in 2012</td>
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<td>At country level the strategic plan of FIP is redrawn and now includes MNCH initiative.</td>
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<td>State wise programme will be done during the pharmacy week in Nov 2010</td>
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<td>FIP has tied up with SOMI so far</td>
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<td>For most of the questions people don’t know what to say</td>
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<td>Expectations partially met as collective action is not happening</td>
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<td>There is communication with few partners on emails</td>
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<td>Frequent change of jobs by the workshops participants</td>
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<td>Lack of technical &amp; financial support from PMNCH</td>
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<td></td>
<td>The workshop provided opportunity for Afghan HCPAs to interact with other similar countries and learn from their experience</td>
<td>Network formed with membership from APA, AMA, AFSOG, ANPA, ANA and MOH</td>
<td>Busy schedule</td>
<td>In order to improve the condition of HCPAs there is a need to develop their capacity</td>
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<td>Exchange visits helped the Afghan HCPAs to get orientation &amp; exposure to outside world</td>
<td>8 meetings held since the PMNCH workshop. Almost all HCPAs contributed</td>
<td>Ineffective coordination</td>
<td>Stronger associations of paediatrics, OB/GYN and midwifery should support weaker associations such as those of nursing</td>
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<td>First meeting took place in Dec 2008 Kabul</td>
<td>First meeting took place in Dec 2008 Kabul</td>
<td>No support from MOH and PMNCH</td>
<td>Need more training of HCPAs for capacity building, proposal writing and management skills</td>
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<td>In the 5th meeting a shared national goal was developed to reduce women &amp; child related morbidities and mortalities</td>
<td>In the 5th meeting a shared national goal was developed to reduce women &amp; child related morbidities and mortalities</td>
<td>Poor feedback from PMNCH on reports send</td>
<td>Regular follow up, supervision and monitoring by international HCPAs ‘If you would have talked in 2008, 2009 it would have been more helpful’</td>
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<td>Able to train private practitioners &amp; pharmacists in Kabul with financial support from WHO and technical support from APA &amp; ANPA on introducing zinc &amp; low osmolarity ORS solution</td>
<td>Able to train private practitioners &amp; pharmacists in Kabul with financial support from WHO and technical support from APA &amp; ANPA on introducing zinc &amp; low osmolarity ORS solution</td>
<td>Fear of reprisal: HCPAs cannot freely voice their concern about the implementation barriers faced post PMNCH workshop because they are concerned that it would not be taken positively by the workshop organizers</td>
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<td>Training conducted on partograph &amp; AMSTL by AMA especially for community midwives</td>
<td>Training conducted on partograph &amp; AMSTL by AMA especially for community midwives</td>
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<td>AFGA increased awareness about safe motherhood as per the CSAP</td>
<td>AFGA increased awareness about safe motherhood as per the CSAP</td>
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<td>PMNCH workshop enhanced interest &amp; motivation amongst the Afghan HCPAs</td>
<td>PMNCH workshop enhanced interest &amp; motivation amongst the Afghan HCPAs</td>
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<td>APA continued to train and provide orientation about low osmolarity ORS to medical graduates….unrelated to PMNCH workshop</td>
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<td></td>
<td>Quite satisfied with post PMNCH workshop activities related to CSAP</td>
<td>Quite satisfied with post PMNCH workshop activities related to CSAP</td>
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<td>After the 5th meeting, a presentation on Afghanistan’s CSAP was made to MOH + Nutrition Dept + Child Health Dept. Deputy minister was also there</td>
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<td>• The workshop was initially planned in Pakistan then shifted to Bangladesh at the eleventh hour</td>
<td>• Lot of argument raised about the utility of training of CSBAs because there is no follow up mechanism by MOH, problems in supervision, continued training</td>
<td>• After the change of government everything was changed</td>
<td>• Main people who attended workshop like Bhuyan, Sahiba Akhtar &amp; Prof. Hannan were ousted when the government changed</td>
<td>• HCPAs should update themselves with advancements (MDGs 4 &amp; 5 etc.)</td>
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<td>• Govt &amp; civil society are already working for improving MNCH</td>
<td>• 6 month training is insufficient</td>
<td>• CSBAs are being trained by the govt with support from WHO………this activity is unrelated to PMNCH workshop</td>
<td>• Lack of capacity in HCPAs</td>
<td>• HCPAs should link their individual roles to wider goals of MNCH”</td>
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<td></td>
<td>• BNA and other HCPAs in Bangladesh are already involved in IMCI &amp; policy influencing it</td>
<td>• Preparation time for the workshop was less</td>
<td>• Lots of adhocism</td>
<td>• Bias of doctors &amp; nurses to work in urban areas --- Specific mind set</td>
