TASC Russia
Women and Infants' (WIN) Health
Project

Final Report

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The WIN Project is implemented by John Snow, Inc (JSI) in collaboration with
the Russian Federation Ministry of Health
and with participation of EngenderHealth, Johns Hopkins University Center for Communication Programs
and the University Research Corporation (USA).

Acronyms and Abbreviations

AIHA	American International Health Alliance
ARO	Association of Russian Orphans
BCC	Behavior Change Communication
BFHI	Baby Friendly Hospital Initiative
CDC	Centers for Disease Control and Prevention
DfID	Department for International Development
ECN	essential care of the newborn
FCMC	family centered maternity care
GAR	general abortion rate
GOSCOMSTAT	Russian State Statistical Committee
HIV	human immunodeficiency virus
HHS	Health and Human Services
IEC	information, education and communication
JHU/CCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow, Inc.
LAM	lactational amenorrhea method
MAQ	maximizing access to quality
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organization
OR	operations research
PAC	postabortion counseling
QA	quality assurance
SanEpi	sanitary epidemiological service
STI	sexually transmitted infection
TASC/IQC	Technical Assistance Service Contract/Indefinite Quantity Contract
TWGs	technical working groups
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Resource Corporation
US	United States
USAID	United States Agency for International Development
VCIOM	All Russia Center for Public Opinion and Market Research
WHO	World Health Organization
WIN	Women and Infant Health Project
WRHP	Women's Reproductive Health Project

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Executive Summary

The Women and Infants' Health Project (WIN), funded by the United States Agency for International Development (USAID)/Russia, is a comprehensive reproductive health project that has been working in two pilot regions (Perm Oblast and Novgorod the Great/Velikiy Novgorod) in close cooperation with the Minister of Health of the Russian Federation, the Perm Oblast Health Care Department and the Health Care Committee of Velikliy Novgorod Oblast.

WIN was designed to improve maternal and newborn health care. Interventions included promoting family-centered maternity care, essential care of the newborn, exclusive breastfeeding, and client-centered family planning services, especially for postpartum and post abortion clients. Integral to the success of the Project were the concomitant and integrated improvements in both access to and demand for these services. Improvements in preventive health behaviors in the communities where WIN operated provided an additional measure of success.

Under the USAID/Washington Technical Assistance Services Contract/Indefinite Quantity Contract (TASC/IQC) John Snow, Inc. (JSI) was awarded a three-year contract in June 1999 to implement the WIN Project. The contract was extended for a year and ended in June 2003. Partner organizations who collaborated with JSI included EngenderHealth, Johns Hopkins University Center for Communication Programs (JHU/CCP), and University Research Corporation (URC).

Each USAID-funded health activity in Russia is expected to help meet the Mission Strategic Objective 3.2, "Use of improved health and child welfare practices increased."

The WIN Project identified as its own strategic objective:

> *The reduction of maternal and infant morbidity and mortality by improving the effectiveness of selected women and infant (WIN) services, with special emphasis on reducing repeat abortions and unwanted pregnancies in selected sites*.

The WIN Project is a follow-on project to USAID's successful Women's Reproductive Health Program (WRHP), which was implemented over a four-year period from June 1995 to June 1999. The focus of the Project was on family planning rather than maternal and infant health care with the primary long-term objective to reduce maternal mortality and morbidity.

To meet its strategic objective and achieve demonstrable, significant results, the WIN Project was charged with introducing new, evidence-based clinical practices to an historically inflexible health care system locked into largely outmoded practices. The WIN Project had to use approaches that respected existing Russian systems, structures, and professionals, while providing training and education to ensure policymakers' and providers' ability to improve the nation's maternal and child health.

Interventions included the promotion of family-centered maternity care (FCMC), essential care of the newborn (ECN), exclusive breastfeeding and client-oriented family planning services, especially for postpartum and postabortion clients. Other WIN activities focused on the provision of appropriate antenatal care, the promotion of healthy lifestyles and protection against domestic violence.

These interventions fell into three main areas:

- Clinical and counseling training in evidence-based medical practices and follow-up supervision,
- Community-based and facility-based information, education and communication (IEC) activities, and
- Advocacy and policy promotion at all levels of the health administration.

The following principles guided all interventions:

- Use of evidence-based medicine to enhance clinical practice and to reduce unnecessary medical interventions
- Implementation of quality assurance methods that involve both providers and clients in the provision of quality services
- Promotion of a client-oriented focus to increase client satisfaction, and
- Continuity and consistency in client-provider communications across service levels and across health care facilities.

As the Project progressed, those strategies crucial to the successful implementation of changes in health services became evident, notably:

- Securing the support of health authorities at the national, oblast, city and facility levels
- Local team-building
- Multidisciplinary discussions

The Project instituted a facility-based monitoring system assuring that changes in provider practices were effectively monitored. Added advantages included ownership at the local level and equally important gave credence to the Project at the national, oblast, city and facility levels. Facility surveys measured changes in provider knowledge, provider practices, client experiences as well as client satisfaction with services.

As a result of the Project activities, evidence-based principles were integrated into current medical practices at 20 facilities with a catchment population area totaling more than one million. The facility surveys clearly demonstrated that quality of counseling and clinical services, access to these services and demand for them improved considerably. Active project information and communication strategies contributed to the changes in knowledge and behavior. Expected results were clearly met.

- Women's satisfaction with the quality of services offered at antenatal clinics increased from 65% to 90% and at maternity hospitals increased from 63% to 87%
- Four out of five maternity hospitals have been certified as WHO/UNICEF Baby-Friendly Hospitals
- 48% of women in 2003 preferred to use the opportunity to have their family members present during delivery compared to only 4% in 2000
- Rooming-in increased from 38% to 82%
- The number of mothers who breastfed during their stays at Maternity Hospitals increased from 26% in the year 2000 to 88% in 2003
- 70% of new mothers exclusively breastfed their babies for the first six months of their lives in 2002 compared to only 28% in 2000
- Family planning counseling is now integrated into antenatal, postpartum and postabortion care. As a result the number of women who are counseled on how to avoid unplanned pregnancy has doubled at all types of project facilities. Prior to the start of the Project there were almost no women practicing the lactational amenorrhea method (LAM) of contraception. Currently 1 out of every 4 women interviewed postpartum say they are planning to use LAM.

- Availability of information brochures, leaflets and flyers at facilities rose markedly. By endline three-quarters of all clients were given or took information, education and communication (IEC) materials compared to less than one third reporting on this at baseline
- The media campaign on exclusive breastfeeding reached more than 60% of women in the three cities, and almost 80% could recognize the WIN breastfeeding logo used in the campaign and on posters and materials in the facilities. Women who heard the message on TV were 60% more likely to say that breast milk should not be supplemented by anything else than if they had not heard the TV message
- Among women in the community
    - Perceptions of the prevailing norms in their community about breastfeeding (think most friends would breastfeed) increased about six fold, from 8% at baseline to 53% at endline
    - The number of those , having the baby with them day and night at the maternity ward increased from 20% to 55%
    - The proportion of those who reported having discussed postpartum contraception with their medical provider increased more than 15% in Perm, and about half that in the other two cities
    - Abortion clients who said that they had received contraception counseling increased from between 8% and 22% in the different cities. Those who reported leaving the hospital with a contraceptive or prescription also rose about 10% in Perm and V. Novgorod and 20% in Berezniki
    - A large shift to modern methods of contraception was observed: an increase of those using a modern method of between 5 and 10% in the three cities.

- Abortion rates declined during the course of the WIN Project, continuing a trend already evident. The general abortion rate (GAR) fell 6% in Perm and 7% in Novgorod and Berezniki.

- The changes in contraceptive counseling in facilities, an increase in modern methods of contraceptive use, as well as provision of information through brochures distributed to facility clients and through mass media campaigns demonstrates that the Project has contributed to the decrease in abortion rates.

- Little change in indicators of perinatal death rates has been observed. Three to four years is probably too short a period of time to detect a change in impact indicators such as neonatal health. A longer period of observation starting before Project activities began and going on for several more years is needed in order to discern a firm trend.

- Russia's infant mortality rate as of 2001 was 14.6 deaths per 1,000 live births; a substantial decline from its 1997 level of 17.2 deaths per 1,000 live births. This significant decline led President Putin to declare it as the greatest health achievement in the last five years. The role of the WIN Project has been recognized as contributing to this achievement.

Factors that contribute to the sustainability of these many important changes in women and infants' health care included:

- The development and institutionalization of three sets of clinical guidelines based on quality improvement principles:
    - Breastfeeding
    - Postabortion care
    - Infection control in maternity hospitals

While all three protocols earned the support and recommendations of key Russian professionals as well as of the Ministry of Health, the Postabortion Care guidelines were issued as a federal guideline by MOH—an event that has been described elsewhere as health care reform at the

implementation level and reinforces the value of WIN's bottom-up approach to health care to effect change at the policy level.

- Project activities and results reached other health facilities and providers both by word of mouth and presentations to professional organizations. Response to the numerous demands for an extension of the WIN Project to other cities together with recommendations from the Ministry of Health and USAID resulted in:
  - The development of a guide "A Guide to Implementing Effective Health Care for Women and Infants" published in August 2003
  - A Training and Resource Center in Perm was established in October and opened in December 2002
  - Assisted by the Project, the Maternity Hospital #21 in Perm established a web-site which is being developed as a Resource Center Website
  - Presentations at national and international meetings and conferences
  - Hosting a national dissemination conference to report on the process and successful outcomes of the Project (May 2003)

A cost-benefit analysis (August 2003) demonstrates that WIN interventions have had a significant financial impact on Project sites:

- Data from the Perm Oblast Health Administration indicate that direct savings from the Project activities at six project sites during 2001 were estimated at 4.6 million Rubles and at 5 million Rubles for 2002.
- Maternity No. 2 in Velikiy Novgorod documented savings of more than 100,000 rubles in bottlefeeding costs, which was used to remodel their delivery area allowing each women to now have a private space.

Currently 17 additional oblasts are investigating implementation of WIN interventions in their maternity hospitals, women's consultations, and children's polyclinics.

A unique set of data has been created that will serve as an invaluable resource, both nationwide and internationally, to health care providers, policymakers, researchers and academics concerned with women and infants' healthcare.

Background

The Russian context and health care system

Increases in mortality rates in the Russian Federation over the past decade are unprecedented for an industrialized nation at peace. Death rates, in particular for men, surpass those of other countries in Europe and the United States. Since 1992 the number of deaths have exceeded the number of births resulting in a net population loss. The major cause of death among men is due to cardiovascular disease.

Russia's infant mortality rate as of 2001 was 14.6 deaths per 1,000 live births; a substantial decline from its 1997 level of 17.2 deaths per 1,000 live births. However, the rate is almost double the level currently prevailing in the United States.

The four leading causes of infant mortality in Russia are complications originating in the perinatal period, notably congenital abnormalities, pneumonia and influenza, and infectious disease. This would suggest that efforts to reduce infant mortality in Russia will be most productive if aimed at breastfeeding, conditions that affect the quality of care provided to children in their homes—including the quality of information and assistance available to mothers—and prevention, diagnosis and treatment of respiratory infections.

The significant decline in the infant mortality rate, as noted above, led President Putin to declare it as the greatest health achievement in the last five years. The role of the WIN Project has been recognized as contributing to this achievement.

For decades abortion has been the primary means of family planning in Russia. It is an accepted cultural norm, widely available and financially accessible, reducing the pressure for women to practice effective consistent contraception.

Abortion plays a significant role in elevating morbidity, mortality and in some instances infertility. Recent Russian research suggests that two out of every three women having an abortion suffer health complications and 10 percent of women are left sterile after having an abortion, with estimates as high as 20 percent among adolescent girls.

Abortion is also the leading cause of maternal mortality in Russia. The vast majority of these abortion deaths are due to illegal abortions.

In addition, the rising rates of HIV infection and the spread of drug resistant tuberculosis underscore the need, highlighted by the Russian government, for vital reforms to the health care system that is often hampered by limited resources and outdated practices.

Health care in the Russian Federation is primarily a state responsibility and the Ministry of Health (MOH) is the largest health care provider. The government shoulders the health care costs for the entire population, except for the very few who have purchased private health insurance. The MOH is responsible for maintaining the overall infrastructure and setting national priorities for health care, as well as establishing norms and standards. Despite a gradual movement of health care administration and financing to the regional and municipal levels, the national government remains the most important health policymaker.

Health Care Delivery

High mortality rates point to fundamental problems in the Russian health care system. The Soviet health care delivery system was designed to control communicable and infectious disease for the

most part. The system was focused on acute care where quantity took precedence over quality. Such a system that did not subscribe to a public health approach was unable to adapt to the rise of illnesses such as cancer, cardiovascular disease, alcohol and/or tobacco. The system produced medical professionals with narrow specializations. Few health professionals were skilled in preventive care. Today, this system persists to a large degree. It is extremely rare to find primary care facilities with a variety of health services integrated under one roof. For more than a decade the MOH has been trying to re-orient health care from hospitals to primary care settings. However, research shows rates and lengths of hospitalization unchanged since 1993. With this apparent failure in health care reform many regions are seeking a model that will enable them to provide health care that is both more efficient and cost-effective.

Maternal and child health care comprises three main types of service delivery sites: women's consultations, maternity hospitals, and children's polyclinics.

Women's consultations are outpatient clinics responsible for all aspects of women's reproductive health. Typically, they provide outpatient gynecology services, antenatal and postpartum check-ups, and contraceptive services. Some also provide abortions. The standard package of antenatal care for an uncomplicated pregnancy includes 14 antenatal visits, three ultrasound procedures, and two blood tests for HIV and other infections during the course of the pregnancy.

In recent years as many as 500 family planning centers have been opened in the Russian Federation. These facilities provide contraceptive counseling and other reproductive health services.

Maternity hospitals provide childbirth services and neonatal care in more than 99% of births. Mother and infant stay at the maternity for five to seven days following an uncomplicated vaginal delivery, and ten to fourteen days after a caesarean section birth. Most maternity hospitals are located in a complex of hospital buildings that make up a city or oblast hospital. However, the maternity hospitals are physically segregated due to concerns—unfounded in evidence—that birth procedures and neonatal care require a sterile—as opposed to a clean—environment. Most maternity hospitals house a gynecology department that provides in-patient gynecological services, including abortion.

Women and infants are assigned to a particular children's polyclinic for pediatric care. Within a day after a woman and her baby are discharged from the maternity hospital, a pediatrician and a nurse from the children's polyclinic come to examine the newborn at home. For healthy babies, the nurse continues to visit weekly during the first month. Baby and mother see the pediatrician and the nurse at the polyclinic at one, three, six, nine, and 12 months of age for routine examinations, measurements, and immunizations. Other visits to the polyclinic are made as needed.

Rules, Regulations and Professional Culture

In the Russian Federation, rules and guidelines set at the federal level dictate policies and practices across the entire nation. The MOH has the ultimate, overall responsibility for establishing and enforcing official guidelines. No system exists for initiating change at the health care provider or facility level.

The MOH includes a special sub-agency for infection and sanitation control called the Sanitary-Epidemiological Service (SanEpi). This service has a broad mandate from quality control of food products and monitoring of sanitary conditions in catering services to enforcing hygienic and sanitary standards in hospitals. A hospital not in compliance with SanEpi regulations may incur penalties and even be closed temporarily.

Mandatory rules and guidelines for health care throughout Russia are represented by the MOH system of orders (*prikazes*). Because policies, standards and performances are standardized throughout federal, regional and local facilities the health system does not readily allow for innovation. Many *prikazes* have been in place for years. For example, Prikaz No 440 on Improving Medical Care for Newborns dates from 1983. Nonetheless a health care facility can be punished officially for not following a *prikaze*. To follow orders is perhaps a safe way to practice and the *prikazes* provide a means to avoid innovation.

The MOH usually creates *prikazes* by inviting the input of key people from academic research institutions. Generally, the opinions of only a few people are sought. Subsequently a *prikaze* may reflect just one person or institution's perspective on an issue. Unfortunately, for many years under the Soviet system, Russian medical science developed in isolation from the main stream of international scientific information. Many Russian medical practices remain informed by a 'unique Russian' approach or represent Western standards of the 1950s and 1960s. A widespread lack of knowledge of clinical epidemiology, English, and computer and Internet skills, as well as minimal access to international journals and publications still keeps providers from acquiring appropriate, current professional information.

Professional cultural norms in Russian health care are governed by an absence of open discussion, a closed system of decision-making and an undeveloped management culture that does not embrace a team approach. This style discourages innovation and hampers dissemination of best practices. For example, the MOH developed a National Neonatal Resuscitation Protocol to decrease infant/perinatal mortality with the support of the American International Health Alliance (a non-governmental organization that fosters partnerships between medical institutions in the U.S. and abroad to advance health care practices). An MOH *prikaze* in 1996 institutionalized the new protocol. However, providers have yet to be trained to implement it. There is no MOH mechanism for training and follow-up.

The MOH reports on maternal and child health in its *State Report* on an annual basis and sets priorities for the coming year. Unfortunately, MOH statistics on health indicators is unreliable. Mortality indicators frequently differ from the data that the State Statistical Committee (GOSCOMSTAT) collects from death certificates. WIN Project experience has shown that the staff of health facilities is not trained to collect and report on data. Additionally health authorities do not clearly understand how to use data for decisionmaking. For example, a recent MOH campaign called for nationwide, universal health screening for children up to 19 years of age. However, the under-budgeted Russian health system had neither human nor material resources to accomplish this task. Local health providers lacking instruments to perform the required tests submitted falsified statistics in order to appear compliant. Furthermore, no plan existed for interventions to help children diagnosed with health conditions and/or illnesses.

International Aid Role

The MOH initiates federal and regional special programs (for example, Safe Motherhood) and collaborates with donor and international organizations. Key donors include USAID, World Bank, DfID, and the Open Society (Soros) Foundation. UNICEF and WHO also conduct a range of activities. Donors try to bring internationally recognized approaches into the Russian Maternal and Child Healthcare system (MCH), primarily to promote evidence-based medicine and data based decisionmaking. Unfortunately, international activities have not been well coordinated and the MOH in turn does not use the opportunities provided by international assistance effectively.

Not surprisingly, foreign interventions that present alternatives to accepted Russian practices often meet resistance from Russian professionals. The main arguments presented are 1) that Russian women and infants differ from Western, African, and other women and infants. 2) Conditions in Russia are unique and 3) that Russian research suggests another approach. There is no question that Russian physicians, nurses, midwives, and others want to provide the very best

care for women and infants. Consequently they demand irrefutable evidence that a new practice is better than one they have used for years.

International organizations are unlikely to succeed in Russia by implementing models that have worked in developing countries. Russia's attributes include a high level of education, a well-developed health system, and a large number of physicians who provide most of the primary care. There are fewer nurses and midwives than doctors, and their usual role is to assist the doctor. For example, in maternity hospitals only doctors help a woman give birth; one midwife may supervise up to nine women in labor at the same time and do all the cleaning and washing. According to Russian official statistics, the number of physicians in maternal and child health facilities increased from 45.0 to 47.1 per 10,000 population between 1990 and 1999, while the number of midwives decreased from 20.3 to 11.9 per 10,000 population.

Nongovernmental Organizations

While some of the professional nongovernmental organizations (NGOs) in Russia date from the Soviet era, others are relatively new. Most are driven by old academic standards, which do not welcome open discussion or differing points of view. There are few public organizations that are interested and they are usually small, lack political clout or are not very well respected. Many of them focus on helping people with disabilities or chronic diseases.

The health system does not depend either on NGO support or participation. To the contrary, common complaints are that NGOs lack professional competence. NGOs in turn complain about the closed nature of the health system, and the distrust and self-satisfaction exhibited by health care administrators. The positive role that NGOs could play to help address many issues and challenges in health care is neither well understood nor promoted.

One reason the system overlooks opportunities to involve NGOs is the traditionally poor provider-to-client communication habits in Russia, where client satisfaction often is ignored. It is not part of the health care culture. Typical refrains from providers are that clients "don't understand," "don't hear," "aren't interested in," or "don't care." Assumptions are made in regard to the client's needs. Decisions are made for the client. The client's input is not sought. There is little research on clients' needs and attitudes in Russia. Consequently providers are unaware of them. Within this setting an NGO whose role is client advocacy may not appear useful to providers.

While NGOs do not play a leading role in determining health policies and guidelines, the WIN Project recognized a potential role for NGOs in promoting appropriate information among professionals. NGOs also proved key in allowing health facilities to address issues, such as domestic violence prevention, that are part of maternal and child health but are not within the scope of their services.

Academic Institutions

There are eight Research Obstetrics-Gynecology Institutions in Russia that perform most of the nation's MCH-related research. In addition, there are numerous departments of obstetrics and gynecology in medical schools and universities. Unfortunately, medical academia is still suffering the consequences of isolation in the Soviet period. Besides being under-funded, the academic institutions must overcome limited information resources and deficiencies in knowledge and skills.

The WIN Project experienced an overall difficulty in finding people among Russian researchers, clinicians and health administrators well trained in modern epidemiology, public health, and evidence-based medicine principles. Rather than providing a source for experts, the academic

institutions were places where the WIN Project sought to extend information about modern practices.

The WIN Project: Strategic Objective and Approach

The Women and Infants' Health Project (WIN), funded by the United States Agency for International Development (USAID)/Russia, is a comprehensive reproductive health project that has been working in two pilot regions (Perm Oblast and Novgorod the Great/Velikiy Novgorod) in close cooperation with the Minister of Health of the Russian Federation, the Perm Oblast Health Care Department and the Health Care Committee of Velikiy Novgorod Oblast.

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Each USAID-funded health activity in Russia is expected to help meet the Mission Strategic Objective 3.2, "Use of improved health and child welfare practices increased."

The WIN Project identified as its own strategic objective:

> *The reduction of maternal and infant morbidity and mortality by improving the effectiveness of selected women and infant (WIN) services, with special emphasis on reducing repeat abortions and unwanted pregnancies in selected sites*.

