

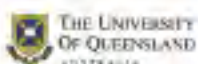
COMPASS

**Women's and Children's
Health Knowledge Hub**

ANNUAL REPORT 2011



A strategic partnerships initiative funded by the Australian Agency for International Development



This document is an output from a strategic partnerships initiative funded by AusAID. The views and opinions expressed in this document are those of the authors and do not necessarily reflect the views of AusAID or the Australian Government.



CONTENTS

INTRODUCTION	1
KEY ACHIEVEMENTS IN 2011	2
THEME REPORTS	6
MONITORING AND EVALUATION	18
2011 BUDGET ACQUITTAL	18

ANNEX 1:	COMPASS MONITORING AND EVALUATION FRAMEWORK
	TABLE 1.2 CLASSIFICATION OF KNOWLEDGE OUTPUTS
	TABLE 3.1 METHODS OF DISSEMINATION / COMMUNICATION
ANNEX 2:	CONSOLIDATED STATEMENT
ANNEX 3:	CONSOLIDATED HUB ACQUITTAL
ANNEX 4:	2011 COMPASS INDEPENDENT AUDIT REPORT

Cover photograph credit: Wendy Holmes, Burnet

KEY PARTNERS

MULTILATERAL ORGANISATIONS AND DEVELOPMENT AGENCIES

WHO HQ
UNICEF
UNFPA
FAO
AusAID
Australian Volunteers for International Development

REGIONAL ORGANISATIONS

WHO (WPRO & SEARO)
EAPRO (UNICEF regional office)
SPC - Statistics and Demography Programme
East and Southeast Asia and Oceania Region, IPPF

NATIONAL HEALTH AGENCIES, ORGANISATIONS & NGOS

PNG Medical Association
PNG National Department of Health
Paediatric and nursing associations
Wan Smolbag Theatre, Vanuatu
Oxfam, Vanuatu
Vanuatu Ministry of Health
Solomon Islands Ministry of Health
Papua New Guinea Obstetrics and Gynaecology Society
PNG Pediatric Society
Susu Mamas NGO, PNG
Lao Women's Union
Aboriginal Medical Services Alliance Northern Territory
QLD Health
NT Department of Health and Families
International NGOs & Associations
Marie Stopes International
Oxfam Australia
World Vision Australia
Save the Children
International Health Services, Albion Street Centre
REACH Ending Child Hunger and Undernutrition Partnership
Australian Red Cross
Family Planning International
The Fred Hollows Foundation

UNIVERSITIES, RESEARCH INSTITUTIONS AND KNOWLEDGE PLATFORMS

Norwegian Knowledge Centre for the Health Sciences
London School of Hygiene and Tropical Medicine
PNG Institute of Medical Research
University of PNG
Fiji School of Medicine
Pacific Sexual & Reproductive Health Research Centre, Fiji
Wellcome Trust funded researchers studying maternal sepsis in Africa, Nepal and Vietnam

Centre for Women's Health, Gender and Society, University of Melbourne
International Forum for Rural Transport and Development
IMMPACT, Aberdeen University
Engenderhealth
Mahidol University, Bangkok, Thailand
Jean Hailes Research Unit, Monash University
Research and Training Centre for Community Development in Hanoi, Vietnam
South Asian Infant Feeding Research Network/ University of Sydney
Batchelor Institute of Indigenous Tertiary Education
Centre for Population Health, Burnet Institute
University of Technology, Sydney

ABBREVIATIONS AND ACRONYMS

AASS	Acting at Scale Series
ASHM	Australasian Society of HIV Medicine
AUICK	Asian Urban Information Centre of Kobe
AusAID	Australian Agency for International Development
AVID	Australian Volunteers for International Development
FHSIP	Fiji Health Sector Improvement Program
HIS	Health Information Systems
HIV	human immunodeficiency virus
ICHRC	International Child Health Review Collaboration
IWDA	International Women's Development Agency
MDG	Millennium Development Goal
MEF	Hub Monitoring and Evaluation Framework
MHCPs	maternal health care providers
MoH	Ministry of Health
MNCH	maternal, neonatal and child health
NCAT	Nutrition Critical Appraisal Tool
PICs	Pacific Islands and Territories
PMNCH	Partnership for Maternal, Newborn & Child Health
PNG	Papua New Guinea
SAIFRN	South Asia Infant Feeding Research Network
SRH	sexual and reproductive health
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme for AIDS
UNICEF	United Nations Children's Fund
WBI	World Bank Institute
WFP	World Food Programme
WHO	World Health Organization



INTRODUCTION

In 2011 the Compass program of work continued to integrate and build upon lessons learned during 2010 in the broad themes of: 1) improving child health and survival in Asia and Pacific, 2) scaling-up approaches to achieve universal access to reproductive health, 3) solutions for maternal and newborn care in difficult settings and 4) supporting governments to prioritise and manage the scale-up of effective nutrition interventions, the Nutrition Critical Appraisal Tool and associated resources.