<td>• Linkage between HCPAs + MOH + civil society should be strengthened.</td>
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<td>• Bangladesh is on track for MDG 4</td>
<td>• Participants were invited based on personal contacts</td>
<td>• Politically driven work</td>
<td>• High absenteeism of doctors posted in district hospitals</td>
<td>• HCPAs should aim for collective actions…PMNCH should play a role in changing this mindset</td>
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<td>• Bangladesh lacks behind in MDG 5 just like other developing countries</td>
<td>• Lot of argument raised about the utility of training of CSBAs because there is no follow up mechanism by MOH, problems in supervision, continued training</td>
<td>• Lack of continuity of government (&lt; 5 years)</td>
<td>• Ongoing legal dispute in recruitment of nurses</td>
<td>• Stronger follow up required by PMNCH</td>
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<td></td>
<td>• Preparation time for the workshop was less</td>
<td></td>
<td>• Lack of long term commitment</td>
<td>• Imbalance of Nurses to Doctors ratios</td>
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<td>• Participants were invited based on personal contacts</td>
<td></td>
<td>• Individualistic approach</td>
<td>• Brain drain of nurses</td>
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<td>6</td>
<td>• Nomination at the eleventh hour</td>
<td>• Very nice experience</td>
<td>• No proper follow up</td>
<td>• Change of government leads to changing priorities for example: change from CSBAs to setting community health clinics</td>
<td>• Regular (6 monthly) ‘CRISP’ evaluations should be planned” to avoid recall bias and get more enthusiastic response from the participants</td>
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<td>• BRAC in Bangladesh has a very strong component of MNCH programme…unrelated to PMNCH workshop</td>
<td>• Leant about MNCH status of participating countries</td>
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<td>• Too many workshops make follow up difficult</td>
<td>• Continuity of participants is important during follow up workshops</td>
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<td></td>
<td></td>
<td>• ‘Felt great to be there’</td>
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<td>• Lack of commitment</td>
<td>• Post-workshop connectivity among HCPA participants</td>
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<td></td>
<td></td>
<td>Very satisfied with the process of developing CSAP</td>
<td></td>
<td>• Time constraints</td>
<td>• Workshops should focus more on gaps identified and solutions rather than starting from scratch</td>
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<td>• Through personal efforts 3 initiatives were already in place: Community midwife skill birth attendant programme, EmoNC and Postnatal care project 'My part is to develop a project &amp; give it to government &amp; then I am out of it'</td>
<td>• Very vocal participants • Laid down a well thought CSAP • Excellent Workshop! • Intent was good • Expectations met</td>
<td>• One meeting after the PMNCH workshop in 2008 in Bangladesh • Idea of certified midwife with 6 month intensive training approved by WHO and implementation is ongoing... personal efforts unrelated to PMNCH workshop 'I am not in this project but I don’t mind, if my baby survives!' • Developed a strategic document on MDG 5 but not implemented due to change of government</td>
<td>• Post-workshop change of government • 'Key people ousted' • No core functional group left to lead the CSAP • No communication, coordination &amp; financial support from PMNCH • Government not in favor of implementing PMNCH workshop CSAP • Personal liking &amp; disliking • Bureaucratic delay • Role of developmental partners: becoming more and more involved in implementation • 'Task shifting' and donor dependency prevents continuity of plans and lead to fragmentation of goals' • Of the total funding share approx. 60% goes back to development partners. Only 40% trickles to field • Lack of continuity in HCPA office bearers results in loss of motivation and interest</td>
<td>• Development partners to provide technical support &amp; funding • Implementation should be the responsibility of local government &amp; HCPAs • Common regional strategies required with long term implementation plans with full commitment • Human resource management: continuous hiring, training &amp; supervision required • Fund allocation &amp; utilization should be in line with country priorities rather than donor driven agenda</td>
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| 8     | • Several initiatives related to MNCH are already in place (safe motherhood, family planning, essential newborn care)… unrelated to PMNCH workshop | • Well organized workshop  
• Enthusiastic participation  
• Lots of MNCH work… unrelated to PMNCH workshop  
• Good CSAP  
• Participants learnt where they are and where they need to go.  
  'The workshop gave us the idea where we are compared to other countries, where to go & what we need. Just need the follow up & monitoring’ | • Gaps in follow up  
• Advocacy for MNCH human resource already ongoing… unrelated to PMNCH workshop  
• Individual HCPAs have their own action plans targeted in various areas (for ex: BNA on training of midwives & curriculum, BPA on child health etc.) | • Lack of coordination among government, all HCPAs and donor agencies  
• HCPAs working individually in isolation  
  • 'Key people ousted'  
• Lack of continuity of leadership to take the work forward (most are now retired and out of the main stream)  
• Intra and inter-HCPA silos  
• Participants get dispersed after the workshop | • Strong core committee with representatives from all HCPAs is needed.  