The WIN Project's impact depended on keeping Project goals closely aligned with not only the needs, but also the traditions, resources, and realities of the Russian maternal and child health care system. Explicitly designed to work within the Russian health care context, the WIN Project was implemented with respect for professionals in the health care sector and the nation's existing institutions and infrastructure.

This strategic objective built on lessons learned from USAID's successful Women's Reproductive Health Program (WRHP), which was implemented over a four-year period from June 1995 to June 1999. WRHP had targeted reducing maternal mortality and morbidity by enhancing family planning and counseling services. Initially introduced at six pilot sites in six oblasts, the WRHP had eventually rolled out to eight additional oblasts with a national reproductive health promotion campaign.

Given the achievements of the WRHP—yet faced with continuing maternal and child health problems in the Russian population—USAID/Russia identified a need to expand its efforts in women's health with a wider scope of interventions. The USAID/Russia Women and Infant Health (WIN) strategy would introduce a comprehensive menu of new, evidence-based services

to maternal and child health care. The WIN Project would work with existing health care facilities and involve health care providers, administrators, and authorities in the planning, policymaking, hands-on training, and public education needed to achieve change.

The overall **strategic objectives for WIN** required the Project to build and maintain access to, quality of, and demand for, services that in many cases were entirely new to both providers and their clients.

The WIN Project contract with USAID stated the Project goals as three Intermediate Results, discussed in detail later in this report:

- IR 1: Increased Access to WIN Services
- IR 2: Increased Demand for WIN Services and Practices
- IR 3: Increased Quality of WIN Services

An important support to the overall strategy was the WIN Project's approach to monitoring and evaluation. WIN used a suite of monitoring and evaluation methods, including pre- and post-intervention household and facility surveys. To establish a routine monitoring system to help participating facilities track key indicators, WIN built data collection into the new services, and trained health care providers to both gather and analyze their own data. While contributing to health care providers' sense of responsibility for and ownership of the work they were doing, the built-in evaluation activities generated Russian evidence that showed the effectiveness of WIN interventions.

Expected results of Project interventions included the following (see details under the section *WIN Project Expected Results: Overview and Achievements*):

- A reduction in overall abortion rates with a significant drop in repeat abortions and abortions following a birth
- An increase in the use of modern contraceptives among sexually active women
- An increase in number of women exclusively breastfeeding
- A reduction in the number of infections among exclusively breast-fed infants
- An increase in the number of hospitals offering rooming-in to mothers
- An increased awareness among women of the aspects of a healthy lifestyle, including the need and role of micronutrients
- A decrease in infant mortality at project sites
- The establishment of a model and resource for replication of the WIN program approach
- A series of guidelines, protocols and standards defining new approaches to women's and infant health services and practices developed and widely distributed throughout the country

The WIN interventions fell into three main areas: clinical and counseling training and follow-up supervision for Russian obstetricians, gynecologists, neonatologists, pediatricians, midwives and infant nurses; community-based and facility-based information, education and communication (IEC) strategies for both families and providers; and advocacy and policy promotion within facilities and at city, oblast and federal levels of the health administration.

These interventions were guided by the following principles:
- Use of evidence-based medicine to enhance clinical practice and to reduce unnecessary medical interventions
- Implementation of quality assurance methods that involve both providers and clients in the provision of quality services
- Promotion of a client-oriented focus to increase client satisfaction, and
- Continuity and consistency in client-provider communications across service levels and across health care facilities.

The aim of the provider training was to increase evidence-based practice and reduce unnecessary medical interventions during antenatal, delivery and neonatal care, and to improve postpartum and postabortion contraceptive counseling. The IEC component of the Project produced and

disseminated appropriate health messages and materials to inform and educate the population in the three target cities about the new services and supporting practice of exclusive breastfeeding and family planning. It also developed and produced materials and media for use within participating facilities.

The policy component worked with the health administration at facility, city and oblast and federal levels to identify policy obstacles to program implementation, and to develop and promote adoption of breastfeeding, family planning, and infection prevention protocols.

The specific objectives of the project were to make evidence-based and "client-friendly" medical services more widely accessible, providing a new model for women's health care services, and to increase their use and the practice of preventive health behaviors among women in the community.

WIN services and messages were client-centered, evidence-based, and culturally sensitive. Services used appropriate and available technology. All services were to be provided in a clean and comfortable setting; supported by IEC materials; enhanced with counseling when appropriate; and be safe, confidential, and respectful.

Integrated Services

Comprehensive services are defined as an integrated approach where a continuum of care exists in which providers offer accessible, affordable and quality services. WIN achieved this consistency by tailoring services and methods to fit local needs and capacities.

To achieve the strategic objective and its expected results, the WIN Project defined a scope of new, evidence-based services to introduce at health care facilities in the selected pilot localities. Interventions focused on maternal and newborn health and nutrition, including promotion of family-centered maternity care (FCMC), essential care of the newborn (ECN) and exclusive breastfeeding, and family planning services, especially for postpartum and postabortion clients. The WIN interventions were defined as *comprehensive services to meet the health needs of women of reproductive age and infants, and selective services for their families.*

WIN aimed to introduce into the Russian health care sector a concept of maternal and child health care as one, interconnected system. WIN services were designed, publicized, and implemented as an integrated set of interventions to ensure continuity of care across the facilities used by women, children and their families. Project activities were coordinated to provide consistent messages, services, and clinical practices across all service delivery points (women's consultations, maternity hospitals and gynecology departments, children's polyclinics, and family planning centers).

For example, under the WIN model, a new mother with neither time nor reason to visit a women's consultation for her own health care would still receive family planning counseling and services before leaving the maternity hospital. She would encounter the same family planning messages and service options again when visiting the children's polyclinic with her new baby.

In the WIN training courses, health care providers received multi-disciplinary exposure to all the components of maternal and child health. When a health care provider met face-to-face with providers in other specialty areas or from other facilities, s/he could appreciate how all the components of the WIN service model together form a comprehensive maternal and child health care system. In addition s/he now could provide information or referrals to help clients with related matters, such as breastfeeding or family planning. For example, while the WIN FCMC training focused on new clinical approaches for the delivery, and perinatal periods, it also prepared health care providers to discuss breastfeeding and refer clients for family planning counseling and services.

In Russia, family planning has been and will continue to be a very sensitive political issue. WIN's dual emphasis on consistent messages and integrated services have helped to avert tension and misunderstanding, even while WIN expanded the availability of family planning counseling and

increased access to a variety of contraceptive services. WIN has aimed to ensure that every woman gets current, evidence-based advice that is consistent from doctor to doctor or facility to facility. Contraceptive services including counseling have been linked and integrated with other family and maternity health practices as much as possible.

Bringing Interventions to the Sites

The following interventions, as previously described, were implemented:

- Clinical and counseling training for health providers at all levels;
- Facility-based and community-based information and education for both families and providers; and
- The creation of a supportive environment by using communication strategies, advocacy, and policy promotion.

The WIN Project was implemented in two oblasts, Perm and Velikiy Novgorod. In Velikiy Novgorod, all of the WIN facilities were in Novgorod city. In Perm Oblast, Perm city and Berezniki city were chosen; Perm is a large industrial city of 1,200,000, and Berezniki a smaller city of 150,000. WIN Project interventions, delivered through 20 health care facilities, reached and as many as 1.1 million residents of the catchment areas of participating facilities (see *Figure 1*).

Figure 1: **Population Reached by WIN Interventions**

	Perm City	Berezniki	Veliky Novgorod City	Total
Population in catchment area of participating facilities	0.75 million	0.15 million	0.25 million	1.1 million

A complete list of participating facilities and contact persons is presented in Attachment A.

Strategies employed to help sustain and institutionalize the changes

Gaining and securing the support of health authorities as well as political support from the outset was fundamental to the ensuing success of the Project.

With a three-day Project launch near Moscow in 1999, WIN introduced key policymakers, administrators, academicians, and health care providers from the selected sites to the concept of evidence-based, international clinical standards. Presentations by Russian and international experts invited national, oblast, municipal, and facility-level health care sector professionals to explore applying the new clinical standards to their own maternal and child health care facilities. The launch provided an overview of the WIN plans; presentations by the clinical experts to introduce some of the new, evidence-based practices; and time for questions and discussion.

This strategy of inclusion was further expanded with the Technical Working Groups (see below) that introduced and incorporated new concepts, within the Russian context, of a team-based approach and coalition building.

Three sets of clinical guidelines based on quality improvement principles were developed and eventually institutionalized. The clinical guideline development process has multiple advantages, especially in this context. Guidelines are evidence-based, locally adapted and supported, developed in accordance with MOH instructions and formats, and approved by MOH experts in the care topic area. In addition, team and coalition building within and across facilities was reinforced.

Guidelines were produced on:

- Breastfeeding
- Postabortion care
- Infection control in maternity hospitals

The Project created public demand for new services by educating women and their families with counseling and IEC at delivery sites; broadcasting WIN messages in the pilot regions using multiple media channels; and sharing local protocols on new evidence-based practices with national-level policymakers and academics.

Further activities that support the sustainability of the Project included:

- Assisting the Perm Oblast Health Administration in establishing a Training and Resource Center in Perm city in October 2002 which opened in December of the same year;
- Assisting the Maternity Hospital #21 in Perm to establish its Website which is being developed as a Resource Center web-site;
- Publishing "Guide to Implementing Effective Health Care for Women and Infants" to help spread implementation of the new clinical protocols beyond the Project's pilot sites in Russian (presented at the Dissemination Conference in May 2003) and in English (August 2003);
- Taking advantage of publication opportunities in Russia to expand national professional awareness of the international approaches to maternal and child health as applied in the pilot sites; and
- Hosting a national dissemination conference (May 2003) to share the story and successes of the WIN interventions.

Technical Working Groups

To create an environment for exploring, implementing and maintaining the changes, the Project established Technical Working Groups (TWGs) at various levels in health care policymaking and administration. Teamwork and coalition building were the principles guiding the workings of the TWGs. For many Russian healthcare professionals at all levels these were novel concepts. The TWGs provided a forum where participants learned about international health standards and could explore together the coming interventions and their own role in implementation.

At the federal level the Executive and Technical Advisory Committees convened to support the regions in innovations—many of which ran contrary to existing MOH regulations—and to promote and disseminate Project results. Oblast Coordinating Committees coordinated and supervised Project activities at the oblast level, enhanced oblast policies and provided managerial support for the Project activities. A Technical Working Group in each health care facility was responsible for maintaining Project implementation through continued in-service trainings and ensuring the collection, analysis and utilization of data by staff.

Most professionals responded positively to the increased, problem-solving interaction between providers and administrators. Particularly at the oblast and facility levels, many embraced the new style of decision-making and management. Many professionals have told WIN that they recognized that this style offered new opportunities to facilitate changes and improve care. WIN heard from many individuals that before the Project began people from different groups at the oblast level never worked together, nor did providers from facilities meet oblast administrators regularly for discussion and work with them as a team.

Besides working closely with the government personnel and health care facility administrators who had a formal role in WIN implementation, the WIN Project involved SanEpi staff in discussions and training.

WIN also collaborated with NGOs to strengthen them and bring their expertise into the health care system. Establishing networks between health care authorities, providers, and NGOs helped the health care system improve services to clients. For example, Russian providers traditionally have ignored domestic violence situations because they have not known how to direct clients toward help. An NGO that specializes in an issue such as domestic violence can provide IEC materials to a health care facility's providers and clients; teach providers the appropriate skills for addressing the issue; and provide links to a critical resource, such as a crisis center.

Local Experts, Local Data

Implementation of the World Health Organization (WHO) and/or other internationally recognized approaches and guidelines for maternal and child health that are supported by accumulated, international experience and knowledge was crucial to the Project. However, acknowledgement from the outset of the importance of showing respect to providers and their current practices, even when the evidence suggested that they were wrong, was another factor in gaining credibility for the Project. The Project relied on informal discussions to promote the WIN interventions bearing in mind that the predominant culture does not encourage the asking of questions nor promotes open discussion.

In the education of providers, the Project recognized that Russian professionals would trust Russian clinical experts more than their counterparts from the US and Europe. As much as possible, the WIN Project engaged Russian consultants to present and support the WIN interventions. While the Project made strong efforts to locate and invite internationally educated Russian specialists to participate, over time the Project itself generated more local experts. These providers acquired training in WIN practices to become a cadre of master trainers prepared and able to transfer their knowledge to peers.

Similarly Russian data proved more convincing to Russian professionals than data from abroad. The Project took opportunities whenever possible to disseminate Russian data that supported the new, international approaches. As the Project proceeded, more and more Russian data became available to demonstrate the interventions' positive results and ultimately to produce a unique set of data on women and infants' health.

Intermediate Results: Overview & Achievements

IR 1
Increased Access to WIN Services

IR1: Increased Access to WIN Services

In the Russian context, the WIN Project's ability to increase access to the new services depended on accomplishing the following:

- Creating a policy environment that would allow—and ultimately institutionalize—the new services;
- Defining a scope of interventions and the provision of training to ensure that health care professionals could provide them; and
- Ensuring that service delivery sites adopted the administrative and clinical changes and appropriate attitudes to deliver the new services to clients.

To demonstrate how WIN increased access to MCH services, this section explores how the Project achieved the contract's three sub-Intermediate Results supported by highlighted findings from an assessment of changes in *access* to services as measured by reported changes in the **availability** and **use** of key women's health services.

- IR 1.1: Supportive Policy Environment
- IR 1.2: Broadening Service Delivery

- IR 1.3: Increased Points of Selected Service Delivery

IR 1.1
Supportive Policy Environment

IR 1.1: Supportive Policy Environment

The success of the WIN Project depended on Russian health care policymakers' willingness to create new national policies that not only allowed, but also encouraged the use of new maternal and child health practices. To gain the support of policymakers, the Project had to introduce the health sector to new ideas: adopting clinical practices based on evidence-based medicine, incorporating international standards of care into policies and practices, and awakening public demand for new services. The nature of the system meant that no new practices could be introduced without concrete policy support from the authorities.

The MOH gave a vital endorsement at the Project's start with a Letter of Support for WIN Project activities. The letter stated that the MOH considered WIN-participating facilities to be demonstration sites for future dissemination of a national strategy to improve maternal and child health. The letter was an important, official blessing of the WIN interventions, because many of the new clinical practices and administrative procedures would contradict existing *prikazes*.

Ultimately, a variety of official documents were issued in connection with WIN Project activities. Altogether, there have been changes in 35 *prikazes*, orders, decrees, and guidelines—three documents at the federal level, 20 at the oblast level**,** five at the city level, and seven at the facility level. Many of these documents were orders issued to show official support and/or to encourage attendance at WIN activities. However, some documents signify the institutionalization of new health care practices. For example, the WIN Project's work with policymakers ensured that Russia accepts the WHO recommended guidelines for exclusive breastfeeding. A formal policy guideline on breastfeeding policy was created and approved at each maternity hospital, women's consultation center, and children's polyclinic participating in WIN. The document was placed in locations easily accessible to staff, family members, and women attending the facilities.

Two strategies, discussed below, helped the WIN Project create and maintain this supportive policy environment:

- The establishment of working, advisory committees and collaborative networks at the federal, oblast, and health care facility levels, and
- The dissemination of information and training to educate policymakers and providers.

Committees and Collaborations

At the start of the Project, in keeping with the Technical Working Groups approach, WIN initiated the creation of a national Executive Committee and a national Technical Advisory Committee comprising representatives from the Ministry of Health and other relevant organizations. It is important to stress that certain individuals played key roles in this process, and in particular, the Chief of Neonatology and the Chief of Obstetrics and Gynecology, (in addition to providing direction to the Research Center of Obstetrics, Gynecology and Perinatology). These roles included:

- To review and advise the Project;
- To support the regions in innovations—many of which promised to contradict existing MOH regulations; and
- To promote and disseminate the Project's results.

At the oblast level, Oblast Coordinating Committees performed a similar role, assisting the adoption of new policies at the facilities in their districts.

Throughout the duration of the Project, WIN maintained efforts to nurture the policy environment by fostering collaborations between government and provider entities, sometimes including NGOs. In Perm city, the Women's Crisis Center (an anti-violence NGO) and the Perm Oblast Health Department agreed to conduct a survey to assess provider knowledge and organize an information campaign on domestic violence issues for health workers. The Oblast Health Department gave the Crisis Center a new headquarters free of charge, consequent to their role in the WIN Project. The Crisis Center moved from an old, inconvenient facility in an outlying neighborhood of Perm city to a recently renovated building in the downtown section.

Information and Education

Disseminating information about WIN Project experiences to Russian policymakers, professionals, and the general public was important for nurturing the policy environment. Together with a public media campaign (see below, "IR2: Increased Demand for WIN Services"), the WIN Project provided a steady stream of activities to engage policymakers' and professionals' interest in evidence-based maternal and child health clinical practices, sharing Project results as data became available. Conferences, presentations, and publications helped the WIN Project disseminate results and spark dialogue that led to policy changes. These activities, both within Russia and in the international professional community, provided an ongoing educational forum for national and local-level health professionals and policymakers.

Following the Project launch, major national and international WIN events and activities to keep policymakers and influential health care professionals informed included the following (a comprehensive list can be found in Attachment B)

- **WIN Project Dissemination Conference:** A national conference and workshop to discuss results, achievements and to elaborate strategies for further dissemination of the WIN Project experience, May 19-21, 2003, Moscow, Russia
- **WIN Project in Russia: from pilot sites to national level:** WHO Euro Partners' meeting, may 1-2, 2003, Stratford-upon-Avon, UK
- **Modern Approach to Exclusive Breastfeeding:** VIII Russian National Pediatric Congress, February 21, 2003
- **Increasing Effective Postabortion and Contraceptive Use and Reducing Repeat Abortions in Perm:** APHA 130th Annual Meeting & Exposition, November 9-11, 2002, Philadelphia, PA, USA
- **Breastfeeding support and promotion in Russian maternity hospitals:** APHA 130th Annual Meeting & Exposition, November 9-11, Philadelphia, PA, USA
- **Women and Infant's Health (WIN) Project: Implementing effective perinatal health services in health practices:** 4th Women and Infant Russian Forum, October 21-25, 2002, Moscow, Russia
- **Women and Infant's Health (WIN) Project: Main Accomplishments and Future Perspective:** Perm Dissemination Conference, October 9-10, 2003, Perm, Russia
- **Women and Infant's Health (WIN) Project: A model for improving maternal and child health services in Russia:** Global Health Council 29th Annual Conference, May 27-31, 2002, Washington, DC, USA
- **Women and Infant's Health (WIN) Project: A model for improving maternal and child health services in Russia:** USAID 10 Year Retrospective Conference, July 28-31, 2002, Washington, DC, USA
- **First Pregnancy: Reproductive Choice in Youth, Male Involvement in Family Planning and Reproductive Health**: Genoa International Conference on Contraception, April 10-11, Italy, 2002
- **WIN Project: Intermediate Results:** DFID Workshop on "Mother's Health Care Sector, Moscow, March 14, 2002
- **WIN Project – Strategy of Success and Sustainability**: AIHA Regional Conference, June 2001, St. Petersburg, Russia

- **WIN Project**: **objectives and accomplishments**: IV National Congress of Pediatricians, February 19-22, 2001, Moscow, Russia
- **WIN Project – Achievements to Date**: Regional Initiative Novgorod Celebration Conference, October 19-20, 2000
- **WIN Project: Family Centers for Maternity Care**: WIN Project Launch Conference, Moscow, November, 1999

The WIN regional Training and Resource Center in Perm city, opened in December 2002 with WIN technical assistance, training equipment, and materials, provides an important venue for sharing of Project practices, experiences, and accomplishments. The center has capacity for demonstrations and training in Family-Centered Maternity Care (FCMC), essential newborn care, and family planning services. Visitors from other regions—whether policymakers, administrators, or health professionals—can visit Perm to view a model site and take training courses.

IR 1.2
Broadening Services Provided

IR1.2: Broadening Services Provided

The WIN Project created and supported the capacity of participating facilities to provide new or enhanced maternal and child health services to their clients. WIN presented each new service (for example, essential care of the newborn) as a key component of an integrated maternal, reproductive, and perinatal health care package. For each new service, WIN introduced a protocol development process and provided training for the facility staff who would then provide the service to clients.

The services included:
- Family-centered maternity care (FCMC) and essential care of the newborn (ECN);
- Exclusive breastfeeding for six months; and
- Postpartum and postabortion family planning counseling.

Historically, childbirth in Russia has followed a medical model that pays minimal attention to women and families' cultural or emotional needs during labor and delivery. Typically, women labor alone without family members, and are allowed neither to walk during labor nor take any fluids; perineal shaving, enemas, and episiotomies are routine procedures. The WIN Project offered an alternative, the evidence-based family-centered maternity care (FCMC) model. FCMC emphasizes education and preparation for childbirth so that the woman and her family can assume more active roles. FCMC avoids unnecessary use of invasive, uncomfortable or restrictive procedures. It promotes early initiation of breastfeeding, skin-to-skin contact between mother and newborn immediately after birth, minimal separation of mother and infant, as well as rooming-in and other practices that facilitate breastfeeding. Contact is encouraged between the newborn and other family members. As soon as WIN training prepared health care providers to use the FCMC model—plus other needed skills, such as neonatal resuscitation—the facilities began to offer this alternative approach.

To introduce services related to exclusive breastfeeding of which rooming-in and feeding infants on demand are key components, the WIN Project used the evidence-based model established by the WHO. Health care providers learned how to counsel new mothers about the benefits of feeding their infants only breast milk for the first six months of life. Providers also learned how to teach their clients correct positioning and technique for breastfeeding.

The skills to provide postpartum and postabortion family planning counseling were entirely unfamiliar to most health care providers. The WIN training workshops introduced providers to counseling and communication techniques, along with up-to-date, evidence-based family planning information to deliver to clients.