This work has helped to identify gaps and areas for improvement in global, regional and country-specific strategies working towards MDGs 1, 4, 5a and 5b. Compass work has included approaches to improving maternal and child health through strengthening health systems, and addressing economic, cultural and gender inequities.

Compass work in 2011 has addressed key health systems issues such as human resource management, improving quality of care and the importance of systematic data collection. For example, in relation to Theme 1, sustained progress in providing health services for children can only be made by improving health worker skills, numbers and leadership; and improving quality of services for mothers, newborns and children. We are working with Ministries of Health to implement better data collection systems in order to improve monitoring, decision-making and resource allocation, and quality of care. Through work in Theme 3, Compass has also been engaging in the policy debate on how to better utilise human resources for maternal health at community level by increasing the capacity of lay health workers and the importance of a cadre of health workers more skilled in child health in the Pacific. Improving transportation and referral is addressed in the Hub's work on overcoming the 'second delay' in reaching emergency obstetric care.

Social, gender, economic and cultural factors have a significant impact upon maternal and child health outcomes. Compass has made a case that investing in young women's health makes good economic sense. Work under Theme 2 highlights universal access to reproductive health (MDG 5b), particularly family planning, as a cost-effective approach to improve maternal and newborn health that has significant benefits for women's empowerment and poverty reduction.¹ Compass findings have contributed to

new evidence on the emerging burden of mortality in adolescents. Social, gender and cultural determinants are also addressed in Themes 3 and 4. Compass work promotes the value of engaging men, especially expectant fathers, in improving maternal and newborn health. This has been widely recognised, but rarely implemented, so we have explored the reasons for slow uptake into policy and practice. Activities within this theme also promote awareness of the need to improve the attitudes and communication and counselling skills of maternal health care workers to improve mental health and well-being of poor and rural women, who are at greatest risk of pregnancy-related and post-partum depression, and the specific challenges of maternal health care in difficult settings, including urban slums. In Theme 4, Compass seeks to redress social and cultural inequities, often manifest in family food allocations and other family decisions, that have adverse consequences for maternal and child health. We are improving awareness of the nutritional needs of women of reproductive age, especially during pregnancy and lactation. We are also promoting approaches to improving nutrition and food security that empower women to ensure that their families receive appropriate nutrition.

Throughout 2011, Compass has increased its collaboration with multilateral organisations, development agencies, regional organisations, Asia and Pacific government health agencies, AusAID Canberra and country offices, local and international NGOs, universities, and research institutions. Compass' scope of work continued to contribute to knowledge networks on women and children's health in the Asia Pacific. These partnerships have extended the reach of Compass' dissemination, and have assisted with the identification of in-country partners to increase the likelihood of impact. This year we have made detailed plans for further dissemination, engagement and uptake.

The **Monitoring and Evaluation Framework (Annex 1)** provides a detailed overview of our 'outputs' and their dissemination, including indications of uptake and impact of products for each theme. This Framework was developed in response to the M&E meeting held in Canberra with AusAID and the ODI, where it was recommended that reporting should include quantitative data where possible.

1. Smith R, Ashford A, Gribble J, Clifton D. Family Planning Saves Lives 4th edition. 2009; Washington DC: Population



KEY ACHIEVEMENTS IN 2011

Compass has worked with other organisations, institutions and governments to contribute to the broader debate, to the policy dialogue and to changes in practice. Our key achievements to date include those summarised below. Achievements have been organised against the overarching Hub objectives, although there is often overlap between the objectives.