• Many MNCH initiatives are in place… the need is to collaborate & work together  
• Strong monitoring, evaluation and follow up needed  
• 2 to 3 strong local focal persons needed  
• Reconvening of local Bangladesh HCPAs to plan next steps |
| 9     | • Nice experience… informative workshop  
• Developed good rapport & introduced to regional participants  
• Workshop was a stimulus to work on reducing child mortality  
• No representative from the government | • NPS is working with government on child health to train government manpower in Nepal…unrelated to PMNCH workshop  
• Through community based newborn care programme many health workers are being trained in villages by NPS to reduce under 5 mortality  
• Doctors and nurses were also trained by NPS at district level  
• This training is funded by MOH and the timeline is 2009-2010  
• Not aware of the implementation status of CSAP  
• Not a single meeting of HCPAs was conducted in Nepal…no collaborative work from any HCPAs  
• Get some emails from PMNCH but nothing much  
• Recently Nepal Society of Obstetricians & Gynaecologists and NPS started working together for MNCH  
• No initiative from the focal person | • No support from government to implement CSAP ‘Government is not very willing to work with HCPAs’  
• HCPAs are not that privileged to work on their own agenda | • More effective mobilization of HCPAs by providing them support & incentives is required  
• Political will  
• Close monitoring & supervision by workshop organizers |
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| 10    |              |                | • Struggling for increasing the membership drive of all HCPAs as part of organizational strengthening  
• As part of advocacy NPS is working with government to expand community based newborn care package...as individual paediatric society  
• Not aware of any formal meeting of all HCPAs in Nepal  
• NPS is working with donor agencies & other stakeholders to implement the newborn care package in various districts of Nepal... unrelated to CSAP  
• National conference in March 2010 in which representatives from all HCPAs were invited & update on this newborn care package was shared. |          |                |                |                |
| 11    |              | • Comfort level with taking the responsibility was not up to the mark...very busy  
• CSAP for Pakistan was good but over ambitious  
• Doable indicators identified but people designated to implement them are not appropriate  
• Expectations usually met  
• Workshop was very good  
• Good platform for networking, sharing experience and build collaboration  
• Idea of working together is wonderful | • ‘Action plan never took off’  
• All participants were very busy  
• No contact with each other after the PMNCH workshop  
• One meeting held which was not well-coordinated | • Lack of time  
• Calling meetings requires commitment and dedicated human resources  
• Follow up is an issue  
• ‘Theory is very different from practice’  
• Designated focal persons very senior people and have already lots of other activities in their plate  
• Did not get feedback on mails from PMNCH | • A senior person should be designated full-time for coordination  
• Lots of support staff required  
• Frequent follow up required (some one should ask HCPAs what is happening at regular interval)  
• If focal person is not able to coordinate, early decision should be taken to develop alternate plans/substitute  
• CSAP implementation requires a strong monitoring system |
<table>
<thead>
<tr>
<th>S. No.</th>
<th>Pre workshop</th>
<th>During workshop</th>
<th>Post workshop</th>
<th>Barriers</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Awareness developed to work together for MNCH</td>
<td>‘Nothing concrete done after the workshop in Pakistan’</td>
<td>Financial…issues of release of funds from PMNCH</td>
<td>Strict follow up required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Everybody understood that it is a collective agenda &amp; HCPAs need to collaborate</td>
<td>One big meeting held in Jan 2009 in PMA house, many HCPAs present (SOGP, MAP, PPA, PNC)</td>
<td>Attention is diverted towards flood relief activities… no one available for this purpose</td>
<td>Identify the gaps and act on them</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good understanding developed b/w pharmacists &amp; doctors</td>
<td>Multi-level professionals involved in the meeting (pharmacists, anesthetists etc)</td>
<td>Time constraints… ‘I planned to do this on the week end but that weekend never came’</td>
<td>Funding should be available according to each activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharmacist in the workshop said ‘Use me for your cause’</td>
<td>Agreement on 5 star package reached but no further progress observed</td>
<td>‘The lag period b/w plan and action needs to be minimized’</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘An excellent/ eye-opening experience’</td>
<td>PMA house meeting was good…every HCPA nominated persons to attend</td>
<td>Funding can minimize the lag period</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Doctors, nurses, midwives, pharmacists &amp; anesthetists all evolved as one team</td>
<td>Probably an initial MOU was developed &amp; consensus built on various action points</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Over ambitious CSAP because people felt that we should at least plan and raise our standards so that we can achieve something in the end</td>
<td>Strong realization how things could be done differently</td>
<td></td>
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<tr>
<td></td>