Reports clearly demonstrate that more members of the medical staff are providing, and more women are receiving "client-centered" care than when the Project began. Almost all antenatal providers report recommending childbirth preparation for the woman and her partner, rooming-in, exclusive breastfeeding, and family participation in the birth. While still somewhat lower than provider reports, the proportion of pregnant women who report discussing these options with their antenatal caregiver more than tripled between baseline and endline surveys. About 60-65% of pregnant women said they had discussed these different options at the time of the endline survey. Almost 89% of postpartum women reported having received information about family-centered maternity care during their antenatal care, and three-quarters reported discussing preparations for delivery with their antenatal care provider.

Four out of five maternity hospitals have instituted widespread access to "rooming-in", support for exclusive breastfeeding, and achieved internationally recognized status as Baby-Friendly Hospitals. These facilities now offer the option of family-centered maternity care to more women, and a large proportion of their clients now choose this option, which was not offered when the WIN Project began.

Prior to the training interventions and adaptation of physical facilities to allow for "rooming-in", this was an option most women were not offered. The routine practice was to keep all babies in a newborn nursery, taking infants to mother only at feeding time. Of all postpartum women interviewed at baseline less than half reported that they had "rooming-in" or, if not, were offered the option. At the same time 80 % or more of physicians reported that they offered this option to their clients. By the second round survey, more than twice as many mothers (more than 80%) reported that they had "rooming-in" and 90% of postpartum women reported being offered the option which was sustained at endline with 84% of women being offered this option.

Almost 40% of women reported at baseline that they had their babies with them day and night but most of these women reported that their newborn was taken away to a nursery for the first night. By the second round survey, more than twice as many mothers (80%) reported that they had "rooming-in" and 'true' "rooming-in" (baby stays with mother from birth) increased dramatically. This reported improvement was sustained in the endline survey. Almost all these women experienced rooming-in from birth.

Women are increasingly taking advantage of the opportunity to have a close person to support them during labor and delivery and to exclusively breastfeed their babies in hospital, and their attitude toward having such support has become more positive. At baseline 60% reported not wanting any close person with them during childbirth by the second round this changed to approximately 30%. This increasingly positive attitude was sustained in the endline survey, and the practice in facilities had clearly increased with almost half of postpartum women reporting in 2003 that they actually had someone with them for support during labor. Almost 90% of women breastfed exclusively during their stay in the maternity, more than tripling from only 26% at baseline. According to data from children's polyclinics a larger proportion of infants, under the age of six months are now exclusively breastfed than in mid 2000.

Besides the WIN services themselves, the providers along with health care administrators had to embrace the integration of multiple services at the different service delivery points to ensure continuity of care. While women's consultations, maternity hospitals, and children's policlinics in Russia each have a discrete purpose, some of the services they provide do—or, according to evidence-based clinical planning, should—overlap, such as breastfeeding education and family planning counseling. While expanding the services provided to women and families, the WIN Project emphasized that the guidance and care clients receive must be consistent across all providers, all procedures, and all service delivery points.

In addition to the basic WIN interventions, the Project's training also prepared providers to integrate into the regular care that clients received a variety of maternal and child health topics.

These topics included STI services; prenatal education and prepared childbirth; prevention of violence against women; healthy lifestyles; healthy nutrition; and adolescent reproductive health.

As WIN training of health care providers commenced, certain individuals emerged as potential master trainers. These 15 local health care providers continued with additional WIN training courses and curriculum development activities, and now comprise a pool of Russian trainers who can bring the WIN interventions to their peers at participating sites.

The WIN Project's training activities are discussed further in the section, "IR 3: Increased Quality of WIN Services and Practices," and presented in detail in Attachment C.

The format of WIN training sessions was new to most health care providers. Besides a new universe of skills, participants were introduced to new learning methods. Side by side with theory, WIN provided opportunities to gain hands-on practice in clinical skills. Providers learned from Project experts not only during formal training sessions but also during follow-up site visits. During these visits, providers especially appreciated the experts working with them side by side to demonstrate practical techniques.

IR 1.3
Increased Points of Selected Service Delivery

IR1.3: Increased Points of Selected Service Delivery

In order to select sites to participate in the Project, WIN coordinated planning among USAID/Russia, the federal Executive Advisory Committee and the federal Technical Advisory Committee. All of the following areas were discussed: the Russian Far East, Novgorod, and Samara as part of the Russian Investment Initiative, and two Siberian sites.

The cities of Perm, Novgorod, and Berezniki were selected. The final selections were made based on criteria that included motivation as well as previous experience. Perm had been a control site for WHRP. The Perm administration subsequently assisted with the concluding selection. Poverty and isolation were also factors in the choice of Berezniki.

Initially all WIN services were offered only to women and families residing in Novgorod and Berezniki and some districts in Perm. Eventually, the Project worked in all of the women's consultations, maternity hospitals, and children's polyclinics in Perm city, in order to provide WIN services to an increased percentage of the population of Perm oblast. The opening of the WIN Training and Resource Center in Perm in December 2002 helped to strengthen Perm city as a WIN demonstration site with integrated maternal and child health services across the municipality.

Currently 17 additional oblasts are seeking to bring the WIN interventions to their health care facilities.

IR 2
Increased Demand for WIN Services

IR2: Increased Demand for WIN Services

Information, education and communication (IEC) activities were an important component of the WIN Project. The project was expected to increase demand for the new services as well encourage preventive health behaviors in the communities where WIN worked.

Effective, client- friendly and high- quality services will be used by the population in need only in as much as that population is made aware of these services, can afford them, and knows when to seek preventive and curative care. The long term goals of improvements of health status in this population is dependent upon improvement of the knowledge of the risks and ways to prevent unwanted pregnancies and illness through effective family planning and health promoting behaviors.

The IEC component of the Project addressed these goals by the production and dissemination of appropriate health messages and materials to inform and educate the population in the three target cities, and materials and media to use in the participating facilities.

IR 2.1
Increased Consumer Knowledge of Services, and Benefits and Risks of Key Health Behaviors

IR2.1: Increased Consumer Knowledge of Services, and Benefits and Risks of Key Health Behaviors

Behavior change communication (BCC) is a relatively new tool in Russia, and the WIN project both introduced its use to a new generation of health communicators while utilizing BCC to encourage the adoption of behaviors in support of women's health. The IEC component of WIN, which included BCC, aimed to increase women and men's knowledge of women's health issues and to put that knowledge to use through positive behavior change in areas such as exclusive breastfeeding, family planning, and utilization of health services.

The specific objectives included:

- Increase the number of women exclusively breast-feeding for six months by 10 percent in two years
- Increase use of modern contraceptive methods 3 percentage points during 4-6 month campaign in three target regions
- Increase visits to providers for the purpose family planning
- Increase percentage of women who view oral contraceptives favorably.

Strategy

The IEC component of WIN was designed to support behavior change among women and men through the use of multiple channels to communicate a diversity of reproductive health messages. The strategy employed community-based, facility-based, and media channels to reach target audiences with the WIN messages of healthier pregnancies and deliveries, exclusive breastfeeding of newborns, and healthy families free of violence.

The IEC component was integrated with the wider WIN strategy to ensure the communication activities would support and enhance the facility-based activities. In this way women and men heard messages, participated in community events, and experienced clinical care that focused on similar issues, reinforcing the messages of behavior change at every step.

As implementation of WIN progressed, the IEC component focused on complementary communication messages in waves, or campaigns. These campaigns were linked by their connection to overall WIN activities, but also by themes and creative styles that ran through messages and materials. An example of the continuity in campaigns is the logo of a mother and baby, done in cartoon or animated style, that was developed for the breastfeeding campaign and then carried over into the family planning campaign in print and media materials.

Key Activities

<u>Breastfeeding Campaign</u>

Breastfeeding is common and socially supported in Russia, however exclusive breastfeeding for up to six months is a new practice. WIN introduced this behavior to medical providers and women through facility-based training and counseling and was supported by JHU/CCP's provision of a communication support for the public. Activities to introduce the idea of exclusive breastfeeding and support its practice among the public included local hotlines in the target areas, community activities, and national media including TV and radio.

The exclusive breastfeeding communication strategy built on Russian women's desire to do their utmost to promote the health of their infant, and began to reposition exclusive breastfeeding as simple, convenient, and healthier for mother and baby than any other method of feeding. The target audience for the breastfeeding campaign was urban, middle class women between the ages of 18 and 35 who were planning to have a baby within the next year. A simple key promise was designed after formative research with this audience: If you breastfeed your baby exclusively for six months, you will feel confident that you are giving him/her the best foundation for his/her physical and mental health. Individual messages and creative concepts were developed to convey this key promise.

The exclusive breastfeeding campaign was launched in April 2001, and ran through December 2001. Outputs for the campaign included TV and radio spots, print materials for the public, counseling aids for health providers, promotional materials such as t-shirts, mugs, and baby kimonos, breastfeeding hotlines, and outreach activities in the community.

Family Planning Campaign

Russia's contraceptive picture seems at first glance to be paradoxical: between 68.4 and 73.5% of respondents in the 2001 baseline survey reported using a method of contraception, but only between 38.2 and 41.8% used modern methods. More than half the pregnancies in this sample were unwanted, unplanned, or mistimed, and the majority ended in abortions. The low rate of contraceptive use and frequent method switching are explained in part by a lack of both comprehensive information and a successful counseling relationship between patient and service. In qualitative research conducted to shape the family planning campaign, women describe their method of choosing a contraceptive as "trial and error," and even note that "it never occurred to them" to seek professional advice before choosing a method.

A two-phase communication campaign was designed to help women shift from their reliance on traditional methods (which have a high failure rate and often lead to abortion) to reliable modern contraceptives. The campaign was tied into capacity building activities WIN conducted in facilities to increase providers' ability to give clients quality counseling on family planning issues. Messages in the media, print materials, and community events urged women to actively seek a solution to their family planning needs by talking to a service provider about family planning and to make an informed choice of a contraceptive method to use consistently.

The family planning communication campaign was launched in January 2002, with activities continuing through the end of the project in May 2003. The campaign materials, such as television and radio spots, were designed using the same creative approach as the breastfeeding campaign, tying the two waves of messages together with the overall concept of improved health for women and babies. Outputs for the family planning campaign included television spots, many produced at the local level through work with the media, print materials for clients and the public, counseling aids for health providers, promotional items, and outreach activities.

Family Centered Maternity Care

WIN introduced the concept of family centered maternity care (FCMC) to maternity hospitals in Perm, Novgorod, and Berezniki and supported its implementation in those facilities. The FCMC initiative was supported through the development and distribution of materials to explain the concept and availability of FCMC services to women and families in the target areas. These print materials, based on formative research, explained the concept of FCMC, told people the services were available, and advised women and families what to expect when they visited a facility providing FCMC.

Domestic Violence

Official Russian statistics indicate that approximately 12,000 women are killed every year by their partners. The WIN project addressed the serious problem of domestic violence in Russia through capacity building among medical providers and awareness-raising among the public. While another component of the WIN project provided training in responding to domestic violence, a cue card on domestic violence was produced for medical workers. The *Anna Crisis Center*, No To Violence Organization in Perm, *Sisters* in Novgorod and Dr. Larissa Romanova, a forensic medical officer and expert on domestic violence legislation in Russia provided input and consultations. The cue card provided service providers with basic counseling skills and accurate, accessible information on their legal obligations when dealing with a victim of domestic violence. The cue card was distributed among the sites, to domestic violence crisis centers, and through other medical organizations.

To draw the attention of the public to the problem, JHU/CCP used core funds to commission two episodes of the popular television TV show "New Adventures of Cops" on domestic violence. These shows were the first time domestic violence was accurately portrayed on national Russian TV. One of the shows highlighted the work of a Crisis Center. They were aired on the national channel NTV twice, with an estimated audience of between 25-30 million viewers.

Capacity Building

During the Soviet era, health communication was delegated to the Department of Sanitation and Epidemiology and its network of Centers of Preventative Medicine throughout the country. Little effort was made to tailor the materials to the interests and needs of the audiences or to use multiple channels and messages that would be most appealing and persuasive. Pretesting, qualitative research, strategic design--the core of modern social marketing--were unknown. The capacity building in IEC activities aimed to increase facilities' and health providers' ability to design and implement strategic communication activities, and to provide their clients with relevant counseling, information, and referrals.

1. Training

Two workshops were held on communication skills and community mobilization to raise capacity for organizing and running health promotion campaigns. In Novgorod there were 13 participants representing the main partner medical institutions and the Center for NGO Support. In Perm there were 17 participants from Perm city and Berezniki medical institutions. At the end of the workshops, the participants began to develop plans for local activities in support of the breastfeeding campaign.

Novgorod and Perm were the sites of two workshops on counseling for the breastfeeding hotlines. The goals of the workshop were to provide the future hotline operators with general counseling skills, specific telephone counseling skills, and discuss the administrative aspects of running the hotlines. Six nurses and doctors took part in the Novgorod training, and ten nurses and doctors from Perm and Berezniki took part in the training held in Perm. In addition, meetings were held to discuss contractual issues connected to administering the phone lines.

2. Integrating state and NGO sectors

State structures such as medical facilities have been divorced from the NGO sector that also provides services to the community, resulting in a lack of referrals and mutual use of resources. Lack of knowledge of available NGO resources in the medical community was addressed by using print materials to raise awareness of the existence and availability of NGO services. The aim was to forge linkages between the two sectors and build capacity among health workers in providing referrals to their clients for NGO services and information.

JHU/CCP contracted with NGOs in Novgorod and Perm to provide booklets on services provided by local NGOs related to health, family planning, family and child support, as well as legal issues connected with these areas. The booklets were distributed to all the participating service providers. In Novgorod stands highlighting this information were made and placed in service facilities, while in Perm, at the request of local health officials, a traveling exhibition of NGO information was organized in several oblast cities. In both sites the NGOs established stronger relations with the state organizations. In Novgorod the NGO Support Center played an active role in organizing outreach activities on breastfeeding and family planning. In Perm, the local health authorities continued to collaborate with the No-Violence NGO on other projects.

Leveraging Funds

Significant amounts of money were leveraged over the lifetime of the program. Most important is the approximately $2.2 million dollars in free television time. Local television and radio stations as well a local print media outlets provided extensive free coverage of activities issues. In addition, Cadbury provided over $6000 to do a print run of 50,000 family planning brochures for young people, which were distributed in both Novgorod and Perm.

Results

The WIN project conducted a baseline population survey in 1999 and an endline survey in 2003 to measure the impact of the project activities in the three target sites, Perm, Berezniki, and Novgorod. Results are presented below for two of the key areas of focus for the IEC component of WIN, exclusive breastfeeding and family planning.

Breastfeeding

There was an increase in the mean age of discontinuation of breastfeeding among women surveyed in all sites, a major goal of the WIN project. About 40% of newborns were breastfed till age 6 months or more between 1994-1999, while more than half of newborns were breastfed till age of 6 months or more during 1997-2002 (*Table 1*).

Table 1: **Distribution of age of discontinuation of breastfeeding**

	Perm*		Berezniki*		Novgorod*	
	1999	2002	1999	2002	1999	2002
Less than 6 months	57.3	49.3	60.4	38.4	57.5	44.2
6 months and more	42.7	50.7	39.6	61.6	42.5	55.8
Total respondents	300	209	321	242	261	197

The survey asked women about the benefits and drawbacks to breastfeeding to measure knowledge and attitudes toward exclusive breastfeeding. Most women said that breastfeeding makes a baby healthier and stronger in both surveys. Many women also said that breastfeeding

makes baby and mother closer, makes baby feel more loved and secure, and protects baby from infection. A very small number of women said that breastfeeding makes the baby weaker.

Exposure to breastfeeding messages on television and radio increased in all three sites between baseline and follow-up. At baseline, no more than 27.7% of women in all sites had heard breastfeeding messages on TV or radio, while at follow-up at least 56.9% of women in all sites had heard breastfeeding messages (Table 2).

Table 2: **Percentage of women reporting exposure to exclusive breastfeeding messages on the radio or on television**

City	Perm*		Berezniki*		Novgorod*	
Survey year	**1999**	**2002**	**1999**	**2002**	**1999**	**2002**
Yes	20.4	56.9	27.7	59.5	26.4	70.8
Total number of respondents	1300	1300	1300	1300	1300	1300

Contraceptive Use

In the period between 1999 and 2003 there was an increase in use of modern methods of contraception and a decrease in use of traditional methods of family planning in the intervention sites. [1]

Between 1999 and 2003, the percentage of women using any method of family planning showed a modest increase. In Berezniki modern method use (reversible medical, barrier and permanent methods) increased from 48% in 1999 to 57% in 2003, while traditional method use fell from 20% to 13%. In Novgorod modern method use increased from 52% in 1999 to 63% in 2003, while traditional method use fell from 22% to 16%. In Perm, modern method use increased from 50% to 54%. This can be interpreted as a shift from less effective traditional methods to the more reliable modern ones the WIN program promoted.

[1] In the baseline survey respondents were asked what family planning method they used, and multiple methods were allowed. In the follow-up survey respondents were allowed to give only one method as the one they were using. As a result we do not know the actual rates of modern and traditional family planning use in the baseline. To make an estimate to use as a comparison for the follow-up we applied the distribution of modern and traditional family planning use found in the 1999 CDC-VCIOM survey in Perm to contraceptive use rates in the baseline survey. The resulting rates of modern and traditional method use may therefore contain some unknown bias due to the methodology used to calculate them.

Table 3: **Changes in contraceptive prevalence rates among women in union, baseline and endline household surveys**

CURRENT USE OF CONTRACEPTIVES AMONG MARRIED WOMEN	PERM	CITY BEREZNIKI	V. NOVGOROD
		USING ANY METHOD	
BASELINE – 2000 (1999)	70.5 (70.2)	68.3	73.5
ENDLINE – 2003	72.2	70.7	78.2
		USING A MODERN METHOD	
BASELINE – 2000 (1999)	49.6 (49.3)	48.0	51.7
ENDLINE – 2003	54.4	57.2	62.5
		USING A TRADITIONAL METHOD	
BASELINE –2000 (1999)	20.9 (20.9)	20.3	21.8
ENDLINE – 2003	17.7	13.4	15.8
		NOT USING ANY METHOD	
BASELINE – 2000 (1999)	29.6 (29.8)	31.7	26.5
ENDLINE – 2003	27.9	29.3	21.8

Percent using any method and not using any method total 100%. Within those using a method, the distribution of baseline estimates of modern and traditional method use have been re-calculated according to the distribution estimated from the CDC/VCIOM 1999 survey in Perm (estimates from that 1999 survey for Perm are shown in parentheses).

Source: David and Vartapetova, (2003) *An Evaluation of the WIN Project: Evidence of Effectiveness*, Boston and Moscow: John Snow, Inc.

Exposure to family planning messages was higher in the follow-up survey than the baseline, with the number of women categorized as having low exposure falling and those having high exposure rising in each site surveyed. There was a slight correlation (not statistically significant) between high exposure to family planning messages and modern method use.

Abortion

According to the household survey data, total abortion rates and general abortion rates have fallen consistently since the three-year period before WIN Project activities began.

In Perm, the baseline estimate of the abortion rate was 2.2 abortions per woman, and in the post-intervention period this rate fell to 1.7 abortions per woman or 58 abortions per 1000 women of reproductive age. Total fertility also fell slightly, from 1.4 children per woman to 1.3.

In Berezniki, the total abortion rate fell from 2.2 to 1.4 abortions per woman or 48 per 1000 women of reproductive age, while the total fertility rate rose from 1.5 to 1.6 births per woman.

In Veliky Novgorod, which had the lowest level of abortions at baseline, 1.7 per woman, a decline similar in magnitude to that in Perm occurred, driving the abortion rate to 1.2 abortions per woman or 39 per 1000 women of reproductive age in the post-intervention period. (See also *An Evaluation of the WIN Project: Evidence of Effectiveness*).

IR 3
Increased Quality of WIN Services and Practices

IR 3: Increased Quality of WIN Services and Practices

The WIN Project interventions incorporated a number of mechanisms to ensure continuous quality improvement of WIN services in the pilot sites. Integral to this approach was the incorporation of the evaluation and monitoring of the Project at the facility level rather than the reliance on outside evaluation. Local health care providers and administrators were instrumental in defining and maintaining the quality of their maternal and child health services. Sustainability of the Project was reinforced by ownership at this level.

Data collection and analysis by providers following the implementation of a new practice was essential to the success and sustainability of the Project. Engagement in the evidence-based approach was reinforced. In addition a unique set of local data was gathered while tracking the growth of the Project.

The concept of continuous quality improvement was fundamental to the Project. The process for the development and institutionalization of clinical guidelines assured that this concept was integrated thus further supporting the sustainability of the Project.

Policymakers as well as front-line providers learned about quality assurance concepts and methodology. WIN presented three Maximizing Access and Quality (MAQ) seminars, two MAQ workshops and two regional conferences examined quality issues in greater detail, presenting mechanisms to identify and implement practical, cost-effective, and evidence-based interventions aimed at improving both access to and quality of family planning and other maternal and child health services. These events included an overview of and lessons learned from Russian/US maternal and child health quality activities already underway in Tver Oblast and other sites.

Clinical guidelines and protocols are considered important tools for coordinating, optimizing and assessing the introduction of new practices that comply with international standards. The process involved at WIN had a number of advantages, notably:

- The guidelines are evidence-based and locally adapted.
- The guidelines are developed in accordance with the Ministry of Health instructions and formats.
- The guidelines are supported by local teams that have ownership of them and will implement them.
- The guidelines are approved by Ministry of Health experts in the care topic area.
- Disseminating the new systems of care and evidence-based guidelines is enhanced by the fact that they are locally developed.
- Updating the guidelines is streamlined since local health care personnel comprise the team that developed them.

Additionally the process helped foster a team spirit. Relations were strengthened both within as well as across facilities.

WIN developed three sets of Clinical Guidelines: on Breastfeeding, Postabortion Care and Infection Control in Maternity Hospitals.