ANALYSIS OF KEY ISSUES

- Helped the PNG Department of Health and the Lao PDR Ministry of Health introduce better oxygen systems into 30 hospitals. Now children who are very sick from pneumonia can receive life-saving oxygen therapy. This program has reduced death rates from pneumonia by up to 35% in PNG and an evaluation is ongoing in Lao PDR.
- Improved health information in PNG so that we now know the causes of death among children in order to efficiently target resources to the places of greatest need. Before this initiative there was no accurate way of knowing the causes of child deaths. In 2011 we supported the National Department of Health to produce a report of the causes of over 10,000 admissions to 11 hospitals and over 600 deaths. This information is directly influencing policy and practice improvements.
- Tested better ways of detecting and treating tuberculosis (TB) within communities in Indonesia. Many cases of TB are spread in communities by people who do not know they are infected. By following up the relatives of TB cases, it is possible to find other cases and treat them before they become very ill or spread TB. A model program has introduced this in over 300 close contacts of adults with TB in Yogyakarta province.
- Tested a way to follow-up low birth weight newborns in Fiji. Before this initiative there was no knowledge of the outcomes for high-risk newborns. It was thought that a high proportion died or suffered from malnutrition, developmental problems and infections after hospital discharge. Now we are discovering the outcomes are for these babies and what basic services are needed to improve their lives. This program has followed up over 200 high-risk newborns to test the effectiveness of a simple follow-up model.
- Analysed DHS and MICS reports for nine countries in Asia and the Pacific and identified that information reported for adolescents is limited by the omission of important cohorts, omission of important sexual and reproductive health indicators, and failure to report disaggregated data.
- Demonstrated that adolescent childbearing is common in East Asia and the Pacific and occurs in the context of low contraceptive prevalence, high unmet need and poorer access to family planning information and services than adults - highlighting that adolescents require targeted SRH policies and interventions.
- Identified effective approaches to improve adolescents' access to sexual and reproductive health information and services, including identifying strategies to scale-up the provision of information and the features of youth-friendly health services in Vanuatu.
- In collaboration with the Human Resources for Health Knowledge Hub, identified the systems requirements to support human resources for maternal, newborn and reproductive health working at the community level and documented current practice and policy in ten countries in Asia and the Pacific.
- Combined global evidence on community-based maternal and child health care with a detailed review of current practice in PNG, working with World Vision and the NDOH to revitalise this level of care.
- Contributed other technical analysis to various evidence bases under construction within WHO in maternal and newborn care.
- Consolidated research on measurement of maternal health outcomes, taking this beyond the current focus on mortality to explore how to improve quality of care in small island states in the Pacific.
- Identified policy and practice barriers to achieving greater involvement of expectant fathers in maternal and child health.
- The 'Melbourne Statement' developed as a result of a birth-dose consultation last December, is mentioned in the WHO Weekly Epidemiological Review highlighting Lao PDR and PNG and the challenges where many births take place in the home.



ENGAGEMENT

- Improved the care for sick children at more than 30 district hospitals throughout Lao PDR, PNG, Solomon Islands and other Pacific countries through training programs and implementing evidence-based standards and quality improvement, including the distribution of more than 3000 copies of the *Pocket Book of Hospital Care for Children*.
- Worked closely with WHO Geneva on the technical updating of guidelines for the care of sick children for the 2nd edition of the publication *Pocket Book of Hospital Care for Children*.
- Helped design and implement the Child Health Policy and Plan in PNG, which is part of the overall National Health Plan for this decade.
- Ongoing engagement with the World Bank on adolescent sexual reproductive health in Vanuatu and the Solomon Islands. Based on Compass recommendations, the bank decided against conducting a study in Vanuatu which may have duplicated Compass findings.
- Contributed to the development of the Melbourne International Adolescent Health Group.
- Supported efforts to improve birth-dose vaccination against hepatitis B, emphasising the potential integration with other life-saving perinatal care, providing input to a global WHO program of work and future guideline development.
- Developed and pre-tested two versions of a guide to developing evidence-based nutrition programs for women and children (*Nutrition Critical Appraisal Tool*) with nutrition experts and stakeholders from Australia, Asia and the Pacific. Modified the framework based on pre-testing feedback.
- Joined a WHO-led global systematic review on 'task-shifting' for maternal and newborn health care, contributing on the role of trained lay health workers.
- Convened and contributed to new networks and forums for reproductive health, including family planning, such as the Maternal Health Reference Group, the Sexual and Reproductive Health Network and the AusAID Family Planning Roundtable.
- Invited member of the reference group for the formation of the Pacific Sexual & Reproductive Health Research Centre, Fiji.