<td>Came to know that conditions in our country are not that bad and there are people who are under performing as compared to us</td>
<td>HCPAs already conduct 2-3 meetings annually, individually… ‘action plan acted as a catalyst’ for discussion</td>
<td></td>
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<tr>
<td></td>
<td>Pakistan was linked to Afghanistan to help them develop their CSAP… ‘feeling of holding hands’</td>
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</tr>
<tr>
<td>S. No.</td>
<td>Pre workshop</td>
<td>During workshop</td>
<td>Post workshop</td>
<td>Barriers</td>
<td>Recommendations</td>
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</tr>
<tr>
<td>13</td>
<td>Over ambitious CSAP… not manageable after coming home</td>
<td>Launched Misoprostol as an effective oral drug for PPH prevention working with MOH…..Misoprostol is now registered &amp; manufactured by 2 companies in Pakistan</td>
<td>Was never contacted after the workshop for any follow up…not aware of any post workshop activities</td>
<td>Smaller group would have been more meaningful to implement the CSAP eg 'it is difficult to get people from Punjab to attend meetings in Sindh'</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some expectations met</td>
<td>`Trickledown effect observed at 2 levels: a) individual b) collective’</td>
<td>Focal person of Pakistan never contacted HCPAs</td>
<td>Three/six monthly follow up required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good learning experience</td>
<td>At individual level: capacity built, individuals sensitized and awareness about MDGs 4 and 5 developed</td>
<td>A divergent group (midwives/OBGYN, paediatricians and pharmacists)</td>
<td>Need clearly defined goals and targets with specified timelines</td>
<td></td>
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<tr>
<td></td>
<td>More awareness about MDGs 4 and 5</td>
<td>'No concrete collective action observed after the PMNCH regional workshop….nothing changed much'</td>
<td>Resource constraints…no remuneration for people working for implementation</td>
<td>A full time coordinator should be assigned for close monitoring &amp; supervision of progress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learnt how different groups in the country are working to achieve these goals</td>
<td>‘Group in Dhaka took off nicely…developed collegiality and team work’</td>
<td>Lower cadres of staff should be compensated for their time to mobilize people</td>
<td>Regular status reports at 6 monthly intervals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘Group in Dhaka took off nicely…developed collegiality and team work’</td>
<td></td>
<td>Lack of communication at all levels b/w the groups and within the groups</td>
<td>Strong communications to improve the links</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No follow up and sharing of status reports even after 2 years post PMNCH workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. No.</td>
<td>Pre workshop</td>
<td>During workshop</td>
<td>Post workshop</td>
<td>Barriers</td>
<td>Recommendations</td>
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<tr>
<td>14</td>
<td>• Excellent situation analysis given through presentations...we learnt what to do and how to overcome barriers • Expectations met • Helped to focus on interventions that make a difference and to prioritize them • Midwives are integral part of each interventions • Anesthetists should also be involved</td>
<td>• Recommend that there should be a balance between maternal &amp; neonatal interventions • Contacted the local government and decided to start working in Khairpur and Badin in Pakistan where baseline data on MNCH available • First meeting held with Sindh government on 3rd Jan 2009 (Secretary of Health, members of MAP etc were present)... presented our idea to Sindh government and got it approved • Second meeting held on 17th Jan 2009 at PMA....30 members attended • Norwegian government promised to provide funds but this could not materialize • HCPAs continue to do their own work not directly related to PMNCH • The workshop helped to focus on what interventions HCPAs should do and which interventions will make a difference • Implementation is really difficult • Post-workshop tracking of 9 best practices in Karachi Declaration improved • Protocol for 5 star package &amp; EMoNC guidelines discussed • MOU developed...copy must be with SOGP</td>
<td>• ‘Pakistan focal person was there part time and I was assigned to help India therefore don’t know much’ • Pakistani focal person was contacted several times...no response perhaps due to personal problems • Full plans to arrange meetings but unable to convene due to lack of funds • Participants mostly clinicians, more focused towards life threatening situation management... no time for research • The cohort of young generation of health professionals is not bothered with follow up</td>
<td>• Should make an attempt to understand why in the presence of best minds on board and government willingness things did not work post PMNCH workshop • Should have selected another focal person and start moving • Local development partners should be channelized • At least Rs. 150,000/- could have been allotted per HCPA as a start up fund • One particular area from the CSAP should be the focus to start up • 3- 4 day workshop only serve as a refresher • Keep CSAP simple • ‘PMNCH should do more than asking for reports’ • Designated Human Resource support is required • The series of workshops should continue</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>• I am not aware as I was not the focal person</td>
<td>• Nothing really much has happened on ground</td>