With Clinical Guidelines established health care providers needed trainings in the topics relevant to the plans for change. The WIN Project provided integrated training of physicians (obstetricians, gynecologists, neonatologists and pediatricians) and nurses on modern clinical and counseling services in compliance with international recommendations (WHO) adjusted to specific local resources and conditions.

The WIN Project developed new training courses, but also used programs designed by WHO, UNICEF and other bodies that had previously been tested in Russia.

Training activities focused on three areas of practice: family centered maternity care (FCMC), which included introducing evidence-based medical practices and client-centered approaches to the care of women during normal labor and delivery; and essential care of their newborn infants (ECN), breastfeeding counseling; and contraceptive counseling for postpartum and postabortion women.

Four out of the five maternity hospitals were awarded Baby Friendly Hospital certification during the life of the Project.

The following section presents WIN approaches and achievements related to each of the sub-Intermediate Results of Intermediate Result 3: Increased Quality of WIN Services and Practices. Results are supported by highlighted findings from an assessment of changes in *quality* of services as measured by indicators in current practices from **the point of view of both provider and clients.**

- IR 3.1, Increased Choice of Practices/Methods
- IR 3.2, Increased Dissemination of Best Practices
- IR 3.3, Increased Professional Technical Competence
- IR 3.4, Improved Provider/Client Relations
- IR 3.5, Increased Continuity of Care
- IR 3.6, Increased Appropriateness and Acceptability of Services

IR 3.1
Increased Choice of Practices/ Methods

IR 3.1: Increased Choice of Practices/Methods

With the introduction of new, evidence-based practices into the maternal and child health care system in pilot sites, the WIN Project greatly expanded health care choices for Russian women and their families.

The WIN client was now faced with an expanded menu of evidence-based services ranging from the antenatal stage through delivery and post-partum. IEC messages and counseling asked her to make informed decisions about breastfeeding her baby, her own nutrition, her lifestyle, and her future family planning. The explosion of choices demanded that women take an increased responsibility for their own reproductive health—a responsibility for which WIN-guided counseling and IEC worked to prepare them with evidence-based information.

The introduction of family-centered maternity care at selected maternity hospitals and the promotion of the FCMC childbirth model in Perm Oblast and Novgorod Oblast gave women real options as to the nature of the birth experience. As participating maternity hospitals adopted the concept of Baby Friendly Hospitals, each client had opportunities to make more decisions: Would she room-in with her newborn, or have the baby stay in the nursery? If her baby were premature, or needed special care, would she room-in, or not? Would her husband, partner, or other family member attend her delivery? Would she breastfeed her baby, and if so, for how many months?

Quantitative data demonstrate that positive changes in the proportion of clients receiving the new services and practices and their satisfaction with the new services have occurred. In addition client and provider perception of the care that is given and received has become more congruent over time.

Without quantitative data from observations of care reliance must be on these reports from clients and providers that show an increase in the prevalence of evidence-based practices demonstrating that the desired changes have occurred

The frequency and content of discussions of exclusive breastfeeding between providers and antenatal clients has improved. By 2003 nearly 7 out of 10 antenatal clients could correctly define exclusive breastfeeding.

In the area of family planning, the WIN Project expanded individual choice even more dramatically. All WIN facilities offered each postabortion and postpartum client family planning counseling that discussed an array of contraceptive choices. The expectation was that by offering women opportunities to select a contraceptive method that was realistic and appropriate for her and her partner, it would help to reduce the incidence of repeat abortions.

The frequency of counseling of all types of clients about their contraceptive needs more than doubled over the course of the Project. Evidence shows that the quality of the information provided improved and reached larger numbers of women.

Approximately half of all postpartum women reported that at endline their medical provider had discussed postpartum contraception with them compared to 20% at baseline, and almost half reported discussing the lactational amenorrhea method (LAM) increasing from 10% at baseline. This is still lower than the 80% of providers who reported that they discussed this option with their clients but still represents a substantial increase. However, one out of four clients interviewed postpartum said that they planned on using LAM.

The proportion of antenatal clients who said that their provider discussed contraception more than doubled between 2000 and 2003. Although at the end of the Project only 4 out of 10 antenatal clients reported receiving contraceptive counseling.

The frequency of counseling for postabortion women more than doubled from baseline with more than 90% of abortion clients reporting that they discussed contraception with their provider before discharge. Of those who knew which method they would use, over 80% opted for a modern method of contraception and three quarters chose a highly effective, modern method. These numbers have not changed significantly from baseline yet two out of every three women now report discussing the chosen method in detail with her provider. This would indicate that this comprehensive counseling succeeded in reaching a larger proportion of abortion clients. It is anticipated that this will ultimately reduce the rate of discontinuation of the medical methods most desired by these women.

Approximately 85% of providers reported at endline that they would advise a woman using the pill who was at risk of sexually transmitted infection to continue with the pill but use a condom for infection prevention. This represents an increase of about 20% from baseline.

The increase in reports from abortion clients that they had received contraceptive counseling was reflected in interviews with women in the community, with increases of between 8% and 22% in the three cities.

IR 3.2
Increased Dissemination of Best Practices

IR3.2: Increased Dissemination of Best Practices

For Russian policymakers and academics as well as providers at pilot facilities, the WIN Project opened the door to exploring new, evidence-based practices for maternal and child health. The sustainability of the WIN interventions required dissemination of these best practices.

At the printing of this report, 17 additional oblasts are investigating implementation of WIN interventions in their maternity hospitals, women's consultations, and children's polyclinics.

PROTOCOL DEVELOPMENT uses a quality improvement methodology that integrates clinical content (e.g. breastfeeding, postabortion care) with the organization of health care delivery.

The approach consists of the following steps:

1. Study the existing system of care.
2. At each step in the system of care, identify relevant clinical content.
3. Review evidence-based literature on the clinical improvement area chosen.
4. Update clinical content.
5. Enhance capacity of the system of care to enable the implementation of the updated clinical content.
6. Review indicators of quality to verify that the indicators can show whether changes made yield improvements.

The WIN Project's best practices were based on the internationally accepted, evidence-based procedures and services that the Project was contracted to introduce in Perm and Novgorod Oblasts. Some particular best practices were further defined by clinical protocols that WIN participants and consultants developed to deliver the new services consistently across all participating maternal and child health care facilities. WIN with partners URC and Engender Health guided the creation of effective protocols using training and workshops involving Russian providers, health care experts, and administrators.

The MAQ trainings provided by WIN partner URC prepared providers and administrators to address quality concerns by careful development of clinical protocols or best practices. Following the second MAQ training, WIN asked the facilities to draft a breastfeeding protocol. However, facility providers and administrators needed more training and the support of content and protocol-design experts. In Year 3, the WIN Project worked with participating facilities in one site to develop facility-specific protocols for breastfeeding, and in another, to develop protocols for postabortion care. Workshops provided a forum for the facility groups to work with clinical experts to complete the protocols. The combination of local experience, protocol-design expertise, and medical expertise proved successful, and WIN then shepherded the development of infection control for maternity hospital clinical guidelines within a short, six-month period.

WIN disseminated best practices in the following ways:

- Ongoing training of more health care providers to use the clinical protocols
- Publication of articles about WIN in peer review and other professional journals in Russia and abroad
- WIN presence at Russian and international professional conferences, including Russian professionals representing WIN-participating facilities
- Visits to WIN facilities in Perm Oblast by medical professionals from other Russian regions and from other former Soviet nations, such as Ukraine
- The WIN final dissemination conference in May, 2003
- The WIN Training and Resource Center in Perm city opened in December 2002, and
- The WIN implementation guide, published in Russian and English in August 2003.

Dissemination to providers working in the pilot oblasts of Project practices resulted in their inclusion into the curricula of Perm and Novgorod academic institutions.

The medical school in Perm has integrated the international standards for breastfeeding and Essential Newborn Care guidelines and practices, key components of the WIN training courses, into the curricula for third year students' specialist courses and refresher training courses. The medical school in Novgorod has integrated the breastfeeding standards into its training for third year students.

These events are an example of what has been characterized as health care reform at the implementation level and reinforces the value of WIN's bottom-up approach to health care to effect change at the policy level.

IR 3.3
Increased Professional Technical Competence

IR3.3: Increased Professional Technical Competence

Many Russian health care professionals have access to post-graduate education. All physicians and health providers are required to participate in refresher courses every five years. These courses are held in central locations and all travel and accommodation costs are the responsibility of the provider's facility. Invariably budgetary restrictions do not allow for this. Under the Soviet system this was not an issue as the State took financial responsibility. The Project, by bringing on-the-job refresher courses to provider's places of employment rather than expecting the provider to travel and take time away, has contributed considerably to rectifying this problem.

Furthermore, the content presented tends to be subjective and outmoded; students are not exposed to evidence-based practices that meet modern international standards; and, modern, hands-on teaching methods are not used. Therefore, the WIN Project developed and introduced its own workshops and short courses to prepare health care providers to implement new clinical practices, including monitoring and evaluation activities. Courses were offered on-site, combining hands-on practice with a lecture/discussion format.

WIN put in place systems to make the Project's trainings sustainable. First, the Project developed local professional training capacity by nurturing a cadre of "master trainers." Some of the master trainers had experience as family planning educators with the WRHP. They served as observers and co-trainers when the WIN trained additional health care providers, and were prepared with up-to-date content and up-to-date adult education methodologies to train peers in Perm Oblast and Novgorod Oblast. This group of master trainers is also prepared to offer their services to future Russian WIN intervention sites.

The WIN Training and Resource Center in Perm city will serve as a training center for new practitioners of the WIN services, a professional development resource for those who wish to upgrade their skills, and a showcase for the effectiveness of the evidence-based interventions.

To increase the technical capacity in all of the WIN sites, a number of internationally recognized books translated into Russian were ordered and distributed on behalf of the Project, including the following:

- *Manual of Obstetrics*, Kenneth R. Niswander and Arthur T. Evans, 1996; 1,200 copies
- *Manual of Pediatric Therapeutics*, John W. Graef, 1994; 1,200 copies
- *A Guide to Effective Care in Pregnancy and Childbirth*, M. Enkin, M. Keirse, M. Renfrew and J. Neilson, 1995; 150 copies
- IPPF/WHO/AVSC *International Medical and Service Delivery Guidelines for Family Planning Services*, 2nd Russian Edition; 300 copies
- *General Practice*, John Murtagh, New York: McGraw Hill Co., 1998; 500 copies.

WIN provided the curriculum for all of its training activities, often by adapting and updating existing courses created by WHO and other agencies. For FCMC training, WIN first used a training course developed by the MotherCare project in 1996 to introduce evidence-based maternity care practices in Ukraine. The WIN Project adapted the MotherCare course to use current, user-friendly methods for teaching professional adults and to more specifically fit the Russian health care environment. To revise the FCMC course WIN formed a team including WHO consultants, the WIN Russian master trainers, WIN Project international consultant JSI and the U.S.-based World Education, Inc. The revision incorporated two WHO courses used previously in Russia and other post-Soviet nations—Antenatal, Interpartum and Postpartum Care; and Managing Complications in Pregnancy and Childbirth.

The revised FCMC curriculum provides an integrated approach in content and clinical experience covering appropriate labor and birth practices for women, inclusion of the family throughout the

process, essential newborn care and neonatal resuscitation, breastfeeding practices, postpartum care and quality improvement.

The revised FCMC course was tested with health care providers at new sites at Perm Oblast and further tailored with feedback from participants and trainers. The revised course offers an improved structure as well as extensive practical exercises. Clinical and theoretical are integrated. A theoretical training both precedes and follows each clinical training.

The WIN Project based its breastfeeding training on the WHO breastfeeding course, which emphasizes breastfeeding counseling. Adapted by WIN for the Russian health care system, the course discusses how to become a Baby Friendly Hospital, health eating for pregnant and lactating women, and the cost benefits of breastfeeding.

WIN also prepared and provided courses in family planning (with particular emphasis on postabortion and postpartum counseling), STIs, prenatal care and preparation for childbirth, violence against women, healthy lifestyles, and reproductive health in general.

To increase the Russian training capacity in the areas of family planning and reproductive health, WIN invited providers from the participating facilities to participate in curriculum development workshops led by partner EngenderHealth. Using a teamwork approach the providers came together with trainers and consultants to share their expertise to create effective courses to teach evidence-based practices. WIN curricula for training providers in IUD Insertion and Removal, Postpartum Family Planning, and Family Planning Counseling and Information-Giving were finalized by these curriculum development workshop teams in August 2001. A list of WIN curriculum development activities appears in Attachment C.

The WIN model was implemented with the approach that training needs to be reinforced. An important feature of WIN training was the use of follow-up visits. To ensure the correct implementation and the sustainability of the new practices at the WIN facilities, the Project continued post-training supervision visits by international and Russian experts. Follow –up visits to review the progress in implementing recommended clinical practices totaled 23. These included seven visits to facilities in Novgorod; ten visits to facilities in Perm, and four visits to facilities in Berezniki.

At each visit, the experts reviewed the entire range of WIN-promoted services and practices related to breastfeeding/Baby Friendly Hospitals initiative, essential newborn care, FCMC, and family planning services. This comprehensive scrutiny helped to ensure the integration of services and continuity of care within and between facilities.

However, the visits were not for the purpose of inspection. The role of the expert is to support collaboration and knowledge transfer among medical providers clients and visiting inspectors. For example, visiting experts provided on-site updates on managing the side effects of injectable contraceptives.

Changes in breastfeeding practices at Berezniki Maternity through implementation of the comprehensive training system of training and follow-up support were very significant. Immediately following the training 20% of newborns were reported as exclusively breastfed. This climbed steadily and significantly following two follow-up visits over a period of approximately 6 months to over 90% of newborns being exclusively breastfed. This was sustained over time and included the awarding of BFHI status during this time period. (One of the four out of a total of the five maternity hospitals involved in the WIN Project to receive this certification).

The experience in Berezniki is representative of the positive changes that family centered maternity care training for providers brought.

Evidence of the further success of these trainings is their success in changing many ineffective or potentially harmful practices in maternities. Mobility and choice of positions during labor have increased, and uncomfortable and unnecessary or harmful procedures such as perineal shaves, enemas and induction of labor have decreased. Most women are now allowed to bond with their baby through skin-to-skin contact immediately after delivery, and to continue close contact through rooming-in with their infant, apparently one of the most popular WIN-supported innovations among both women and medical staff. Counseling and support for exclusive breastfeeding appears to be strong, because the prevalence of supplementing breast milk with other drinks in hospitals has declined markedly.

Practices that support women to exclusively breastfeed, such as immediate skin to skin contact, and immediate breastfeeding and rooming-in, and the ability to feed on demand, have clearly increased with over 80% of women at endline reporting experiencing all of these. About 25% of all neonatologists now report that they know of no contraindications for breastfeeding, an increase from close to zero at baseline. Rooming-in is a practice that can change very rapidly providing facilities, which are willing and able to make the necessary physical changes. The WIN Project worked with the sanitary epidemiological service (SanEpi) to develop a new protocol for infection prevention in maternity hospitals to make these changes possible.

Support for exclusive breastfeeding is being provided effectively in children's polyclinics where between 65% and 85% of all infants under the age of six months at endline were being exclusively breastfed compared to 50-60% (as low as 12% in one facility) when the Facility Monitoring System began in July 2000.

Follow-up visits by the experts to each facility concluded with a meeting of the site Technical Working Group, the expert, and staff to discuss successes, challenges, and preliminary recommendations. On each of these visits, the experts also met with city and oblast officials to inform them of these recommendations.

In addition, two follow-up visits to each site to review the monitoring data collection were made by the local data coordinator.

To facilitate the introduction of new methods as well as helping resolve problems the Project results show that it is essential to provide for the involvement of experts and consultants.

IR 3.4
Improved Provider/ Client Relations

IR3.4: Improved Provider/Client Relations

The WIN Project had to address a traditionally impersonal style of provider/client relations in maternal care, and a historical dearth of research into client satisfaction. In its first facility baseline surveys, the Project asked clients to rate their satisfaction with maternal and child health care services. Client satisfaction data from the WIN baseline and final surveys, along with data showing increased use of the WIN services, demonstrate that the Project effected significant, positive change in provider/client relations.

Training in counseling played a huge role in improving provider/client relations. Traditionally, Russian health care professionals accustomed to the hospital/medical model of maternal health care worked hard to create a clean, sterile environment for childbirth. However, they had no experience providing counseling about family planning, breastfeeding, nutrition, or other critical topics. The providers lacked integrated knowledge of maternal and family health topics outside their own specialty. The Project upgraded providers' counseling skills by incorporating counseling into all WIN training on any topic, and updated and expanded providers' knowledge of evidence-based maternal health care practices. Thus, the providers were better prepared to gain the trust of clients and guide them toward informed decisions about their reproductive health.

In Perm, the providers wanted to learn how their clients liked the new practices; they were afraid the women would be tied to the old practices. The providers created a client questionnaire to ask women in their maternity hospitals what they particularly liked and disliked. Once the WIN Program disseminated this effort and its results, providers in Berezniki followed suit.

The "client-centered" approach integral to WIN interventions aimed to re-orient services based on client needs and preferences with the level of client satisfaction a clear indicator of quality. WIN's facility-based surveys included a section asking clients whether they would recommend that their friends come to the facility for these services; the results in Perm and Berezniki showed a dramatic rise in client approval between the baseline and final surveys. (A decrease in client satisfaction in one Novgorod facility may reflect that the facility's administration did not introduce the WIN practices, and many clients may have transferred their maternal health care to nearby St. Petersburg.)

IR 3.5
Increased Continuity of Care

IR3.5: Increased Continuity of Care

Continuity of care is achieved when the content and implementation of clinical protocols are identical across all facilities. To promote the new breastfeeding practices, for example, the WIN Project had to ensure that providers involved with antenatal care (women's consultation), childbirth (maternity hospital), and perinatal care (children's polyclinic) received and used the same messages, clinical expertise, and support. The continuity concerns regarding family planning counseling and services are similar.

Despite the separation of women's consultations, maternity hospitals, and children's polyclinics, the Russian system already offered a structure of continuity of maternal and child health care. Maternity hospitals are linked officially to polyclinics and women's consultations. A woman and her child have one medical record card, which the woman begins to use during the antenatal period. The woman carries the card to her antenatal visits at the woman's consultation, to her delivery at the maternity hospital, and after her discharge, back to her woman's consultation and to the children's polyclinic to which her child is assigned. However, in practice, there is no way to ensure that a woman negotiates her path through the system to receive all the services and counseling that she and her newborn require, and in a timely fashion.

To improve continuity of care—and thus, the overall quality of the Project intervention—WIN worked to create and increase linkages between maternity hospitals, women's consultations, and children's polyclinics. WIN encouraged the linked facilities to use the same clinical protocols and compatible administrative procedures.

Another strategy was to make sure that health care providers were trained to deliver more services than just their own specialty. For example, in Russia, pediatricians and pediatric nurses visit infants (and their mothers) at home within a day following discharge. For healthy babies the nurse continues to visit weekly during the first month. Subsequent to which baby and mother see the pediatrician and nurse at the polyclinic at one, three, six, nine and twelve months of age for routine examinations, measurements and immunizations.

WIN taught the doctors and nurses to provide family planning education and counseling to mothers during both home and polyclinic visits, to help them recognize when they no longer are breastfeeding in a way that suppresses ovulation (lactational amenorrhea method or LAM), and refer them to a women's consultation or family planning center for further care. Prior to the WIN intervention doctors and nurses did not provide family planning information, counseling and referrals.

The WHO Baby Friendly Hospital certification program has provided a motivation for other facilities. When the children's polyclinics wished to be involved with the breastfeeding activities as well as gain official recognition as a Baby Friendly facility, the Project adapted BFHI criteria

to fit the needs of these facilities. Each of the 10 steps of successful breastfeeding was adapted to the practices at the children's polyclinics. MOH gave official approval to the adapted protocol and now uses it to officially assess children's polyclinics in other regions. WIN expanded these efforts further to adapt these criteria to meet the needs of neonatal departments of children's hospitals, who primarily take care of very premature and/or sick infants. The criteria were tested at the hospital in Perm. On August 18-19, 2003 MOH participated in an official assessment.

The WIN Project made a special push to extend continuity of care into broader family health issues that affect maternal and child health, including nutrition, adolescent sexual health, and domestic violence. Through informal networking—sometimes leading to formal agreements—WIN has increased medical providers' awareness of NGOs that have particular expertise in these areas and of the support and referral services that the NGOs can provide at local health care facilities.

Domestic violence, for example, is an issue not addressed directly in the maternal health care setting. In Perm, a local NGO agreed to conduct a survey to assess health workers' awareness of domestic violence in Perm Oblast. NGO staff prepared a cue card, reviewed by specialists, for providers to use with clients. The cue card has helped doctors provide support and assistance to clients who are victims of violence, as well as properly document the clients' injuries. (see "IR2 Increased Demand for WIN Services" –Domestic Violence).

Directories of NGOs were distributed at WIN-participating facilities in Novgorod Oblast and Perm Oblast to the strengthen links between health care facility services and the services provided by NGOs.

IR 3.6
Increased Appropriateness and Acceptability of Services

IR3.6: Increased Appropriateness and Acceptability of Services

The WIN Project found that maternal and child health care providers accustomed to doing things a certain way would not necessarily be eager to accept and implement the new, evidence-based practices. One reason was a natural, human resistance to change. However, WIN also identified some other factors:

- Providers needed to feel supported by institutional readiness for the new services
- Providers needed to know there was client readiness for the new services, and
- The WIN Project had to ensure that the new services were appropriate for implementation within the Russian system of health care, the particular facility, and the community.

With these factors in mind, the WIN Project undertook various activities to assess and address overall adjustment to the new services.

One strategy involved the inclusion of providers in the development of protocols and training curricula for the new practices. By fostering collaboration among providers, experts, and administrators, the protocol development process and the curriculum development teamwork aimed to honor the experience and views of people who had been practicing "the Russian way" for a long time. Further, the cooperation of facilities and health authorities in sanctioning health care workers' participation in these professional development activities helped to convince the providers of institutional support for the WIN interventions.

As the Project proceeded and developed broad support among policymakers, the goals and protocols generated by the WIN Project gradually became official Russian documents, including clinical guidelines. As the MOH issue new guidelines that reflected the changes, providers could feel the support of national government as they proceeded to promote and implement the new practices.

WIN learned that even where facilities enthusiastically embraced the Project interventions, providers might be less than enthused, due to demoralizing physical working conditions such as the old building and equipment of the Novgorod city Maternity Hospital No 1. From the provider's perspective, lack of maintenance in a facility may have contradicted other messages of institutional support for WIN.

To ensure that providers encountered clients who were prepared to accept the new services, WIN pursued a variety of IEC activities on the national, oblast and facility level; these are presented in detail above in the section, "IR 2: Increase in Demand for Services."

An important indicator in gauging the degree of acceptance of a project's activities is the level of adoption of these new practices by the target population. Examples of which have already been cited and include the following:

- Perceptions of the prevailing norms in their community about breastfeeding (think most friends would breastfeed) increased about six fold, from 8% at baseline to 53% at endline
- The number of those who had the baby with her day and night at the maternity ward increased from 20% to 55%
- The proportion of those who reported having discussed postpartum contraception with their medical provider increased more than 15% in Perm, and about half that in the other two cities
- Abortion clients who said that they had received contraception counseling increased from between 8% and 22% in the different cities. Those who reported leaving the hospital with a contraceptive or prescription also rose about 10% in Perm and V. Novgorod and 20% in Berezniki
- A large shift to modern methods of contraception was observed: an increase of those using a modern method of between 5 and 10% in the three cities.

Expected Results: Overview and Achievements

The following section examines the achievements of the WIN Project against nine Expected Results stated in the Project's contract with USAID/Russia. The data used below to illustrate Project impacts comes from the WIN Project Evaluation Report of August 2003, published under separate cover.

ER 1: A reduction in the overall abortion rate—with a significant drop in repeat abortions and abortions following a birth

Figure 2: **Abortion and fertility indicators for periods before and after WIN Project implementation**

Period and City	Abortion and fertility level indicators			
	TAR[2)]	GAR[3)]	Ratio[4)]	TFR[5)]
Perm				
1/1997-12/1999	2.2	72	145	1.4
7/2000 – 2/2003	1.7	58	127	1.3
Berezniki				
1/1997-12/1999	2.2	73	130	1.5
7/2000 –2/2003	1.4	48	83	1.6
Novgorod				
1/1997-12/1999	1.7	58	143	1.2
7/2000 – 2/2003	1.2	39	103	1.1

Abortion rates declined during the course of the WIN Project, continuing a trend already evident since the early 1990s. According to our household survey data, total abortion rates and general abortion rates have fallen consistently since the three-year period before the WIN Project activities began. The general abortion rate fell 6% in Perm and 7% in Novgorod and Berezniki.

We believe that the changes demonstrated by our data in regard to increased provision of contraceptive counseling in facilities, as well as increased provision of information through brochures distributed to facility clients and through the mass media, provides evidence that the Project activities contributed to the increase in the use of modern contraceptives in the project sites and to the concomitant decline in abortion rates.

Despite what appear to be improvements in contraceptive intentions and use, the cross-section of abortion clients interviewed at participating facilities were just as likely at baseline as at the time of both 2nd round and endline facility surveys to have had an abortion in the previous 12 months. About 75% of all abortion clients who had been pregnant at least once before reported a previous abortion, and about 17% of those abortion clients reported having a previous abortion in the past year. These proportions hardly changed over the three years, but our data indicate that over time

[2] Total abortion rate – based on age-specific abortion rates. Provides an estimate of the number of abortions a woman would have in her lifetime if the rates prevailing for the specified period remained constant.
[3] General abortion rate (number of legally performed abortion per 1000 women 15-44)
[4] Abortion ratio (number of legally performed abortion per 100 live births)
[5] Total fertility rate – based on age-specific fertility rates. An estimate of the number of live births a woman would have in her lifetime if the rates prevailing for the specified period remained constant.

fewer 'rapid repeaters' were actually using contraception when the unwanted conception occurred. Our findings suggest that these women were not able to obtain a method when they needed it, or were less motivated to use it than abortion clients were in general. About one-third of these 'rapid repeaters' say they want no more children.

Taken together, these findings suggest that the majority of 'rapid repeaters' are more likely women repeatedly exposed to the risk of conception, who are in need of permanent methods, or need consistent access to the most effective (medical) contraceptive methods.

If they cannot achieve their intention to use an effective method of contraception, and become pregnant again, it appears that they continue to use abortion as a means to control their family size or the timing of births. As seen in WIN Project and other household surveys, the probability that an unwanted pregnancy will be terminated by abortion is around 90%.

Our data and data from official statistics generally point to a decline in abortions since the project began, continuing a secular decline that has been described since the beginning of the 1990s, yet women are still using abortion repeatedly as a means to control their fertility. All elements – dislike of abortion as a contraceptive method, a desire to use an effective method to prevent an unwanted conception, more women receiving timely counseling and specific information about their chosen method, and an increase in reported use of modern contraceptives – would now seem to be in place to prevent more unwanted conceptions. What is missing that leads to continuing rate of repeat abortions? Three conditions may still be lacking:

1. provider motivation to reduce the number of abortions performed
2. consistent and affordable access to supplies, or to the most effective long-term methods
3. strong motivation to use a contraceptive method consistently over the long term.

In Russia, abortion is widely available and accessible, both psychically and financially, reducing the pressure on women to practice consistent, effective contraception. And the propensity to abort an unwanted or ill-timed pregnancy is very high. Women are willing to undergo some discomfort and take some risk to avoid an unwanted birth. The culture does not prohibit abortion; on the contrary, abortion has been an acceptable, if undesirable, method of birth control for most of the 20th century.

Despite the large number of women who request induced abortions, most women and gynecologists say that they would prefer to prevent unwanted pregnancies through the use of modern contraception. Factors that contribute to the disparity between women's desire to use modern contraception to prevent unwanted pregnancies and their practice of having induced abortions to prevent unwanted births are probably multiple, but little information on what these factors are is available.

More information is also needed about women who rely almost exclusively on abortion to meet their family planning needs, and on the benefits to providers of performing abortions. What are the obstacles, if any, which may exist to enlisting the full support of physicians to reduce the rate of repeat abortions?

A larger study of 'rapid repeaters' should be conducted in future, to understand the motivations and the reasons why these women returned for an abortion so soon. The surveys conducted by the WIN Project evaluation aimed only to estimate the prevalence of this behavior, and captured too few of these women to provide information about them. A larger sample of such women and more detailed questioning is needed to learn more about the reasons underlying their behavior.

ER 2: An increase in the use of modern contraceptives among sexually active women

Table 4: **Changes in contraceptive prevalence rates among women in union, baseline and endline household surveys**

CURRENT USE OF CONTRACEPTIVES AMONG MARRIED WOMEN	CITY		
	PERM	BEREZNIKI	V. NOVGOROD
	USING ANY METHOD		
BASELINE – 2000 (1999)	70.5 (70.2)	68.3	73.5
ENDLINE – 2003	72.2	70.7	78.2
	USING A MODERN METHOD		
BASELINE – 2000 (1999)	49.6 (49.3)	48.0	51.7
ENDLINE – 2003	54.4	57.2	62.5
	USING A TRADITIONAL METHOD		
BASELINE –2000 (1999)	20.9 (20.9)	20.3	21.8
ENDLINE – 2003	17.7	13.4	15.8
	NOT USING ANY METHOD		
BASELINE – 2000 (1999)	29.6 (29.8)	31.7	26.5
ENDLINE – 2003	27.9	29.3	21.8

Percent using any method and not using any method total 100%. Within those using a method, the distribution of baseline estimates of modern and traditional method use have been re-calculated according to the distribution estimated from the CDC/VCIOM 1999 survey in Perm (estimates from that 1999 survey for Perm are shown in parentheses).

Source: David and Vartapetova, (2003) *An Evaluation of the WIN Project: Evidence of Effectiveness*, Boston and Moscow: John Snow, Inc.

The prevalence of contraceptive counseling provided to women by physicians in facilities more than doubled over the course of the project. By the time of the endline facility survey, more than nine out of every ten abortion clients reported receiving such counseling. A very large proportion of abortion clients said they intended to use a contraceptive method, and of the more than 80% who knew what method they would choose at the time of discharge, more than three-quarters intended to use a medical method, the most efficacious. There was also a large increase in the proportion of all abortion clients who received focused counseling on a contraceptive method.

Among women interviewed in the community, current contraceptive prevalence rose only slightly, but a large shift to modern methods was observed: an increase in those using a modern method of between 5 and 10% in the three cities. Our data suggest that women are increasingly using more effective methods of contraception, and have a negative image of induced abortion as a means of birth control. However, in our endline household survey, about one quarter of all sexually active women reported not using any contraceptive method. Targeting these women, who may rely solely on abortion to meet their need for birth control, should be an urgent priority.

Overall negative attitudes against induced abortion were very high. Ninety-six percent of all women interviewed had an overall negative image of this method of birth control at baseline and in 2003.

It appears that women are using more effective methods of contraception than they were at the start of the WIN Project. As previously reviewed in ER1 when contraceptive use increases, the abortion rate should decline. Over a short period of time, however, inconsistent use and/or use of less effective methods of contraception may still lead to

unintended pregnancies. If cultural prohibitions on abortion are not present, or do not outweigh the perceived need to terminate the pregnancy, the abortion rate may remain stable, or even rise when inconsistent contraceptive use leads to further unwanted pregnancies.

ER 3: An increase in the number of women exclusively breast-feeding

Highly significant changes in breastfeeding behavior were observed in our project sites. The number of mothers breastfeeding during their stays in maternity hospitals has increased from 26% in 2000 to 88% in 2002. 70% of new mothers exclusively breastfed their babies in 2002 compared to only 28% in 2000. Breastfeeding is clearly a very popular option with women and with providers. Practices in maternity hospitals supporting exclusive breastfeeding also changed markedly. Begun at birth, it appears that this behavior is being sustained longer and longer, with increases in the proportion of infants up to six months of age exclusively breastfed, too.

ER 4: A reduction in the number of infections among exclusively breastfed infants.

Breastfeeding, a new and healthy behavior, may improve morbidity rates in infants, but a longer period of observation is probably necessary to detect such an association. Ideally, a special study that collects individual-level data should be conducted. That study might provide evidence to confirm in the Russian context what has been shown repeatedly worldwide: exclusive breastfeeding reduces child morbidity and improves child health.

ER 5: An increase in the number of hospitals offering rooming-in to mothers

Prior to the training interventions and adaptation of physical facilities to allow rooming-in, it was an option most women were not offered. The routine practice was to keep all babies in a newborn nursery, taking infant to mother only at feeding time. Of all postpartum women interviewed at baseline, less than half reported that they had rooming in or, if not, were offered the option. At the same time, eighty percent or more of physicians reported that they offered this option to their clients. By the second round survey, 95% of providers reported offering rooming-in, and 90% of postpartum women reported being offered the option. By the time of the endline survey, this had decreased to 84% of women reported being offered the rooming-in option.

Almost 40% of women reported at baseline that they had their babies with them day and night, but most of these women reported that their newborn was taken away to a nursery for the first night. By the second round survey, more than twice as many mothers (more than 80%) reported that they had 'rooming-in', and 'true' rooming-in (baby stays with mother from birth) increased dramatically. This reported improvement was sustained in the endline survey. Almost all of these women experienced rooming-in from the birth (Table 5).

Table 5: **Reports from women on new services received**

INDICATOR	PERCENT OF WOMEN ANSWERING 'YES':		
	BASELINE %	2ND ROUND %	ENDLINE %
Had rooming-in	38	82	79
Baby taken away 1st night (of those rooming-in)	62	9	7

Four of the five maternity hospitals have been certified as WHO/UNICEF Hospitals over the course of the Project. Part of the requirements for certification is the provision of rooming-in.

ER 6: An increased awareness among women of the aspects of healthy lifestyles, including the need of role of micronutrients

We found that informational materials on healthy lifestyles and nutrition were distributed to 80% of clients at participating facilities, more than tripling from baseline, and that the most widely-distributed were those about exclusive breastfeeding, pregnancy prevention, sexually transmitted infections, and child care.

Additionally an antenatal seminar for providers was held on healthy lifestyles.

Approximately three-quarters of all clients were given or took an educational brochure away when they left the clinic or hospital. The main subjects of these materials were pregnancy prevention and exclusive breastfeeding.

Providers reinforced this educational effort. Clients reported that their provider discussed various topics during their consultation, including availability and content of the new services, such as childbirth preparation for women and their partners, and the option to choose components of 'family centered maternity care' (FCMC).

Our data suggest that the media campaign on exclusive breastfeeding reached more than 60% of women in the three cities, and almost 80% could recognize the WIN breastfeeding logo, used in the campaign and on posters and materials in facilities.

The breastfeeding campaign, supported by counseling and materials in facilities, appears to have succeeded in changing women's knowledge about the optimal age for exclusive breastfeeding. The percent of women who said that 5 or 6 months was the optimal age to begin supplementing breast milk doubled, from 15% to 29% at endline. Women who heard the message on TV were 60% more likely to say that breast milk should not be supplemented by anything else than if they had not heard the TV message.

Women's perceptions of prevailing norms about breastfeeding in their community were also similarly affected by exposure to the TV messages: those who heard the message were 50% more likely to think that most of their friends would breastfeed than other women. At baseline only about 8% of women thought most of their friends would breastfeed, and in 2003 more than half believed this.

Nutrition was an integral part of the Project. Especially in consideration of the serious public health problem in Russia that anemia presents particularly among pregnant women and children.

An assessment of the prevalence of anemia and opportunities for intervention among pregnant women and infants was made.

Using WHO criteria WIN sites reported that 25% of pregnant women had hemoglobin level less than 105 g/l and 7-12% had hemoglobin level less than 100g/l. Attempts to promote iron supplementation were not very successful. While 98% of providers reported that they prescribed iron supplements to women only 44% of antenatal clients said they were given a prescription of iron and 76% of these clients actually took supplements. More than 75% of providers said that they prescribed iron for 4 weeks and less than that does not correspond to international recommendations. Women also complained that they were afraid of potential adverse side effects of iron supplements. At the same time antenatal clients said that diet was a top priority and wanted to get this information primarily from health providers. In 2002 91% of women reported that they discussed diet with their providers. One third of all clients participated in the group sessions on nutrition. In 2002 one third of women got information from brochures or saw a poster on nutrition, whereas in 2000 only 8% did.

The prevalence of anemia among infants was monitored alongside that of exclusive breastfeeding and the number of 6 months olds with hemoglobin level less than 110 g/l had decreased from 13% to 6% for two year period of the intervention.

This demonstrates that clients want dietary-based counseling and information materials and health providers readily and willingly accept and adopt these services into their practices. Consequently this intervention should be used as a key strategy for prevention and control of iron anemia.

ER 7: A series of guidelines, protocols, and standards defining new approaches to women's and infant's health services and practices that are widely distributed throughout the country

The WIN Project has developed three major clinical guidelines for quality improvement:

- Breastfeeding
- Postabortion Care
- Infection Control in Maternity Hospitals

The medical school in Perm has integrated the guidelines on Breastfeeding as well as Essential Newborn Care guidelines and practices, key components of the WIN training courses, into the curricula for third year students' specialist courses and refresher training courses. And, the medical school in Novgorod has integrated the Breastfeeding guidelines into its training for third year students.

The Postabortion Care guidelines have been accepted as official federal guidelines. This is a highly significant outcome. Infection Control guidelines have been officially sanctioned by Perm Oblast SanEpi and the Institute for Infection Control at St. Petersburg . Prior to the start of the Project SanEpi represented a major barrier to change. It supported and endorsed the old norms that ran contrary to the principles of family centered maternity care.

ER 8: A decrease in infant mortality within project sites

While three years is probably too little time to detect a change in impact indicators such as neonatal health, we examined several indicators of birth outcomes in the three cities. Little change in indicators of perinatal death rates can be detected in WIN Project data. From data aggregated across participating WIN facilities (maternity hospitals), there appears to be a slight but sustained decline in death rates in Perm facilities, while in the other two cities rates have been erratic.

The entire decline in the perinatal death and stillbirth rates in Perm appears to be due to a decline in one facility, the regional perinatal center where high-risk births from surrounding areas as well as the city of Perm are delivered. Most of the decline occurred in year two of the WIN Project activities.

However, we cannot be confident that these indicators were measured in a comparable fashion, from city to city and facility to facility. Facilities were not using the standard definition of a stillbirth, as given by the World Health Organization (WHO), and despite providing the WHO definition to all facilities and training staff to fill in these reports, we cannot be sure that the new definition was adopted consistently across all hospitals which report to the city authorities.

Furthermore, data for the short period covered by WIN Project activities is probably not sufficient to describe a trend, especially in the smaller cities of Berezniki and Novgorod. A longer period of observation, starting before project activities began and going on for several more years is needed in order to discern any trends.

ER 9: Establish model and resource for replication of the WIN program approach, including but not limited to a regional training center in Perm, guide for WIN replication, publications on WIN in relevant professional journals, primarily Russian, dissemination conference, seminars, and related cost-effectiveness data

- A Training and Resource Center in Perm was established in October 2002 and opened in December 2002
- A guide for WIN replication "How to Implement Effective Health Care for Women and Infants" published in Russian in May 2003 and in English in August 2003
- Assisted by the Project the Maternity Hospital #21 in Perm established a website which is being developed as a Resource Center web-site
- Presentations at national and international meetings and conferences (Attachment B)
- Hosting a national dissemination conference to report on the process and successful outcomes of the Project (May 2003)
- A cost-benefit analysis conducted in 2003. Examples of direct savings include:
    - Data from the Perm Oblast Health Administration indicate that direct savings from the Project activities at six Project sites during 2001 were estimated at 4.6 million Rubles and at 5 million Rubles for 2002.
    - Maternity No. 2 in Veliky Novgorod documented savings of more than 100,000 rubles in bottle-feeding costs for a year, which was used to remodel their delivery area allowing each women to now have a private space
    - Total costs of care in Perm Maternity No.21 decreased one third and the number of patients receiving pain medication during labor fell from 62% to 5% with 95% decrease in average cost per patient.
    - Bottle-feeding savings were more than 80,000 rubles in Berezniki maternity and more than 200,000 rubles in Perm Maternity No.21 for January-June 2002.

Gender Analysis: Overview & Achievements

Gender integration was an important consideration in Project activities. As part of our FCMC approach one of our goals was to encourage husbands and partners to be actively involved in the experience of childbirth as well as stress the importance of their role at the earliest stages of family development.

The new practices established in maternities and women's consultation centers were aimed at enabling fathers to bond with their newborns, as well as affirming the husband/father-wife/mother bonds. Traditionally spouses and partners were isolated from one another forcing families apart at this critical point in their reproductive lives.

Changes included such things as childbirth preparation classes for men and women as well as partner participation in labor and delivery to support their wives/partners. Family members were allowed liberal visitation as well as a role in newborn care in the postpartum period.

Our baseline facility survey clearly showed that women were not completely ready to adopt this new change presented by the WIN model of family and partner involvement. 60% of women said they did *not want* someone close to support them during labor and delivery, by the second round this had decreased by approximately 25% and was sustained at endline.

Nearly 70% of providers also said that they supported providing services for men in their facilities, yet few men accompanied their partners to clinics, and only 1% of abortion clients' partners attended a counseling session with them on the day of the abortion.

Consequent to the Project we now have considerable experience of how facilities can be made more attractive to men ('male-friendly') to encourage their participation. We have evidence that men's attitudes toward involvement in childbirth are changing quite rapidly, as witnessed by the participation of fathers in childbirth preparation classes conducted by staff of women's consultation centers, and by the increasing participation of fathers/partners in providing support during labor and delivery.

At the beginning of the WIN Project, only 4% of men were present with their wife/partner at the labor and birth. By early 2003, almost half of all women giving birth in WIN participating facilities were supported by a close family member, most of them husbands.

Both parents were involved in breastfeeding counseling provided by children's polyclinic staff and men did phone the WIN Project's breastfeeding support hotline.

We also learned that most women who have a partner want the partner to be involved in pregnancy prevention counseling – 84% of women interviewed postpartum and almost 80% of women interviewed postabortion (percentages that remained constant over the course of the Project). However the reality was that participation by partners was minimal and did not show a significant improvement over time. More than 80% of antenatal and abortion clients think men should have access to the reproductive health services provided at the facility where the women sought care.

In addition, youth activities of the Project were tailored to meet the needs of both men and women.

Coordination: Overview & Achievements

The WIN Project actively sought collaboration opportunities to strengthen both our own capacity and the capacities of other organizations, to create results that reflect something greater than the sum of the parts. Details of these successful collaborations with other USAID projects and activities, other international organizations, as well as Russian institutions are provided below.

Sharing WIN Data and Findings

WIN provided reports of its data collection activities, which contained a great deal of useful information on the state of women's health care in Russia, to the offices in Russia of the POLICY Project, the URC QA Project, UNFPA, WHO and UNICEF, DFID, and UNAIDS. We also provided these reports to the CDC and VCIOM (All Russian Center for Public Opinion and Market Research).

The WIN Projects' baseline household survey data file was provided on request to the Max Planck Demographic Institute in Germany for further analysis of population trends in Russia. Our Russian research colleagues who analyzed the WIN Project household survey presented two papers based on the WIN data at the European Population Conference in Helsinki in June, 2001. Further data-sharing activities included the following:

- WIN worked with the PAC OR study to synthesize and disseminate the results of both Project and OR data collection activities. EngenderHealth provided Project updates, shared PAC OR narrative reports, and published the results of the Project's baseline and follow-up abortion client interviews for all interested WIN stakeholders.
- The WIN Project regularly presented findings and results to an international audience at WHO meetings.