<td>• Midwifery associations are weak in terms of resources • Time constraints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>We were already doing several activities</td>
<td>• Good workshop and credible people attended it</td>
<td>• The senior persons and focal person did not get back to us</td>
<td>• People who have the time and commitment should be chosen as focal persons</td>
<td>• We are ready to work but we are looking towards more resourceful persons to take us along</td>
</tr>
</tbody>
</table>
### Appendix 15: List of Documents Analyzed for Desk Review of Blantyre Workshop

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Title of the Document</th>
<th>Nature of the Document</th>
<th>Document Date</th>
<th>Countries</th>
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<tbody>
<tr>
<td>1.</td>
<td>Workshop on Health Care Professional Associations (HCPAs) and their role in achieving MDGs 4 &amp; 5</td>
<td>Meeting Report</td>
<td>Post PMNCH workshop</td>
<td>Pertaining to all participating countries</td>
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<tr>
<td>2.</td>
<td>Mrs. Marjorie Ngaunje MP, Minister of health at HCPA conference at Ryalls Hotel, Blantyre, Malawi</td>
<td>Key Note Address</td>
<td>Nov 12, 2007</td>
<td>Pertaining to all participating countries</td>
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<tr>
<td>3.</td>
<td>Post workshop evaluation - Short questionnaires (8)</td>
<td>Evaluation questionnaire</td>
<td>2008</td>
<td>Pertaining to all participating countries</td>
</tr>
<tr>
<td>4.</td>
<td>Delivering services and influences policy: Health Care Professionals join forces to improve MNCH: International Journal of Gynaecology and Obstetrics by the HCPA writing group</td>
<td>Special Article</td>
<td>2009</td>
<td>Generic document pertaining to all 3 PMNCH workshops</td>
</tr>
<tr>
<td>6.</td>
<td>Partnership Among HCPAs by Bogale Worku</td>
<td>Power Point Presentation</td>
<td>May 30, 2008</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>8.</td>
<td>The Ethiopian Pharmaceutical association in the PMNCH follow up by Haymanot Assefa President, EPA</td>
<td>Power Point Presentation</td>
<td>May 30, 2008</td>
<td>Ethiopia</td>
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<tr>
<td>9.</td>
<td>Follow-up of post workshop activities</td>
<td>Toure e-mail</td>
<td>Oct 07, 2010</td>
<td>Ethiopia</td>
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<tr>
<td>12.</td>
<td>Joint meeting of Tanzania HCPAs held at Muhimbili National Hospital</td>
<td>Meeting Report</td>
<td>Apr 26, 2008</td>
<td>Tanzania</td>
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<tr>
<td>13.</td>
<td>Tanzania evaluation of health care professional association workshops held in Malawi by TAMA</td>
<td>Evaluation Report</td>
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<td>14.</td>
<td>Template for Progress Report of implementing the Malawi workshop work plan</td>
<td>Progress Template</td>
<td>Missing</td>
<td>Tanzania</td>
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<tr>
<td>15.</td>
<td>Brief updates on Workshops and meetings in Tanzania</td>
<td>Updates of activities</td>
<td>2008</td>
<td>Tanzania</td>
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<tr>
<td>17.</td>
<td>“Working with women in community” Letter from Lydia Tugumisirize to Nester Moyo</td>
<td>Copy of Letter</td>
<td>Missing</td>
<td>Uganda</td>
</tr>
<tr>
<td>S.No.</td>
<td>Title of the document</td>
<td>Nature of the document</td>
<td>Document date</td>
<td>Countries</td>
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<td>18.</td>
<td>‘Community based health care and social development’</td>
<td>Concept paper</td>
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<td>Uganda</td>
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<tr>
<td>19.</td>
<td>HCPAs constituency – pre-board meeting-ICM activities since Malawi workshop Nov 2007</td>
<td>Representation Report</td>
<td>July 16, 2008</td>
<td>Uganda and Nigeria</td>
</tr>
<tr>
<td>22.</td>
<td>Malawi’s two years plan on the role of HCPAs in reaching MDGs 4 &amp; 5.</td>
<td>Power Point Presentation</td>
<td>Nov 11-15, 2007</td>
<td>Malawi</td>
</tr>
<tr>
<td>23.</td>
<td>One MNCH plan: The situation for Malawi by Dr. Chisale Mhango</td>
<td>Power Point Presentation</td>
<td>Nov 11-15, 2007</td>
<td>Malawi</td>
</tr>
</tbody>
</table>
### Appendix 16: List of Documents Analyzed for Desk Review of Ouagadougou Workshop

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Title of the document</th>
<th>Nature of the document</th>
<th>Document date</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Health Professional Groups, Key to Reaching MDGs 4 &amp; 5</td>
<td>Joint Statement</td>
<td>Jan 2007</td>
<td>Pertaining to all countries</td>
</tr>
<tr>
<td>2.</td>
<td>Workshop on HCPAs &amp; their role in achieving MDGs 4 &amp; 5</td>
<td>Meeting Report</td>
<td>Mar 26 – 29, 2008</td>
<td>Pertaining to all countries</td>
</tr>
<tr>
<td>3.</td>
<td>Ouagadougou declaration of commitment to attainment of MDGs 4 &amp; 5 by 2015</td>
<td>Declaration</td>
<td>Mar 30, 2008</td>
<td>Pertaining to all countries</td>
</tr>
<tr>
<td>4.</td>
<td>Detailed guide notes on sessions and 5 key areas of PMNCH workshop</td>
<td>Guide notes</td>
<td>Mar 26 – 29, 2008</td>
<td>Pertaining to all countries</td>
</tr>
<tr>
<td>5.</td>
<td>Guidelines for country group work</td>
<td>Power point presentation</td>
<td>Mar 28, 2008</td>
<td>Pertaining to all countries</td>
</tr>
<tr>
<td>6.</td>
<td>Delivering Services &amp; influencing policy: Health Care Professionals join forces to improve MNCH: International Journal of Gynaecology and Obstetrics by The HCPA writing group</td>
<td>Special Article</td>
<td>2009</td>