Guideline Development Partners

- URC's QA consultants worked with WIN staff to coordinate quality improvement strategies for MCH interventions that were based on the clinical guideline development and dissemination. URC staff provided methodological support to WIN, and WIN staff and consultants provided content expertise to the development of evidence-based clinical guidelines. WIN closely coordinated QA activities with the Russian Federation quality improvement effort. URC also collaborated with WIN in training the core group of 'best trainers' and in writing the WIN Implementation Guide to expand WIN interventions to more Russian communities.
- The WIN Project partnered on various programs with the American International Health Alliance (AIHA). AIHA neonatal resuscitation centers at the MOH Institute of Pediatric and Children's Surgery (Moscow) and the Chelyabinsk Medical Academy for Post-graduate Education provided training for WIN Project health care providers. The AIHA Infection Control Center in St. Petersburg, part of Mechnikov's Medical Academy, participated in developing evidence-based infection control guidelines for maternities, worked with Perm maternities to create a model for a new infection control system, and provided training on evidence-based infection control practices.

Training Partners

- The WIN Project invited AIHA sites to participate in the Breastfeeding/Baby Friendly Hospital Initiative and Essential Newborn Care trainings. WIN sent providers from participating sites to training workshops on neonatal resuscitation conducted by the Institute of Pediatric and Children's Surgery, held at the training center supported by the AIHA. The AIHA invited WIN sites to participate in an STI training and in domestic violence conferences that they organized.

- WIN has shared materials, trainers and policy development activities with UNICEF and WHO, specifically with respect to FCMC, breastfeeding and newborn care. Discussions have taken place about sharing of materials, trainers and policy development with UNFPA for their demonstration site in Smolensk Oblast. UNFPA are organizing this Project to include not only family planning but also maternal and child health as well. They recognized their lack of expertise in maternal and child health and sought WIN advice on what approaches should be used in this area. WIN provided UNFPA with information and advice about the design of the Project, the key components for trainings, availability of Russian based trainers, curricula and communication materials and policy support.
- WHO now employs the cadre of the WIN trainers to train their peers across the former Soviet Union.

Dissemination of Evidence-Based Practices and WIN Models

- The WIN Project shared with the Assistance to Russian Orphans Program (ARO) information on topics of mutual interest, particularly the implementation of baby-friendly hospital practices, family-centered and family-friendly maternity care, and support and promotion of exclusive breastfeeding. The WIN sites in Novgorod successfully implemented the Early Intervention model, part of the ARO program. The Early Intervention model was presented at the WIN Dissemination conference in Perm in October 2002 and Perm sites have recently volunteered to implement its recommendations.
- The WIN Project obtained information about CDC-led work on the prevention and treatment of congenital syphilis, and disseminated pertinent findings—such as evidence about interventions to improve antenatal and newborn care—to health care providers at WIN sites.
- The WIN Project shared information and materials with the POLICY Project in order to publicize our activities and implementation results among NGOs to generate their support. We also have been working with POLICY members in Novgorod and Perm.

Building and Nurturing Relationships

- The WIN Project maintained close coordination and collaboration with the MOH; the Research Center for Obstetrics, Gynecology and Perinatology of the Russian Academy of Medical Sciences; and the Russian Pediatric Alliance. This coordinated effort led to national-level approval of WIN postabortion care guidelines; many opportunities to present the WIN Project at national meetings, conferences, and congresses; and the spread of broad interest in the WIN interventions across the country. Dr. Anatolyi Korsunskyi, Head of the MCH Division of the MOH, visited WIN sites in Perm and declared them to be models. The MOH also invited the WIN Resident Advisor to join the Ministry of Health National Coordinating Committee on Prevention of Mother-to-Child Transmission of HIV/AIDS.

Support for WIN-Related Projects

- The WIN Project coordinated many of its activities with other agencies involved in the WIN strategy, including AIHA's Health Partnerships and Quality Assurance/URC project.

Evaluation Processes & Analysis

Data Sources and Methods

The WIN Project evaluation was designed to assess the effectiveness and impact of the Project established in twenty participating facilities and in the community in the three cities where it worked, Velikiy Novgorod, Perm and Berezniki.

Over the course of Project implementation, the evaluation component of the Project used data to:

- Provide quantitative information on current practices and knowledge to 'fine-tune' training programs
- Monitor progress during the Project in order to adjust Project activities as necessary
- Provide a firm basis for policy discussions, and
- Measure change in selected indicators of effectiveness and impact achieved by the Project

At the start of the Project, two surveys were conducted: a household survey of 1300 women of reproductive age in each of the three cities, 3900 women in all, and a facility survey, which interviewed 500 providers and more than 1300 women coming for antenatal care, abortion or maternity care. A system to monitor key process and outcome indicators was also instituted in participating health facilities, as well as at the city and oblast level.

The facility survey analyses were based on aggregated reports of individual respondents and provide estimates of indicators that reflect knowledge and reported practices of the average provider and experiences of the average client in the entire network of participating facilities. These estimates cannot be disaggregated for each participating facility, due to sample size restrictions. No analyses were performed that would enable identification of individual providers or clients.

The Facility Monitoring System provided a unique complement to these surveys, because the data are reported quarterly, separately for each participating facility. The only exceptions to this are morbidity and mortality rates, which must be aggregated for at least one year to provide a sufficient number of events to make relatively stable estimates.

The pre-intervention household survey was conducted in late 1999[6], and the baseline survey of provider practices and client experiences was conducted in participating facilities in early 2000[7]. The routine facility monitoring system was established in July 2000, collecting data from participating facilities on a quarterly basis[8]. From mid-December 2001 to early February 2002, a second facility-based survey was carried out in the same facilities, using the same protocol[9]. Finally, in early 2003, just six months before the end of the Project, a follow-up household survey was conducted in the three cities as well as a third, follow-up facility survey to assess whether changes observed in 2002 were sustained[10]. The reader is referred to the final reports of each

[6] David, PH, Bodrova, V, Avdeev, A, Troitskaia, I, and Boulay, M, (2000) Women and Infant Health Project Household Survey 2000: Report of Main Findings, Boston: John Snow, Inc

[7] David, PH (2001), Women and Infant Health Project Facility Survey 2000: Report of Main Findings, Boston: John Snow, Inc.

[8] David PH and Vartapetova, N (2003) Women and Infant Health Project Facility Monitoring System Report: July 2000 – December 2002, Boston and Moscow: John Snow, Inc

[9] David, PH and Potemkina, R (2002) Women and Infant Health Project Facility Survey 2002: Report of Main Findings, Boston: John Snow, Inc.

[10] David, PH and Potemkina, R with assistance of Natalia Kisseleva (2003) Women and Infant Health Project Facility Survey 2003: Report of Main Findings, Boston: John Snow, Inc.

survey and the final monitoring system report for more information about the methodologies employed and more detailed results.

Findings and results

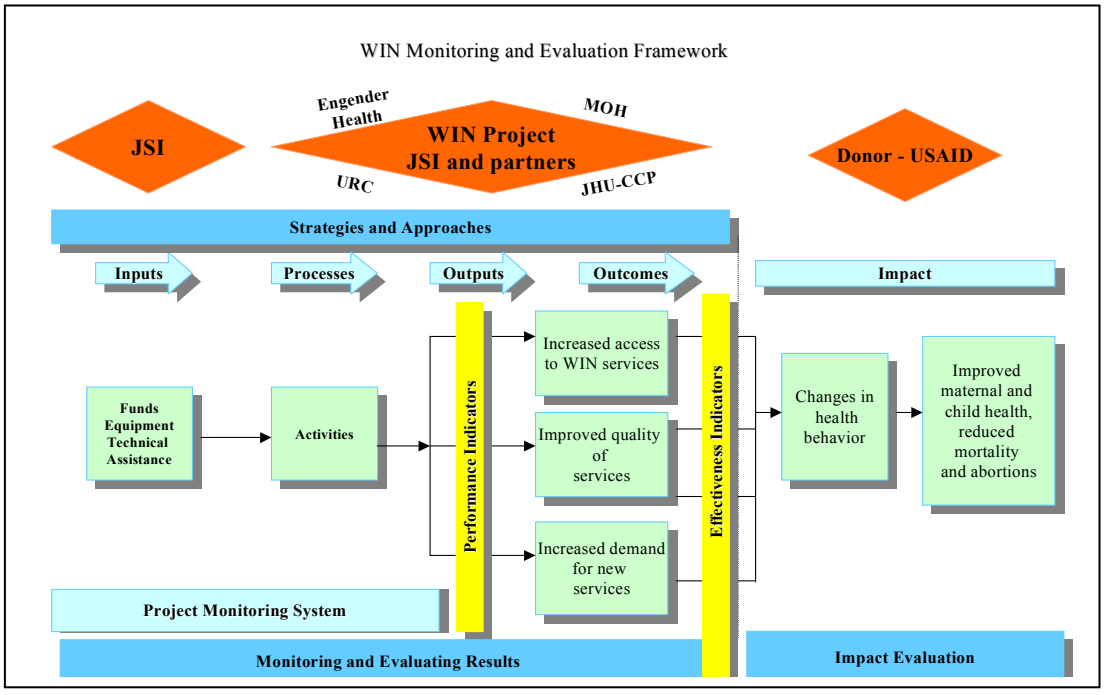
The Project evaluation plan was implemented to measure changes in key indicators of Project results: Increased access to WIN services, increased demand for these services (and for preventive health practices), and improved quality of WIN services and health practices. The assumption is that appropriate and timely use of effective health services and good health behavior should together improve the health status of the population, and ultimately reduce the burden of illness and mortality and unwanted or high risk births.

The key WIN training interventions aimed to improve the quality of services provided in participating health facilities – women's consultation centers, maternity hospitals and gynecology units, children's polyclinics and family planning centers.

We assess changes in the *quality* of services by measuring indicators of current practice from the point of view of both providers and clients just before the interventions began to be implemented and two and three years after implementation in participating facilities. We assess changes in *access* to services by examining changes in the availability and use of key women's health services. *Demand* for services can also be gauged by use of such services, but we also examined changes in women's knowledge and attitudes toward key elements of WIN interventions that are preventive in nature—primarily contraceptive use and breastfeeding—and that also reflect changes in demand for services. We also measure changes in demand by examining practice of these and other 'healthy behaviors' in the community.

Figure 4 illustrates the hypothesized links between activities (measured through evidence of implementation-–performance indicators) and their direct effects (measured through changing indicators of service provision, quality, knowledge and use—outcome or effectiveness indicators). The combined effects of all activities are then measured through changes in intermediate impacts (indicators of health behavior) and in indicators of ultimate impact (evidence of changes in morbidity, mortality and fertility indicators, including abortion).

***Figure 4*: The WIN Monitoring and Evaluation Framework**



One caveat when examining evidence of *impact* is that other factors in the environment that are outside the remit or control of the Project are likely to exist that affect behavior, health outcomes and mortality. These may be both positive and negative: cultural constraints on behavior change, other health interventions and technologies that enhance health services, socioeconomic improvement (or deterioration) that affect health, etc.

Performance indicators, which provide evidence of implementation, include: the number and type of providers and master trainers, the number and type of training courses and follow-up visits held, the number and type of media activities developed and disseminated, the number and type of informational materials distributed, community mobilization activities implemented, number of policy-related meetings held and protocols developed, etc. These performance data have been reported elsewhere in this final report and are not included in the Monitoring and Evaluation report, which focuses instead on evidence of the *effects* of these activities after a period of implementation, and also on evidence of the Project's *impact*, seen in the light of other contextual factors.

In sum, the Evaluation report assessed changes in:

1. Access to and use of services **to measure the effectiveness of advocacy, policy, training and combined effects of IEC activities.**

2. Knowledge of, attitudes toward and practice of preventive health behaviors **to measure the effectiveness of IEC activities in the community, and counseling and informational materials and messages in facilities.**

3. Quality of services **to measure the effectiveness of training and policy advocacy activities – as reflected in provider practices and knowledge and client experiences and satisfaction.**

Changes in intermediate and ultimate impact indicators were also reported on:
-Contraceptive prevalence rate in the population
-Abortion rates in the population and repeat abortion rates among clients in facilities
-Perinatal death rates and infant health.

Management & Administration

Management and administrative policy and framework provided a structure for the WIN Project implementation activities, helped to ensure productive collaboration between staff and the WIN Project partners, Russian health professionals and the government of Russia.

Management of the Project has met USAID requirements, program needs and Russian official regulations.

TASKS
1. Equip and staff a local office in Russia

JSI has established a representative office in Russia that serves as the WIN project office. The office operates fully in compliance with all Russian accounting, social and administrative regulations.

There have been a few challenges the JSI office needed to provide effective management and administrative support to the Project.

Russian financial and administrative requirements and reporting are very different from USAID norms. WIN office needed to establish and maintain two independent accounting and reporting systems to stay in compliance with USAID and Russian requirements.

Many administrative activities that are in accordance with USAID regulations are not allowed in Russia. For example, during the course of the project we organized in total 66 trainings, meetings and conferences with more than 2,000 participants overall. In accordance with Russian regulations the Project has had no right to pay travel expenses for the participants since they are not employees of JSI office. These expenses are considered to be their income and they have to pay taxes from these amounts and the WIN Project has to cover all social taxes accordingly.

To avoid these difficulties we created a special administrative framework and made contracts for every activity with the Health departments of the project oblasts, cities, facilities and individual providers. It demanded a lot of efforts, but we have had to implement all these things, to be in compliance with Tax regulations.

Besides, Russian regulations change very quickly. About 100 new regulations are issued every month and the Project office should to be aware about all new changes.

Poor management culture of the Russian health system was the other challenge for the Project performance. The WIN staff has made a lot of efforts to ensure communication between various levels and players in the project sites (from oblast to city and facility levels and vice versa, between facilities, between health system and mass media, etc) and to improve decision making and implementation processes.

To be able to fulfill successfully all these tasks JSI has gathered a high professional team at the WIN Project office including Resident Advisor, Financial & Administrative Officer, Program Coordinator, Program Assistant and Information Assistant; Tax Accountant and Logistic Assistant/Driver (a complete staffing list is attached).

U.S.-based staff in JSI's Boston and Washington, D.C. offices provided program support and supervision and financial and administrative back-stopping.

2. Hire local/international consultants and experts as needed

The Project recognized that for education of Russian providers foreign consultants internationally recognized by WHO and other respected professional organizations as experts in the professional field should be involved. Experienced consultants from the U.S. and Europe participated in the most of the project activities. We also took into consideration that Russian professionals quite often would trust Russian clinical experts more than their counterparts from the US and Europe. As much as possible the WIN Project engaged Russian consultants to present and support the WIN interventions. Some of these Russian consultants were trained at the previous WRHP project, within AIHA partnerships, WHO and UNICEF and other international projects or got education abroad. Initially the project invited them to be co-trainers or facilitators along with foreign consultants to refresh and accommodated their skill to the project needs and then used them as master trainers and course directors. Over time the project itself generated more local experts. These providers acquired training in WIN practices to become a cadre of master trainers prepared and able to transfer their knowledge to peers. A list of the Project consultants is presented in the attachment I.

3. Identify, with Russian partners, 2-4 Project sites for intensive programming and less intensive programming

The Project has been working in 20 health care facilities of two oblasts and three cities (Attachment A). All facilities, providing services for women and infants in Novgorod and

Berezniki were involved in the Project and 9 facilities in Perm. During the forth year of the project Perm Oblast and City Health Administration disseminated Project recommendations to other facilities in the city and oblast. Finally two more children policlinics and City Children Hospital in Perm got BFHI status.

4. Coordinate with other activities by providing a designated liaison person

The WIN Project actively sought collaboration opportunities to strengthen both our own capacity and the capacities of other organizations, to create results that reflect something greater than the sum of the parts. The Project's Resident Advisor served as a liaison person. Details of these successful collaborations with other USAID projects and activities, other international organizations, as well as Russian institutions are provided above.

5. Manage subcontracts/grants to local NGOs and other implementing agencies as needed

JSI has managed subcontracts with three US-based partners: EngenderHealth, JHU/CCP and URC and a few Russian NGOs including subcontracts with VCIOM for collecting household survey data and Perm Center Against Violence and Human Trafficking conducting work on domestic violence issues. As a part of the contract with JSI, JHU/CCP gave contracts to a Russian advertising company for creating WIN breastfeeding and family planning campaigning materials and grants to local NGOs in the sites for conducting community campaigns.

6. Organize in-country logistics and travel for meetings, site visits, etc.

During the course of the project the WIN staff organized administrative, logistic and travel support for 42 training events, 20 workshops, 4 conferences and 23 follow-up visits including international and local travel, venue, materials and equipment, etc.

Final Recommendations / Next Steps

The provision of a new service model of women's health for the Russian health care system by the promotion of a range of interventions in model sites located in Velikiy Novgorod and Perm Oblasts marks the successful completion of USAID's Women and Infants' Health Project (WIN).

WIN has supported creation of a training and resource center, assembled and designed training curricula and IEC materials, developed a group of Russian 'master trainers', and established a core group of local 'best trainers'. A number of data-based presentations for introducing evidence-based practices to new participants, derived from WIN monitoring and evaluation data as well as from its participants have been developed. The WIN Project has also prepared a guide for replication of WIN interventions in other regions, and its advocacy for policy change has led to the development of three protocols for health care practice based on internationally-recognized standards. All of these materials are available in Russian.

JSI and our partners have learned some important lessons from our experiences with WIN, the earlier Women's Reproductive Health Project, and the Quality Assurance Project's work in Tula and Tver regions.

Key lessons we have learned through these efforts:

- To make service-based changes sustainable, activities to promote policy change at each level of the health system are extremely important, but take time and resources to do well.

- To be effective, local data on implementation must be collected. Evidence of successful Russian implementation of new practices is needed to convince Russian health providers, administrators, and national and community leaders of their acceptability and feasibility.

- Similarly, it is important to use Russian consultants along with international experts when introducing change. Professional expertise must be Russian-based in order to give the interventions credibility among health professionals, policymakers and training participants.

- To sustain change, we must involve academicians and professors in our work, despite possible established attitudes because Russian research institutes and medical schools are extremely influential. Their understanding and support is essential to the adoption of new approaches and practices.

- Local and regional experience is very important. WIN's bottom-up approach to health care reform is working very well. When decisionmakers at the top are pushed to institute change by those at facility, local and oblast level, policy changes are more likely to happen.

- Management at all levels of the Russian health care system is in need of strengthening, and if we are to create sustainable technical approaches and new practices, management styles/skills and the decision-making process within the health system must also be changed.

- Differences in financial needs underscore the value of integrating a careful cost analysis in each site where the intervention is planned for scale up. This type of analysis may be repeated with each site intervention or a cost-analysis component may be instituted, both as part of the monitoring and evaluation strategy that would be a part of a scale up program. The benefit of such an integrated strategy would partly be: 1) to increase knowledge about cost savings in a given hospital (enabling hospitals to put mechanisms in place to capture these savings, if there are any) and 2) to continuously analyze the financial impact of interventions and spread

useful cost management ideas to the new sites. This type of analysis could also be customized.

WIN project has generated great interest and enthusiasm among Russian health providers. Further replication and expansion of the WIN model will be very welcomed at the national level and in the regions.

Contact

For more information on the WIN Russia Project of JSI Research & Training, Inc. contact Audrey Seger Sprain, John Snow, Inc., 44 Farnsworth Street, Boston, MA 02210 or Natalia Vartapetova, MD, JSI Resident Advisor.

Attachments

A: Participating Facilities
B: List of WIN Project Presentations
C: List of Training Events and Number of Participants Trained
D: Print Materials Produced
E: List of Publications
F: WIN Project Staffing List
G: List of WIN Project Consultants
H: Quarterly Report, April-June 2003 with attachments

Attachment A: Participating Facilities

Perm Oblast Training and Resource Center :
614023, Perm, Ung Prikamia str., 3
Tel. + 7 (3422) 55 81 70
Head of the Center: Fokeeva Tatiana

City Hospital # 21, Perm

- Maternity
- Women's Consultation
- Gynecological Department

MSU # 9, Perm

- Maternity
- Women's Consultation
- Gynecological Department

City Children's Hospital # 24, Perm

- City Children's Policlinic # 3
- City Children's Policlinic # 4

City Children's Clinical Hospital # 15, Perm

- City Children's Policlinic # 1

City Family Planning Center, Perm

Perm Oblast family Planning Center

Berezniki Maternity

Children's Hospital , Berezniki

- Children's Policlinic # 1

Maternity # 1, Velikiy Novgorod

- Women's Consultation # 1
- Women's Consultation # 2
- Gynecological Department

Maternity # 2, Velikiy Novgorod

- Women's Consultation # 3
- Gynecological Department

Children's Policlinic # 1, Velikiy Novgorod
Children's Policlinic # 2, Velikiy Novgorod
Children's Policlinic # 3, Velikiy Novgorod

Attachment B: List of WIN Project Presentations

1. **WIN Project Implementation: Results and Recommendations** – *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

2. **Implementation of Modern Perinatal Practices -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

3. **WIN Project: Behavior Changing and Creating Demand for Medical Services –** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

4. **Approaches to Project Effectiveness Evaluation -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

5. **Postabortion care: Design and Methodology of Scientific Research -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

6. **Integrated Approach to Family Planning: the Role of Family Planning Counseling -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

7. **Training Activities on Family Planning within the WIN Project -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

8. **WIN Project Monitoring System -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

9. **The Results of PAC OR Project -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

10. **WIN Project Cost-Effectiveness in 2002 in Children's hospital #15, Perm -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

11. **Priorities in Maternal and Child Health Care. The Place and Role of the WIN Project in Maternal and Child Health -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

12. **Integrated Approach to Reproductive Health: Family Planning and Childbirth Education -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

13. **Neonatal Care and Implementation of key practices of the project in Perinatal Center -** *WIN Project Dissemination Conference, May, 19-20, 2003, Moscow, Russia*

14. **Implementing evidence-based medicine and international standards in maternity and child health care – WIN Project experience** – *JSI 2003 International Division Meeting, June, 2-4, 2003, Washington, DC, USA*

15. **WIN Project in Russia: from pilot sites to national level** – *WHO Euro Partners' Meeting, May, 1-2, 2003, Stratford-upon-Avon, UK*

16. **Reduction of Iron deficiency anaemia in Russia - dietary approaches** – *Meeting of Nutrition Counterparts in the WHO European Region, 28 February – 2 March, 2003, Athens, Greece*

17. **Modern Approach to Exclusive Breastfeeding –** *VIII Russian National Pediatric Congress, February 21, 2003*

18. **Increasing Effective Postabortion Contraceptive Use and Reducing Repeat Abortions in Perm** – *APHA 130th Annual Meeting and Exposition, November 9-13, Philadelphia PA, 2002*

19. **Breastfeeding support and promotion in Russian maternity hospitals –** *APHA 130th Annual Meeting & Exposition, November, 9-13, 2002, Philadelphia, PA, USA*

20. **WIN Project – Assessing Changes in Women's Health. Data Promote Policy Changes** - *APHA 130th Annual Meeting & Exposition, November, 9-13, 2002, Philadelphia, PA, USA*

21. **Women and Infant's Health (WIN) Project: Implementing effective perinatal health services in health practices** – *4th Women and Infant Russian Forum, October, 21-25, 2002, Moscow, Russia*

22. **Women and Infant's Health (WIN) Project: Main Accomplishments and Future Perspective –** *Perm Dissemination Conference, October, 9-10, 2002, Perm, Russia*

23. **Women and Infant's Health (WIN) Project: A model for improving maternal and child health services in Russia** – *Global Health Council 29th Annual Conference, May 27-31, 2002, Washington, DC, USA*

24. **Family Planning – integrated part of reproductive health improvement** – *WIN Project Dissemination Conference in Perm, October, 2002.*

25. **WIN Project-Creating Demand** - *WIN Project Dissemination Conference in Perm, October, 2002.*

26. **Women and Infant's Health (WIN) Project: A model for improving maternal and child health services in Russia** – *USAID 10-Year Retrospective Conference, July 28 – July 31, 2002, Washington, DC, USA*

27. **Improving Family Planning Services in Russia** - *USAID 10-Year Retrospective Conference, July 28 –July 31, 2002, Washington, DC, USA*

28. **WIN Project: June 1999 to June 2002** – *JSI Field Staff Meeting, Washington, June, 1, 2002*

29. **First Pregnancy: Reproductive Choice in Youth, Male Involvement in Family Planning and Reproductive Health** – *Genoa International Conference on Contraception, April 10-13, Italy, 2002*

30. **WIN Project: Intermediate Results** – *DFID Workshop on "Mother's Health Care Sector, Moscow, March 14, 2002*

31. **WIN Project – Strategy of Success and Sustainability** – *AIHA Regional Conference, June, 2001, St. Petersburg*

32. **WIN Project objectives and accomplishments** – *IV National Congress of Pediatricians, February 19-22, 2001, Moscow*

33. **Provider Practices and Client Perceptions** – *WIN Project Regional Conferences in Novgorod and Perm, November 17-24, 2000*

34. **WIN Project – Achievements to Date** – *Regional Initiative Novgorod Celebration Conference, October 19-20, 2000*

35. **WIN Project: Family Centers for Maternity Care –** *WIN Project Launch Conference, Moscow, November, 1999*

Attachment C: List of Training Events and Number of Participants Trained

Trainings	Number of Events	Number of People
Breastfeeding Counseling and BFHI	4	110
Essential Newborn Care and Breastfeeding	3	80
FCMC	4	72
Antenatal Care	1	41
Childbirth Education	1	19
Newborn Resuscitation	2	29
CTU	3	130
Reproductive Health Seminars	5	250
STI's Case Management	1	7
Comprehensive PAC Training	4	78
Family Planning Counseling	1	12
Family Planning Counseling and Information Giving	1	18
Postpartum Family Planning	3	58
Postpartum and Postabortion Family Planning Counseling	2	40
IUD Insertion and Removal	3	58
Mini Conference on Depo-Provera	1	26
Advanced TOT in Reproductive Health	1	26
Youth-Friendly Reproductive Health Services	2	43
TOTAL:	**42**	**1097**
Workshops		
FCMC Workshops	2	27
MAQ I	1	58
MAQ II	1	32
MAQ III	1	22
Community Mobilization workshops	2	30
Training Workshop on Monitoring	7	100
Clinical Guidelines Workshop on Breastfeeding	1	22
Postabortion Care Protocol Development	1	26
Workshop on San-Epi Control in Maternities	1	85
FCMC Curricula Revision Workshop	1	15
Workshop on Infection Control in Maternities	1	19
Workshop on Development Infection Control in Maternities Guidelines	1	31
TOTAL:	**20**	**485**
Conferences		
Regional Conference in Perm	1	123
Regional Conference in Novgorod	1	78
Dissemination Conference in Perm	1	200
Dissemination and Roll-Out Conference in Moscow	1	133
TOTAL:	**4**	**534**

Attachment D: Print Materials Produced

Leaflets:

- WIN Project (English, Russian)

Training Curricula:

- Family Centered Maternity Care Curriculum (for trainers and participants in English and Russian).
- Breastfeeding Counseling (for trainers and participants) (Russian).

Guidelines:

- How to Implement Effective Health Care for Women and Infants (Russian, English)
- Clinical Guidelines on Organization of Infection Control System in Maternities in the frame of Evidence-based Perinatal Practices. (Russian).
- Clinical Guidelines on Post-abortion Care. (Russian).
- Clinical guidelines on Breastfeeding. (Russian).

Information and educational Flyers:

- Breastfeeding flyer (Russian)
- A flyer on FCMC (Russian)
- PAC flyer (Russian)
- Family Planning Counseling Flipchart (Russian)
- A set of educational flyers: Breastfeeding, Antenatal care, STIs, Combined oral contraceptives, Injectables, Natural Family Planning Method of Contraception, Condom, Women's Sterilization, IUDs, Postpartum counseling, Postabortion Family Planning Counseling, LAM, Domestic Violence. (Russian).

Attachment E: List of publications

Abstracts

- A book of abstracts on WIN Project Dissemination Conference in Perm (Russian).
- Dr. Natalia Vartapetova: "WIN Project: a model for improving maternal and child health services in Russia" (English) (Global Health Council Congress, 2002).
- Dr. Irina Savelieva: "First Pregnancy: reproductive Choice in Youth; Male Involvement in Family Planning and reproductive Health, Repeat Abortion" (English) (The Genoa International Conference on Contraception, 2002).
- Dr. Kira Shapovalova: "Fertility Return and Postpartum Pregnancy Prevention" (Mother and Child All-Russia Congress, 2003).
- Dr. Natalia Vartapetova: "WIN Project: from pilot sites to national level" (English) (WHO Euro-Partners Meeting, 2003)
- Dr. Natalia Vartapetova: "Reduction of Iron Deficiency Anaemia in Russia – Dietary Approaches" (English) (WHO Meeting of Nutrition Counterparts in WHO European Region, Greece, 2003).
- Dr. Natalia Vartapetova: "Breastfeeding support and promotion in Russian Maternity hospitals" (English) (APHA , November, 2002).
- Dr. Irina Savelieva: "Increasing Effective Postabortion Contraceptive Use and reducing Repeat Abortions in Perm, Russia" (English) (APHA November, 2002).

Articles and Sections in the articles:

- Article "WIN Project" (Russian magazine "9months")
- Section by Dr. Natalia Vartapetova in the article "Natural Delivery" (Russian magazine "9months")
- Section by Dr. Natalia Vartapetova in the article "Home Delivery" (Russian magazine "9months")
- Article "The Role of Postpartum Family Planning Counseling and Services" by Dr. Kira Shapovalova (Russian medical journal "*Russian Family Physician"*.)
- Section on "pregnancy prevention methods during postpartum period" by Dr. Marina Tarasova put in the "*Mother and Child* pregnancy manual for women". (Russian)

Attachment F: WIN Project Staffing List

Natalia Vartapetova - Resident Advisor

Maria Nemchinova – Administrative and Finance Officer

Galina Plugareva – Chief Accountant

Natalia Kisseleva – Program Coordinator

Elena Stemkovskaya –Program Assistant

Yulia Boyarkina – Communication Assistant

Sergei Panteleev – Logistic Assistant/Driver

Attachment G: List of Project Consultants

Russian Trainers and Experts:

1.	Alabugina I.G.	Project Expert on Reproductive Health, Head of Women's Consultation#1, Maternity #4, City of Novosibirsk, Russia
2.	Dinekina T.Ya.	Project Expert on Breastfeeding, Family Centered Maternity Care (FCMC), antenatal care, Head of Physiological Department, Maternity #3,city of Murmansk, Russia
3.	Grigorieva V.A.	Project Expert on Reproductive Health, Family Planning Center, D.Ott Institute of Obstetrics & Gynecology, St. Petersbourg, Russia
4.	Kabakov V.L.	Project Expert on Family Centered Maternity Care (FCMC), Deputy Head of the Health Department, Administration of Arkhaengelsk Oblast, Russia
5.	Kolossovskaya E.N.	Project Expert on Infection Control, Professor of the Epidemiological Department, St.Petersburg State Medical Academy
6.	Korotkova A.V.	Project Expert on Medical Service Quality Improvement Head of Methodological Center for Quality, CPHRI, Moscow, Russia
7.	Mamoshina M.V.	Project Expert on Breastfeeding, Head of the Pediatric Department City Children's Hospital, Elektrostal, Russia
8.	Potemkina R.A.	Project Expert on Data Collection, Monitoring and Evaluation National Research Center for Preventive Medicine, Moscow, Russia
9.	Riumina I.I.	Project Expert on Neonatal Care, Breastfeeding, Coordinator of WHO Regional Representative Bureau on Maternal and Infant Heakth, Moscow, Russia
10.	Romanchuk L.I.	Project Expert on Breastfeeding, Deputy Chief Doctor, Central Hospital, Elektrostal, Russia
11.	Romanenko V.A.	Project Expert on Newborns Resuscitation, Chief of the Emergency Pediatrics Department with the Course on Neonatology, the Ural State Medical Academy, Cheliabinsk, Russia
12.	Safronova E.I.	Project Expert on Breastfeeding, Neonatal Care Head of the Newborns and Pre-term Department, Maternity # 3, Murmansk, Russia
13.	Samarina A.V.	Project Expert on Reproductive Health, Doctor of the Family Planning Center, Dr. Ott Institute of Obstetrics and Gynecology, St. Petersburg, Russia
14.	Savelieva I.S.	Project Expert on Reproductive Health, Head of the International Programs Department, Research Center of Obstetrics, Gynecology and Perinatology, Moscow, Russia

15.	Shapovalova K.A.	Project Expert on Reproductive Health, Assistant of Gynecology and Neonatology Department, First Medical Institute named after Academician Ivan Pavlov, St. Petersbourg, Russia
16.	Sharapova E.I.	Project Expert on Medical Service Quality Improvement Chief Specialist of Methodological Center for Quality, CPHRI, Moscow, Russia
17.	Shmarova L.M.	Project Expert on Breastfeeding, Head of the Children's Policlinic # 1, Elektrostal, Russia
18.	Tarasova M.A.	Project Expert on Reproductive Health, Deputy Director on Science, Dr. Ott Institute of Obstetrics and Gynecology, St.Petersburg, Russia
19.	Vartapetova N.V.	Project Expert on Breastfeeding, Healthy Lifestyle, Nutrition, WIN Project Resident Advisor, Moscow, Russia
20.	Zueva L.P.	Project Expert on Infection Control, Head of the Epidemiological Department, St.Petersburg State Medical Academy

International Trainers

1.	Anna Kaniauskene	Project Consultant on reproductive Health, Senior Program Officer "EngenderHealth" USAA
2.	Alberta Bacci	Project Consultant on Family Centered Maternity Care (FCMC), Antenatal, Perinatal Care, WHO Europe Bureau
3.	Gelmius Siupsinskas	Project Consultant on Family Centered Maternity Care (FCMC), Antenatal, Perinatal Care, Evidence-based Medicine, Lithuania
4.	Inna Sacci	Project Consultant on Reproductive Health, Head of the Representative Office "EngenderHealth" in the Russian Ferderation, USA
5.	Lawrence Impey	Project Consultant on Family Centered Maternity Care (FCMC), Antenatal, Perinatal Care, Great Britain
6.	Michele Berdy	Project Consultant on Community Mobilization, Head of the Representative Office of Johns Hopkins University in Russia, USA
7.	Pauline Glatleider	Project Consultant on Family Centered Maternity Care (FCMC), Antenatal Care, USA
8.	Patricia David	Project Senior Advisor on Monitoring and Evaluation, USA
9.	Rashad Massoud	Project Consultant on Medical Service Quality Improvement, USA
10.	Roberta Prepas	Project Consultant on Family Centered Maternity Care (FCMC), Antenatal Care, USA
11.	Fabio Uxa	Project Consultant on Neonatal Care, Italy
12.	Ann Trudell	Project Consultant on Antenatal Care, USA

Attachment H: Quarterly Report, April-June 2003 with attachments

Russia Quarterly Report

The WIN Strategy Project

Contractor: John Snow, Inc.
Subcontractors: EngenderHealth, JHU/CCP, URC/QA
Contract Number: HRN-1-00-98-0032-00 Delivery Order No. 803
Reporting Period: April, 2003 –June, 2003

Section 1: Contractor's Report
Narrative

1. **Background:** Description of Task Order Objectives

- **Strategic Objectives (SO): SO 3.2 All health activities in Russia are designed: To improve effectiveness of selected social benefits and services.**
- **WIN specific Strategic Objective: To reduce maternal and infant mortality by improving the effectiveness of selected women and infants' health services, with special emphasis on reducing repeat abortions and unwanted pregnancies in selected sites.**
- **Intermediate Results: 1) increased access and demand; 2) increased quality of selected women and infant health services.**

2. Expected Results: Tangible Results expected at the conclusion of contract with expectations of reasonable achievement:

- A reduction in the overall abortion rates – with significant drop in repeat abortions and abortions after birth;
- An increase in the use of modern contraceptives among sexually active women;
- An increase in the number of women exclusively breastfeeding immediately postpartum and at time of discharge from hospital;
- An increase in the number of women exclusively breastfeeding at 4 months postpartum;
- Increase in the number of hospitals offering rooming-in services;
- Increase in the numbers of women using "rooming-in" services immediately postpartum;
- Increase in the numbers of women (by maternity) who select Family Centered Maternity Care for a birthing option;
- *Decrease in perinatal deaths in selected city maternities* – The achievement of this result will be dependent upon the cause and time of the perinatal death.

The project does not anticipate that the interventions will significantly reduce the numbers of maternal mortality because the number of maternal mortalities is too small and the project time frame of three years is also too short to anticipate a reduction in maternal mortality.

2. **Current Activities:** Description of activities this quarter

Administrative Activities

- WIN Project financial reports for April-June period were presented to the Social Insurance Fund, Statistics Department and Tax Inspection of the Russian Federation.
- JSI Ukranian Team visited JSI Moscow Office on April 14-16, 2003, and on April 16-18, 2003 they visited Perm. The goal of their visit was to get acquainted with the WIN Project and JSI Moscow Office, which in its turn shared experience with Ukrainian team.
- Kenneth John Olivola, JSI International Division Director, visited Moscow JSI Representative Office on April 21-25, 2003. The objectives of his visit were as follows: to oversee the WIN Project performance; to discuss workplan for closing-out the project;

to meet with USAID and discuss a workplan and a budget for no-cost extension of the project.

Programmatic Activities:

- **WIN Project Dissemination and Roll- Out Conference** was held in Moscow on May 19-20, 2003. The goal of the conference was to disseminate WIN Project results and achievements and to discuss strategies for future dissemination and roll-out of WIN project activities.

Family Planning activities

- WIN Project **Postabortion Care Service Delivery Guidelines** were approved for national dissemination by the Russian Ministry of Health, Russian Academy of Medical Science, and Research Center of Obstetrics, Gynecology and Perinatology.

Family Centered Maternity Care, Breastfeeding and Essential Newborn Care activities

- **Newborn Resuscitation Training** was held in Perm on April 7-11, 2003 by WIN Project expert Vladislav Romanenko, professor of Cheliabinsk Medical Academy.
- **Cost-Study Analysis.** Data entry was completed, cleaned and sent for analysis. Pilot analysis for Berezniki Maternity was performed.

Monitoring and Evaluation activities

- Final **Facility Monitoring System** Report was completed.
- On account of **Facility-based survey –** final reports on the second and third rounds were completed.
- Monitoring forms for the period of April-June, 2003 were sent to the sites.

Other Program Activities

- Presentations on the WIN Project were made at **JSI International Division Meeting** in Washington on June 2-4, 2003 by WIN Project Resident Advisor, Natalia Vartapetova.

Cooperation with MOH, other relevant USAID international and Russian projects was continued.

4. Performance
The programmatic activities described in Number 3 fully meet the Project Work Plan requirements and benchmarks.

WIN Project Dissemination and Roll- Out Conference was held in Moscow on May 19-20, 2003. The goal of the conference was to disseminate WIN Project results and achievements and to discuss strategies for future dissemination and roll-out of the WIN project activities

The Conference was organized by John Snow, Incorporated - Moscow Representative Office

The total number of participants of the Conference was 133 people, among which were representatives from Regional Health Administrations, WIN Project Pilot Sites: Perm City and Perm Oblast, Velikiy Novgorod City and Oblast, the US Embassy and USAID/Russia, international health organizations, including leading health and research organizations, involved in maternal and infant health issues, National and International Mass Media companies, including print and televised media, WIN Project Consultants and Experts.
Representatives from the other regions such as: **Sverdlovskaya Oblast, Kaluzhskaya Oblast, Tumenskaya Oblast, Komi Republic, Belgorodskaya Oblast, Sarov city, Murmanskaya Oblast, Sakhalin, Arkhangelskaya Oblast, Rostovskaya Oblast, Kurskaya Oblast, Khabarovsk, Cheliabinsk, Tverskaya Oblast, Orenburg City, Samara City, Astrakhan Oblast**, who wrote to the Project in order to involve them in the Project activities were also present at the Conference (Attachment # 2).

The Conference was opened by the USAID/Russia Mission Director, Carol Peasley. She greeted the participants of the Conference and made a speech on the importance of the WIN project, its positive results and achievements.

The Ministry of Health was represented by the Head of the Maternity and Childhood Division, Dr. Anatoliy Korsunskiy, who greeted the participants of the Conference on behalf of the Deputy Minister of Health, Dr. Sharapova, and made a report. In his speech he underlined the importance of international Projects in the field of Health Care, of WIN project in particular, he emphasized the value of the WIN project experience for further development of Mother and Child interventions in Russia.

The key topics for the discussion of the Conference were devoted to the implementation of core evidence-based practices, supported by the project such as: Family-Centered maternity Care, Breastfeeding, Family Planning services, Essential Newborn Care. During the conference the project results were discussed. Attention was also paid to health care quality improvement, community mobilization (Attachment #1).

In the hall there was an exhibition, devoted to the WIN Project implementation. The materials of the exhibition were completed by the facilities, participating in the Project.

The second day of the Conference was devoted to Panel Discussion on the WIN Project Results and Recommendations. Project experts gave full information about the training courses, represented Guidelines, spoke about WIN Project Monitoring System.

Family Planning Activities

- WIN Project **Postabortion Care Service Delivery Guidelines** were approved for national dissemination by the Russian Ministry of Health, Russian Academy of Medical Science, and Research Center of Obstetrics, Gynecology and Perinatology in early April 2003. A total of 1,000 copies of the National Postabortion Care Guidelines were printed in Moscow in May 2003 and distributed at the WIN Project Final Conference and National Congress of Obstetrics and Gynecology in May 2003.

- To increase women's knowledge of family planning a section on **pregnancy prevention methods during postpartum period** was put together by EngenderHealth RH/FP consultant Dr. Marina Tarasova in the *Mother and Child* pregnancy manual for women.

- An article by Dr. Kira Shapovalova, EngenderHealth RH/FP consultant, on the **Role of Postpartum Family Planning Counseling and Services** was published in the Russian peer-review medical journal *Russian Family Physician*.

Family Centered Maternity Care, Breastfeeding and Essential Newborn Care activities

- **Newborn Resuscitation Training** was held in Perm on April 7-11, 2003 by WIN Project expert Vladislav Romanenko, professor of Cheliabinsk Medical Academy. The objective of the course was to train medical providers in the field of neonatal resuscitation in delivery rooms and maternities. The course instructed the participants on fundamental skills of caring for newborns that can be done with little equipment. The course included both theoretical and practical aspects of neonatal care. 20 participants, including neonatologists and nurses took part in the training (Attachment # 3).

Infection Control in Maternities

- A draft of **Guidelines on Infection Control at Maternities in the frame of Evidence-based Perinatal Practicies** was finalized by the Project consultants. It passed through assessment of Saint-Petersburg San-Epi Committee in June, 2003. It is going to be published by August 1, 2003.
- The final stage of the program on development and implementation of a model of improving infection control standards in maternity hospitals was completed. There was conducted a study of maternity readiness to implement Infection Control System, a database on the results on bacteriological trials with the help of a computer program WHONET was developed. The analysis of microbiological monitoring results was conducted.

Cost-Study Analysis

- Data entry was completed, cleaned and sent for analysis. Pilot analysis for Berezniki Maternity was completed.

WIN Monitoring and Evaluation System

- **Monitoring:** the monitoring data forms for January-March, 2003 period were filled in at facility, city and oblast levels, collected, reported to the WIN Moscow office and entered into electronic database. Data quality has been assessed and corrections made at sites. The key WIN monitoring indicators were calculated.

- Final Report on **Facility Monitoring System** (Quarter 1-11) was completed.
- **Facility-based survey :** final reports on the second and third rounds were completed.
- Forms for the quarterly report (April-June, 2003) on monitoring were disseminated amongst the pilot facilities.