<td>Generic document pertaining to all 3 PMNCH workshops</td>
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<td>7.</td>
<td>CONVENTION MOH: Convention of Collaboration between MOH and NGOs/HCPAs</td>
<td>MOU template</td>
<td>Jun 2004</td>
<td>Burkina Faso</td>
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<td>9.</td>
<td>Compu Rendu De Réunion de Finalisation</td>
<td>Meeting minutes</td>
<td>Apr 9, 2008</td>
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<tr>
<td>11.</td>
<td>reseau des associations des professionnels de la sante pour la reduction de la mortalite maternelle, infantile et neonatale (raps/me/bf): proces verbal de la réunion</td>
<td>Meeting minutes</td>
<td>Oct 7, 2008</td>
<td>Burkina Faso</td>
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<tr>
<td>13.</td>
<td>Invitation of the panel entitled &quot; Universal access to reproductive health by 2015: Myth or reality in Africa?&quot;</td>
<td>Invitation Letter</td>
<td>Mar 2, 2009</td>
<td>Burkina Faso</td>
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<td>14.</td>
<td>National workshop on the role of HCPAs in achieving MDGs 4 &amp; 5 in Burkina Faso</td>
<td>Terms of reference</td>
<td>Apr 20, 2009</td>
<td>Burkina Faso</td>
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<td>15.</td>
<td>National workshop on the role of HCPAs in achieving MDGs 4 &amp; 5 in Burkina Faso</td>
<td>Programme and speech</td>
<td>May 11, 2009</td>
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<td>S.No.</td>
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<tr>
<td>18.</td>
<td>From: sibraogo kietmore [<a href="mailto:s_kiemtore@yahoo.fr">s_kiemtore@yahoo.fr</a> ] Subject: APS</td>
<td>Email Communication</td>
<td>Apr 17, 2008</td>
<td>Burkina Faso</td>
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<td>19.</td>
<td>From: sibraogo kietmore [<a href="mailto:s_kiemtore@yahoo.fr">s_kiemtore@yahoo.fr</a> ] Subject: APS CONVENTION</td>
<td>Email Communication</td>
<td>May 16, 2008</td>
<td>Burkina Faso</td>
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<td>22.</td>
<td>Joint declaration: Creation of a sub-regional nurses' association and French Speaking Nurses of ECOWAS Ouagadougou, BF</td>
<td>Declaration</td>
<td>May 12, 2008</td>
<td>Mali</td>
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<td>23.</td>
<td>Rapport d' activités entreprises dans le cadre des plans d' action</td>
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<td>Rapport d' activités entreprises dans le cadre des plans d' action</td>
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<tr>
<td>25.</td>
<td>Atelier régional: Le rôle des associations de professionnels de santé dans l'atteinte des OMDs 4 et 5: Modèle de rapport du plan d'action</td>
<td>Reporting Templates - unfilled</td>
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<tr>
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<td>From: Bocar Djitye [<a href="mailto:braco7254@yahoo.fr">braco7254@yahoo.fr</a>] Subject: RE: Re : Projet de création d'un réseau africain des Infirmiers(ères) de l'espace franco phone de la CEDEAO</td>
<td>Email Communication</td>
<td>Nov 7, 2008</td>
<td>Mali</td>
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<td>28.</td>
<td>SANTE MATERNELLE ET INFANTILE AU NIGER By: Dr. Yaroh Asma Gali</td>
<td>Power point presentation</td>
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<td>Reseau National des Association des Professionnels de sante</td>
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<td>Compu Rendu</td>
<td>Meeting minutes</td>
<td>Sep 13, 2008</td>
<td>Niger</td>
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<td>32.</td>
<td>Meeting of information and advocacy on the process of establishing network of HCPAs in Niger</td>
<td>Meeting minutes</td>
<td>Nov 1, 2008</td>
<td>Niger</td>
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<td>34.</td>
<td>Proces verbal de reunion</td>
<td>Meeting minutes</td>
<td>Nov 29, 2008</td>
<td>Niger</td>
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<td>35.</td>
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<td>Re APS Niger (rep temps)</td>
<td>Articles</td>
<td>May 16, 2009</td>
<td>Niger</td>
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<td>39.</td>
<td>STATUTS _ Re APS Niger</td>
<td>Articles</td>
<td>May 16, 2009</td>
<td>Niger</td>
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<td>40.</td>
<td>reglement: Dispositions générales</td>
<td>Articles</td>
<td>May 16, 2009</td>
<td>Niger</td>
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<td>41.</td>
<td>Atelier National (Defis et enjeux la protection sociale au Niger: Role de la societe civil</td>
<td>Power point presentation</td>
<td>Nov 24-26, 2009</td>
<td>Niger</td>
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<td>42.</td>
<td>Rapport de progres - Niger</td>
<td>Progress Report</td>
<td>Feb 10, 2010</td>
<td>Niger</td>
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<tr>
<td>43.</td>
<td>From: Djermakoye IdÅ© [<a href="mailto:onphid@yahoo.fr">onphid@yahoo.fr</a>] Sub:Mise en place du réseau des APS du Niger</td>
<td>Email Communication</td>
<td>Nov 6, 2008</td>
<td>Niger</td>
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<td>44.</td>
<td>From: Toure, Kadidiatou [<a href="mailto:tourek@who.int">tourek@who.int</a>] Subject: RE: Mise en place du réseau des APS du Niger</td>
<td>Email Communication</td>
<td>Feb 17, 2009</td>
<td>Niger</td>
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<td>45.</td>
<td>From: Djermakoye IdÅ© [<a href="mailto:onphid@yahoo.fr">onphid@yahoo.fr</a>] Sub: Mise en place du réseau des APS du Niger</td>
<td>Email Communication</td>
<td>Feb 18, 2009</td>
<td>Niger</td>