JSI International Division Meeting

- The John Snow Incorporated 2003 International Division Meeting was held in Washington on June 2-4, 2003. JSI/WIN team was presented by Dr. Natalia Vartapetova, resident Advisor, and Dr. Natalia Kisseleva, Program Coordinator.
  Dr. Natalia Vartapetova made presentations on "Implementing evidence-based medicine and international standards in maternity and child health care – WIN Project experience" and "CCCs: CHIME – a field perspective".
  The objective of the meeting was to provide an opportunity for International Division Staff to exchange ideas about key technical issues relevant to current and future programming.

Print materials

- The WIN Project **Guide on "How to Implement Effective Health Care for Women and Infants"** was completed, published and copies were distributed among the participants of the Dissemination Conference.
- 1, 000 copies of revised family planning counseling flipchart were printed in Moscow in May 2003.
- 150 copies of the counseling aid flipchart were provided to the Perm Resource and Training Center to support future roll-out training activities.

PAC Operations Research Project:

- Draft PAC OR study final report was completed and approved by USAID and Population Council for the dissemination at the Moscow May Conference.

- 175 copies of the draft Russian-version PAC OR Final Report were produced and disseminated at the May Conference.

- Findings of the PAC OR study in Perm, in Russian were disseminated at the WIN Project Final Conference in Moscow on May 19-20, 2003 at the PAC OR Study panel.

Collaboration with other projects and organizations

- The WIN Project Resident Advisor, Dr. Natalia Vartapetova took part in the WHO Euro-Partnetrs Meeting, held on May 1-4, 2003 in United Kingdom. She made a presentation there on "WIN Project in Russia: from pilot sites to national level".

JSI Representative Office in Moscow

Представительство корпорации «Джон Сноу, Инк» (США) г. Москва

DISSEMINATION CONFERENCE
WOMEN AND INFANT (WIN) HEALTH PROJECT: FOUR YEARS OF EXPERIENCE IN RUSSIA
FINAL RESULTS AND ACHIEVEMENTS

WORKSHOP ON THE PROJECT ROLL-OUT

MOSCOW, RUSSIA
MAY 19-20, 2003

Objectives:

- To disseminate WIN Project results and achievements
- To discuss strategies for future dissemination and roll-out of WIN project activities

Participants:

- Representatives of Regional Health Administrators in Russia
- Representatives of WIN Project Pilot Sites: Perm City and Perm Oblast, Velikiy Novgorod City and Oblast
- Representatives of the Russian Ministry of Health
- Representatives of the US Embassy and USAID/Russia
- Representatives of the international health organizations, including leading health and research organizations, involved in maternal and infant health issues
- National and International Mass Media representatives, including print and televised media representatives
- WIN Project Consultants and Experts.
- WIN Project Representatives, including home office representatives

Location:
Hotel "Cosmos", (Prospect Mira, 150)
Conference Hall – "Saturn" (19.05.2003)
Conference Hall – "Galaxy 1-2" (20.05.2003)

Materials Exhibition:
In the hall there will be an exhibition of WIN Project materials that have been produced in the project's pilot facilities. These materials have been created as part of WIN Project implementation and experience within these pilot sites.
Russian will be official language of the Conference with consecutive translation into English.
Sponsored by:
WIN Project and US Agency for International Development

Agenda of Dissemination Conference
WOMEN AND INFANT HEALTH PROJECT (WIN): FOUR YEARS OF EXPERIENCE IN RUSSIA
FINAL RESULTS AND ACHIEVEMENTS

May 19, 2003	
Time	**Presentation/Speaker**
9:00-10:00	
10:00-10:20	Registration
	Opening Remarks
	Ministry of Health of the Russian Federation US Embassy/USAID Russian Academy of Medical Sciences
10:20-10:35	"Priorities of Maternal and Infant Health Care in Russia: The Role of the WIN Project." *Dr. Korsunskiy Anatoliy, Head of the Maternal and Child Healthcare Department (MCH), Russian Ministry of Health*
	ACCOMPLISHMENTS OF THE PROJECT
10:35-10:55	"WIN Project Implementation: Results, Lessons Learned and Recommendations". *Dr. Vartapetova Natalia, JSI, WIN Project Advisor*
10:55-11:15	"Creating Oblast Model for Improved Maternal and Infant Health Services: Project Implementation in the Perm Oblast and Velikiy Novgorod." *Dr. Korobeinikov Nikolai, Deputy Head of the Perm Oblast Health Department* *Dr. Goroshko Anna, Head of the Health Department, Velikiy Novgorod*
11:15-11:25	Discussion
11:25-11:40	**Break**
	Perinatal Technologies
11:40-12:10	"Implementation of Modern Perinatal Technology: New Practices in Maternal and Neonatal Care at Maternity Hospitals." *Shvabskiy Oleg, obstetrician-gynecologist, City Hospital # 21, Perm* *Pantiukhina Galina, Head of Newborns Department, MSU # 9, Perm* *Malanin Alaxander, Head of the Delivery Department, Berezniki Maternity*
12:10-12:20	Discussion
12:20-12:40	***Family Planning and Reproductive Health*** "Integrated Approach to Family Planning: the Role of Family Planning Counseling." *Sacci Inna, EngenderHealth, USA*
12-40-12:50	Discussion
12:50-14:00	**Press-conference**
12:50-14:00	**Lunch**
14:00-14:10	***Postabortion Care Operations Research (PAC OR)Project*** "Design and methodology of the PAC OR Project in Perm, Russia". *Gorodnicheva Zhanna Andreevna, Research Center of Obstetrics, Gynecology and Perinatology*
14:10-14:30	"Results of the PAC OR Project in Perm, Russia". *Savelieva Irina Sergeevna, Head of the International Programs Department, Research Center of Obstetrics, Gynecology and Perinatology*
14:30-14:40	
14:40-14:55	Discussion
	Integrated Approach to Reproductive Health: Family Planning and Childbirth Education
14:55-15:05	*Eremeeva Elena, Head of the Women's Consultation, MSU # 9, Perm*
15:05-15:20	*Menshakova Nina, Deputy Head, City Hospital # 21, Perm*

15:20-15:50	Discussion
	Break
	Infant Health Issues
	"Modern approaches, project implementation in children's policlinics".
	Franko Valeria, Deputy Chief Doctor, Children's Policlinic # 2, Velikiy Novgorod
	Kostenkova Valentina, Deputy Chief Doctor, Children Hospital, Berezniki
15:50-16:00	Discussion
	QUALITY IMPROVEMENT
16:00-16:20	"Development of clinical protocols as a mechanism for quality improvement".
	Massoud Rashad, QAP/URC/CHS, USA
16:20-16:30	Discussion
	INCREASING DEMAND FOR MEDICAL SERVICES
16:30-16:50	"Collaboration with Mass Media: the role of informational and educational campaigns in increasing demand for medical services."
	Berdy Michelle, JHU/CCP, USA
16:50-17:00	Discussion
17:00-17:15	Overview of the day one

Agenda of the Workshop on Project Roll-out

May 20, 2003	
Time	**Presentation/Speaker**
9:30-10:45	Panel Discussion "The WIN Project Results and Recommendations" WIN sites representatives: *Baranova Galina, Deputy Chief Doctor, Maternity # 2, Velikiy Novgorod* *Rassolova Anna, Chief of the Newborns Department, Berezniki Maternity* *Kabanova Natalia, Chief Doctor, Children's Hospital # 15, Perm* *Krumkach Larissa, Deputy Chief of the Department of Collaboration with Health Facilities and Insurance Companies, Perm Oblast Health Insurance Fund*
10:45-11:00	**Break**
11:00-12:30	Introducing of the Project Materials: • How to Do Guide – *Vartapetova Natalia* • Clinical Protocols - on Breastfeeding – *Shmarova Liudmila* - on Postabortion Care – *Savelieva Irina* - on Infection Control in Maternities – *Kolossovsakaya Elena, Kabakov Viacheslav* Discussion
12:30-13:30	**Lunch**
13:30-13:50	"Plans of the Regional Training and Resource Center." *Fokeeva Tatiana, Head of the Oblast Family Planning Center, Perm*
13:50-14:00	Discussion
14:00-15:00	Introducing of the Training Courses: • Family Planning – *Sacci Inna* • Antenatal Care – *Vartapetova Natalia* • Family Centered Maternity Care – *Dinekina Tatiana*

- Essential Newborn Care – *Kiseleva Natalia*
- Newborn Resuscitation – *Romanenko Vladislav*
- Community Mobilization – *Berdy Michelle*

15:00-15:20	"Project Evaluation" *Potemkina Rimma, National Research Center for Preventive Medicine, Project Expert on Monitoring and Evaluation* *David Patricia, Project Consultant on Monitoring and Evaluation, USA*
15:20-15:30	Discussion (continuing)
15:30-15:45	**Break**
15:45-16:15	Practical Aspects of Project Roll-Out Work in Groups
16:15-16:30	Presentations of the Groups Representatives on Results of the Discussion
16:30-16:45	**Final word. Closing Remarks**

List of Invited people to the WIN Project Dissemination Conference

#	Name	Position
Ministry of Health, Russian Federation		
1.	Sharapova O.V.	Deputy Minister of Health
2.	Korsunskiy A.A.	Head of MCH Department
3.	Furgal S.M.	Head of International Collaboration Department
4.	Baibarina E.N.	Chief Neonatologist
5.	Ivanov S.I.	Head of State San-Epi Control Department
6.	Frolochkina T.I.	Representative State San-Epi Control Department
USAID/US Embassy		
7.	Peasley Carol	Mission Director
8.	Pelzman Kerry	Head of Health Division
9.	Milani Tara	Senior Technical Advisor on MCH
10.	Petrossian Lara	Assistant of Health Department
11.	Horn Patrick	US Embassy
12.	Gurvich Elena	US Embassy
13.	Borisova Olga	US Embassy
14.	Van Drill Jeff	US Embassy
Russian Academy of Medical Sciences (RAMS)		
15.	Kulakov V.I.	Director of Research Center of Obstetrics, Gynecology, Perinatology, RAMS
16.	Vichliaeva E.M.	Deputy Director on Science, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
17.	Prilepskaya V.M.	Chief of Science and Policlinic Department, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
18.	Nikolaeva E.I.	Responsible for post-diploma education, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
19.	Savelieva I.S.	Head of International Scientific Programs Department, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
20.	Gasparov A.S.	Obstetrician-Gynecologist of Central region, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
21.	Djalalian N.A.	Chief Mid-wife, President of International League of Mid-wives of Russia, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
22. .	Gorodnicheva Zh.A.	Specialist of international programs department, Research Center of Obstetrics, Gynecology, Perinatology, RAMS
Representatives of Moscow and Moscow Oblast		
23.	Samsigina G.A.	Head of child illnesses department, professor, Russian State Medical University
24.	Tamazian G.V.	Deputy Minister of Health, Moscow Oblast Ministry of Health
25.	Zakharova N.I.	Chief pediatrician of Moscow Oblast
26.	Verstat T.V.	Chief Doctor, Maternity “Mitishi”

27.	Dus M. M.	Deputy Head of MCH Department, Mitishi
28.	Barinova M.G.	Head of Women's Consultation, Mitishi
29.	Torkhova L.A.	Deputy Chief on Childhood, Maternity "Lukhovitsi"
30.	Bodrova V.V.	Chief specialist of economic research department, VCIOM
31.	Kolomeitsev M.G.	Medical Department, Moscow State Pedagogical University
Representatives of Perm Oblast		
32.	Korobeiniko N.P.	Deputy Head of Perm Oblast Health Department
33.	Aleskovskaya G.Ya.	Deputy Chief Doctor, City Children's Hospital # 24
34.	Eremeeva E.A.	MSU #9, Chief of Women's Consultation
35.	Zhukova N.Yu.	Chief Neonatologist of Perm city
36.	Kabanova M.K.	Chief Doctor, City Children's Clinical Hospital # 15
37.	Kostenkova V.V.	Deputy Chief Doctor on Policlinic # 1, Berezniki
38.	Krumkatch L.E.	Representative of Perm Oblast Medical Insurance Fund
39.	Makarov A.N.	Head of City Health Department, Berezniki
40.	Malanin A.V.	Head of Delivery Department, Berezniki Maternity
41.	Malkova L.V.	Chief Obstetrician-Gynecologist of Perm city
42.	Manzhai V.N.	Chief Doctor, Berezniki Maternity
43.	Menchakova N.I.	Deputy Chief Doctor on Obstetrics and Gynecology, City Hospital # 21
44.	Lepiokhina T.Yu.	Chief of Women's Consultation, City Hospital # 21
45.	Padruli M.M.	Chief Doctor, MSU #9
46.	Pantiukhina G.P.	Head of Newborns Department, MSU # 9
47.	Petukhov V.N.	Deputy Chief Doctor on maternity care, MSU #9
48.	Rassolova A.A.	Neonatologist, Berezniki Maternity
49.	Redkin V.I.	Head of Observation Department, City Hospital # 21
50.	Snesareva N.V.	Chief of Gynecological Department, MSU #9
51.	Fokeeva T.Yu.	Oblast Family Planning Center, Head
52.	Chernishova O.E.	Head of Children's Policlinic # 4, City Children's Hospital # 24
53.	Shvabskiy O.R.	Obstetrician-Gynecologist, City Hospital # 21
54.	Shepeleva I.O.	Acting Chief of neonatolocal Department, City Hospital # 21
Representatives of Velikiy Novgorod and Novgorod Oblast		
55.	Goroshko A.M.	Head of Health Department, Velikiy Novorod
56.	Baranova G.A.	Deputy Chief Doctor, Maternity # 2
57.	Koroleva I.L.	Deputy Chief of Health Department
58.	Soloviova T.M.	Chief Doctor, Children's Policlinic # 1
59.	Tenduk G.N.	Maternity # 1,obstetrician-gynecologist
60.	Timofeeva N.B.	Chief Obstetrician-Gynecologist of Novgorod Oblast
61.	Franko V.N.	Deputy Chief Doctor on medical issues, Children's policlinic # 2

62.	Chirskaya M.V.	Chief Specialist of Health Department
63.	Shvetsova L.S.	Pediatrician, Children's Policlinic # 3
Representatives of Regions of Russia		
64.	Babina R.T.	Chief Pediatrician of Sverdlovsk Oblast
65.	Borovikova M.P.	Deputy Director on MCH Department, Kaluga Oblast
66.	Brinza N.S.	1st deputy Director of Health Department of Tumen Oblast
67.	Gorbunova O.P.	Chief Obstetrician-Gynecologist, Tumen Oblast
68.	Doronina N.G.	Head of MCH Department, Komi Republic
69.	Zernaeva N.P.	Specialist of Health Department, Belgorod Oblast
70.	Kislaya E.N.	Chief Obstetrician-Gynecologist, Sarov city
71.	Kovalenko L.F.	Deputy Head of MCH Committee, Murmansk Oblast
72.	Kostuchenko I.P.	Head of delivery department, Korsakov city
73.	Krasilnikov S.V.	Chief Obstetrician-Gynecologist, Archangelsk Oblast
74.	Kruzhanovskaya I.O.	Deputy Minister of health, Rostov Oblast
75.	Lukin O.V.	Deputy Minister on MCH, Sverdlovskaya Oblast
76.	Liurova T.M.	Chief Pediatrician, Komi Republic
77.	Maltseva L.I.	Chief Obstetrician-Gynecologist of Privolzhskiy Region
78.	Melentiev I.A.	Deputy Head of MCH Committee, Kursk Oblast
79.	Minakova N.V.	Specialist of press-service of the Governor of Kaluga Oblast
80.	Murashko M.A.	Chief Doctor of Perinatal Center, Komi Republic
81.	Pestrikova T.Yu.	Chief Obstetrician-Gynecologist of Dalnevostochnuy Region
82.	Romanenko V.A.	Head of intensive therapy department, Ural State Medical Academy, Cheliabinsk
83.	Samoshkina L.K.	Head of medical and preventive aid to women and infants, Tver
84.	Semenov B.B.	Chief Doctor, Magadan Maternity
85.	Temnikova E.I.	Chief Pediatrician of Kaluga Oblast
86.	Fainberg M.O.	Chief Doctor, Orenburg maternity
87.	Chernobrovkina O.V.	Deputy Chief Doctor on quality improvement, Children's Hospital, Tver
88.	Chernova N.K.	Chief of Women's Consultation, Samara
89.	Chehonadskaya N.I.	Deputy Chief of Health Department, Orenburg
90.	Shapiro E.G.	Chief Doctor of Perinatal Center, Orenburg
Representatives of International Organizations		
91.	Bavelaar Sjaak	UNFPA
92.	Berdy Michelle	Head of Representative Office of JHU in Russia
93.	Boguslavskiy V.P.	Director of regional office of AIHA in Russia
94.	Webster Paul	"Lancet" magazine
95.	Mikko Vienonen	Special Representative of WHO Bureau in Russia
96.	Volkova Olga	JHU Representative Office in Russia
97.	Danishevskyi Cyrill	Consultant of the Open University "Population

		Health" SOROS
98.	Jack Langenbrunner	World Bank representative
99.	Zaitseva Elena	Representative of the Regional office of AIHA in Russia
100.	Zingermann Irina	"9 Months" magazine
101.	Ivanova Tatiana	"POLICY" Project
102.	Iorik Roman	Representative of the Regional office of AIHA in Russia
103.	Either Kim	Program Officer, Quality Assurance Project
104.	Korotkova A.V.	Head of the Methodological Center for Quality CPHRI, Moscow
105.	Lindsay Dawn	DFID Representative
106.	Loganathan Ratha	Representative of PAC Or Project, EngenderHealth, USA
107.	Loginova Tatiana	World Bank representative
108.	Mcreery Rosemary	UNICEF
109.	Massoud Rashad	QAP/URC/CHS, USA
110.	Pushkareva Elena	DFID Representative
111.	Riumina Irina	JHU Representative Office in Russia
112.	Sakevich Victoria	"POLICY" Project
113.	Sacci Inna	Head of EngenderHealth Representative Office in Russia
114.	Simonsen Ulla	Denmark
115.	Stasij Ekaterina	Head of "Mother and child Health" Project, WHO
116.	Thostova E.B.	Manager of gynecological marketing department, "Gedeon Richter"
117.	Hillis Susan	Epidemiologist on reproductive health issues, USA
118.	Fillipov David	«The Boston Globe» newspaper
119.	Fokina Elena	UNICEF
120.	Fursenko N.B.	Representative office of the women's hospital Maggie
121.	Usupova Ekaterina	POLICY Project Coordinator
Project Experts		
122.	Potemkina R.A.	Project Expert on data collection, evaluation and monitoring, Leading Specialist of Preventive Medicine Center, Russia
123.	Kabakov V.L.	Project Expert on FCMC, Deputy Head of Health Department, Archangelsk Oblast
124.	Dinekina T.Ya.	Project Expert on Breastfeeding, FCMC, antenatal care, Head of physiological department, Maternity # 3, Murmansk
125.	Shmarova L.M.	Project Expert on Breastfeeding, Head of Children's policlinic # 1, Elektrostal
126.	Romanchuk L.I.	Project Expert on Breastfeeding, Deputy Chief Doctor of Children's Hospital, Elektrostal
127.	Mamoshina M.V.	Project Expert on Breastfeeding, Head of pediatric department of Children's hospital , Elektrostal
128.	Kedrova S.O.	Project Expert on Breastfeeding, Chief Doctor of Elektrostal Maternity
129.	Tarasova M.A.	Project Expert on Reproductive Health, Deputy

		Director on Science, Dr. Ott Institute of Obstetrics and Gynecology, RAMS, St.-Petersburg
130.	Kolossovskaya E.N.	Project Expert on Infection Control, Professor of Epidemiological Department, St.-Petersburg State Medical Academy
131.	Sharapova E.I.	Project Expert on Quality Improvement, Chief Specialist of Methodological Center for Quality CPHRI, Moscow
WIN Project Representatives/John Snow Inc		
132.	Vartapetova N.V.	Resident Advisor
133.	David Patricia	Senior Advisor on monitoring and evaluation
134.	Nemchinova M.V.	Administrative Manager
135.	Plugareva G.P.	Chief Accountant
136.	Kisseleva N.G.	Program Coordinator
137.	Stemkovskaya E.B.	Program Assistant
138.	Boyarkina J.V.	Communication Assistant
139.	Panteleev S.N.	Administrative Assistant
Interpreters		
140.	Lazareva Julia	
141.	Tarkin Andrey	
142.	Zabotina Nadezhda	

Attachment 3

WIN Project

List of participants

Seminar «Newborns Resuscitation»

Perm, Oblast Family Planning Center

April 7 – 11, 2003.

#	***Name***	***Position***
1.	Pianikova L.V.	Neonatologist, City Hospital # 2
2.	Petrova N.N.	Neonatologist, MSU # 7
3.	Shatova L.M.	Neonatologist, City Hospital # 7
4.	Rutskina E.V.	Neonatologist, City Hospital # 7
5.	Permina S.A.	Nurse, City Hospital # 2
6.	Silina N.B.	Neonatologist, City Hospital # 2
7.	Shepeleva I.O.	Neonatologist, City Hospital # 21
8.	Khudiakova T.V.	Neonatologist, City Hospital # 21
9.	Sherbin S.L.	Neonatologist, MSU # 9
10.	Lavrentiev K.V.	Neonatologist, MSU # 9
11.	Zviagina E.N.	Neonatologist, MSU # 9
12.	Umnova V.V.	Neonatologist, MSU # 9
13.	Sokolova I.V.	Nurse, MSU # 9
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15.	Amelina O.G.	Neonatologist, City Hospital # 21
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17.	Solovieva N.V.	Neonatologist, Berezniki Maternity
18.	Shakirova I.G.	Nurse, Berezniki Maternity
19.	Nikonorova L.I.	Nurse, Berezniki Maternity
20.	Metsker N.I.	Neonatologist, Chernushinskiy Hospital