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<td>46.</td>
<td>From: samaila mamadou [<a href="mailto:msamaila2002@yahoo.fr">msamaila2002@yahoo.fr</a>] Subject: Fw : DOCUMENT PROCESSUS DE MISE EN PLACE DU ReAPS NIGER</td>
<td>Email Communication</td>
<td>Feb 20, 2009</td>
<td>Niger</td>
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<td>47.</td>
<td>From: Djermakoye IdÅ© [<a href="mailto:onphid@yahoo.fr">onphid@yahoo.fr</a>] Subject: PROCESSUS DE MISE EN PLACE DU ReAPS NIGER</td>
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<td>Email Communication</td>
<td>Mar 5, 2009</td>
<td>Niger</td>
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<td>49.</td>
<td>From: madgar [<a href="mailto:madgar@refer.ne">madgar@refer.ne</a>] Subject: nouvelles</td>
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<td>Niger</td>
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<td>50.</td>
<td>From: Djermakoye IdÅ© [<a href="mailto:onphid@yahoo.fr">onphid@yahoo.fr</a>] Subject: PROCESSUS DE MISE EN PLACE DU ReAPS NIGER</td>
<td>Email Communication</td>
<td>Mar 25, 2009</td>
<td>Niger</td>
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<td>52.</td>
<td>Atelier régional: Le rôle des associations de professionnels de santé dans l'atteinte des OMDs 4 et 5: Modèle de rapport du plan d'action: République Démocratique du Congo</td>
<td>Reporting Templates - unfilled</td>
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<td>53.</td>
<td>Quinzaine de sensibilisation des infirmiers de la Ville – Province de Kinshasa sur la santé de la mère, du nouveau - né et de l'enfant</td>
<td>Awareness Campaign of Congo Nurses on MNCH</td>
<td>Apr 28 - May 14, 2008</td>
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<td>54.</td>
<td>Rapport d' activités entreprises dans le cadre des plans d' action</td>
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<td>Five Year Plan</td>
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<td>Plan d'action des aps de la republique democratique du congo sur le role des associations de professionnels de sante dans l'atteinte des OMDs 4 et 5</td>
<td>Plan of Activities</td>
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<td>60.</td>
<td>Congo-Kinshasa: Réduction de la mortalité maternelle et infantile</td>
<td>Press Release</td>
<td>July 13, 2010</td>
<td>DRC</td>
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<td>61.</td>
<td>Demand de' Curriculum: Groupe des Volontaires pour la Promotion de la Maternité Sans Risques/ RCD</td>
<td>Correspondence Letter</td>
<td>Jun 24, 2008</td>
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<td>63.</td>
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<td>65.</td>
<td>Neonatal screening for sickle cell anemia in the Democratic Republic of the Congo: experience from the pioneer project on 31 204 newborns</td>
<td>JCP Article</td>
<td>Feb 4, 2009</td>
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<td>66.</td>
<td>From: wolomby molondo [<a href="mailto:wolomby@yahoo.com">wolomby@yahoo.com</a>]</td>
<td>Email Communication</td>
<td>Jun 16, 2008</td>
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<td>Subject: Fw: Suivi de l'atelier de Ouaga</td>
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<td>67.</td>
<td>From: Léon TSHILOLO [<a href="mailto:leon.tshilolo@gb-solution.cd">leon.tshilolo@gb-solution.cd</a>]</td>
<td>Email Communication</td>
<td>Feb 9, 2009</td>
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<td>68.</td>
<td>From: stanis wembonyama [<a href="mailto:wembostanis@yahoo.fr">wembostanis@yahoo.fr</a>]</td>
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<td>Feb 10, 2009</td>
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<td>69.</td>
<td>From: alfred nondho [<a href="mailto:nondho@yahoo.fr">nondho@yahoo.fr</a>]</td>
<td>Email Communication</td>
<td>Mar 2, 2009</td>
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<td>Subject: Re: PROPOSITION SUR LE GROUPE RD CONGO</td>
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<td>71.</td>
<td>PMNCH rapport trimester</td>
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<td>72.</td>
<td>Atelier régional: Le rôle des associations de professionnels de sante dans l'atteinte des OMDs 4 et 5 : RAPPORT DU PLAN D’ACTION</td>
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### Appendix 17: List of Documents Analyzed for Desk Review of Dhaka Workshop

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Title of the document</th>
<th>Nature of the document</th>
<th>Document date</th>
<th>Countries</th>
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<tbody>
<tr>
<td>1.</td>
<td>Workshop on Health Care Professional Associations and their role in achieving MDGs 4 &amp; 5</td>
<td>Meeting Report</td>
<td>Nov 22-25, 2008</td>
<td>Pertaining to all participating countries</td>
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<td>2.</td>
<td>The role of HCPAs in achieving MDGs 4 &amp; 5</td>
<td>Planning Document</td>
<td>Nov 22-25, 2008</td>
<td>Pertaining to all participating countries</td>
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<td>Workshop on Health Care Professional Associations and their role in achieving MDGs 4 &amp; 5</td>
<td>Draft Agenda</td>
<td>Nov 22-25, 2008</td>
<td>Pertaining to all participating countries</td>
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<td>4.</td>
<td>Guideline for Country work group</td>
<td>Powerpoint Presentation</td>
<td>Nov 22-25, 2008</td>
<td>Pertaining to all participating countries</td>
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<td>5.</td>
<td>The role of HCPAs in achieving MDGs 4 &amp; 5 – (reduce maternal and child mortality)</td>
<td>Opening Ceremony</td>
<td>Nov 22, 2008</td>
<td>Pertaining to all participating countries</td>
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<td>6.</td>
<td>Delivering Services &amp; influencing policy: Health Care Professionals join forces to improve MNCH: International Journal of Gynaecology and Obstetrics by The HCPA writing group</td>
<td>Special Article</td>
<td>2009</td>
<td>Generic document pertaining to all 3 PMNCH workshops</td>
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<td>8.</td>
<td>First meeting notes - Arabic (summarized in an email)</td>
<td>Meeting minutes</td>
<td>Dec 11, 2008</td>
<td>Afghanistan</td>
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<tr>
<td>10.</td>
<td>From: Saleh Rahmani [<a href="mailto:rahmani.saleh@yahoo.com">rahmani.saleh@yahoo.com</a>] To: Toure, Kadiatou Subject: Workshop follow-up- The role of HCPAs in reaching MDGs 4 &amp; 5, Dhaka</td>
<td>Email Communication</td>
<td>Dec 03, 2008</td>
<td>Afghanistan</td>
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<td>13.</td>
<td>Group work during the workshop</td>
<td>Brain Storming</td>
<td>Nov 22-25, 2008</td>
<td>Bangladesh</td>
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<td>14.</td>
<td>Regional Collaborations as a way forward for Maternal, Newborn and Child Health:</td>
<td>Manuscript</td>
<td>Oct 28, 2010</td>
<td>Bangladesh</td>
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<td>15.</td>
<td>From: Toure, Kadidiatou [<a href="mailto:tourek@who.int">tourek@who.int</a>] Subject: Information for workshops</td>
<td>Email Communication</td>
<td>July 20, 2010</td>
<td>Bangladesh</td>
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<td></td>
<td>To: Fauziah Rabbani</td>
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<td>16.</td>
<td>India country group work presentation (during workshop)</td>
<td>Powerpoint Presentation</td>
<td>Nov 22-25, 2008</td>
<td>India</td>
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<td>17.</td>
<td>Group work notes</td>
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<td>Nov 22-25, 2008</td>
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<td>18.</td>
<td>Working together in reaching MDGs 4 &amp; 5</td>
<td>MOU</td>
<td>Aug 2009</td>
<td>India group</td>
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<td>19.</td>
<td>From: PRAFUL D. SHETH [<a href="mailto:pdsheth@hotmail.com">pdsheth@hotmail.com</a>] To: neelam kler; dr jaydeep tank;</td>
<td>Email Communication</td>
<td>Aug 22, 2009</td>
<td>India</td>
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<td><a href="mailto:pannachoudhury@gmail.com">pannachoudhury@gmail.com</a>; Dr. Subhash C Mandal - 2; jatinder kaur; <a href="mailto:h.kon@vsnl.net">h.kon@vsnl.net</a>;</td>
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<td></td>
<td>B Suresh Cc: Prafull Sheth; Toure, Kadidiatou; ton hoek; kamal midha Subject: RE: PMNCH Dhaka Workshop</td>
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<td>20.</td>
<td>From: neelam kler To: pd sheth; dr jaydeep tank; <a href="mailto:pannachoudhury@gmail.com">pannachoudhury@gmail.com</a>; Dr. Subhash C Mandal - 2; jatinder kaur; <a href="mailto:h.kon@vsnl.net">h.kon@vsnl.net</a>; B Suresh Subject: PMNCH Dhaka workshop – India Partnership group on Quality and Advocacy</td>
<td>Email Communication</td>
<td>Aug 14, 2009</td>
<td>India</td>
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<td>21.</td>
<td>From: neelam kler [<a href="mailto:neelamkler@live.in">neelamkler@live.in</a>] Cc: Toure, Kadidiatou Subject: RE: URGENT: PMNCH India Group</td>
<td>Email Communication</td>
<td>May 07, 2010</td>
<td>India</td>
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<td>23.</td>
<td>From: SK Hla [<a href="mailto:skhla@mptmail.net.mm">skhla@mptmail.net.mm</a>] To: Toure, Kadidiatou Subject: progress on PMNCH workshop</td>
<td>Email Communication</td>
<td>May 05, 2009</td>
<td>Myanmar</td>
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<td>25.</td>
<td>From: Ajudey Shrestha [<a href="mailto:ajudeyshrestha@gmail.com">ajudeyshrestha@gmail.com</a>] To: Toure, Kadidiatou Subject: Re: Fw: URGENT-Progress on PMNCH workshop -The role of health care professionals in achieving MDGs 4 &amp; 5</td>
<td>Email Communication</td>
<td>June 29, 2010</td>
<td>Nepal</td>
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<td>26.</td>
<td>From: Shahida Zaidi [<a href="mailto:z.shahida@gmail.com">z.shahida@gmail.com</a>] To: zulfiqar.bhatta Cc: Toure, Kadidiatou Subject: Pakistan priority areas of intervention</td>
<td>Email Communication</td>
<td>Feb 11, 2009</td>
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- 141 -
<table>
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<th>S.No.</th>
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<td>27.</td>
<td>From: nighat.shah [<a href="mailto:nighat.shah@aku.edu">nighat.shah@aku.edu</a>] To: Toure, Kadidiatou Subject: Report on activities – HCPA workshop action plan</td>
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<td>Feb 02, 2009</td>
<td>Pakistan</td>
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<td>28.</td>
<td>From: Imtiaz Kamal [<a href="mailto:imtiaz.kamal@gmail.com">imtiaz.kamal@gmail.com</a>] To: Toure, Kadidiatou; midwifery association Pakistan; Clara Pasha; Pashtoon Azfar Subject: South Asian midwives alliance</td>
<td>Email Communication</td>
<td>Feb 09, 2009</td>
<td>Pakistan</td>
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<td>29.</td>
<td>From: salma shaikh [<a href="mailto:salma_shaikh@yahoo.com">salma_shaikh@yahoo.com</a>] To: Toure, Kadidiatou Subject:Re: URGENT- Progress on PMNCH workshop - The role of HCPAs in achieving MDGs 4 &amp; 5</td>
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