DISSEMINATION

- Raised awareness of significance of maternal mental health in low income settings through publication of a systematic review in the WHO Bulletin.
- Reaching emergency obstetric care: overcoming the 'second delay' was referenced several times in a technical report from the Initiative for Maternal Mortality Programme Assessment, University of Aberdeen.
- WHO has committed to publish *Essential Competencies in Adolescent Health for Health Workers Working at Primary Care Level* in 2012.
- Professor Trevor Duke, CICH, was invited to the main session to discuss challenges to child survival in the Pacific at the PSHON meeting, Cairns, November 2011.
- Dr Andrew Steer, CICH, co-presented with Dr Joseph Kado, MOH Fiji, on improving hospital care for sick children in Fiji and the Pacific at the Pacifika Medical Association Conference.
- At the Compass-organised seminar, 'Issues and challenges in Maternal and Child Health and Nutrition: a global perspective' with Professor Zulfi Bhutta, Professor and Founding Chair of the Division of Women and Child Health, Aga Khan University, we presented on 'The challenge of community care for maternal and newborn health, PNG and elsewhere' and on 'Current challenges in women's and children's nutrition' with good attendance of around 70 from NGOs, academic institutions and AusAID.
- Pacific Health Ministers Conference, 28 June 2011, Honiara - WHO Honiara office disseminated Hub Policy Briefs at this meeting.
- Compass representation with stakeholders in PNG, and in meetings with Australian parliamentarians around the launch of the Family and Community Care paper.
- 'Universities-ACFID Linkages meeting: Exploring models for research partnerships' on 24 February, disseminated 30 CDs with Hub outputs
- 'Scaling-up adolescents' access to sexual and reproductive health information and services in Vanuatu' was presented at the 6th Asia Pacific Conference on Reproductive and Sexual Health and Rights *Claiming Sexual and Reproductive Rights in Asian and Pacific Societies* held in Yogyakarta October 19-22



KEY ACHIEVEMENTS IN 2011

- Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports' was presented at *Youth Health 2011* the 8th Australian and New Zealand Adolescent Health Conference, 3rd IAAH Asia Pacific Congress held in Sydney November 9-11 to a diverse audience of Australian and regional academics, service providers and policy makers
- Family Planning Pacific Forum, Sydney, 15-16 November, presentation on Hub's adolescent SRH and preliminary work on increasing investment in family planning in Vanuatu and Solomon Islands.
- Dissemination of Hub outputs at a booth at the ARHA Roundtable on Gender Based Violence.



Participants in the Nutrition and Food Security short course.

Credit: Heather Grieves, Menzies.

CAPACITY BUILDING

- Helped train over 20 paediatricians in Lao PDR, who are now leading the push for improved quality of child health care in rural provinces and districts.
- Worked with countries in the Pacific to design a course for nurses in child health skills, to address the high rates of newborn and child deaths and illness.
- Improved the supply of essential medicines in the Solomon Islands through training of pharmacists and improving systems of drug procurement and distribution.
- Participatory, practical and interactive courses in the use of the WHO Pocket Book of Hospital Care for Children have been completed in Solomon Islands, Lao, Fiji and PNG. In 2011, training courses were held in West New Britain, Wabag and Mendi. During 2012-2013 ten provincial hospitals will receive training in improving the quality of hospital care. By 2013 all hospitals in PNG would have received this training.
- Developed adolescent health competencies for primary level health workers and identified the tools and resources required to support the introduction of these into health worker training curricula.
- In collaboration with Marie Stopes International Timor-Leste, developed a *Youth Friendly Sexual and Reproductive Health Counselling Manual* that has been presented to the Ministry of Health and trained 39 counsellors in two districts.
- Strengthened the capacity of local organisations in Vanuatu to conduct their own research and program evaluation by training local research officers and peer educators in research methods and data analysis and ensuring their active participation in a large qualitative study.
- Developed and successfully piloted the 'Nutrition planning and programming' module of the *Nutrition and food security – Approaches to improving the health of women and children* short course with five nutritionists from Timor-Leste and seven health and nutrition workers from remote Indigenous communities in the Northern Territory.
- Developed and successfully piloted the 'Nutrition for infants and young children' module of the *Nutrition and food security: Approaches to improving the health of women and children* short course with five nutritionists from Timor-Leste and six health and nutrition workers from remote Indigenous communities in the Northern Territory.
- Compass findings were disseminated through the short course 'Women and Children's Health in Developing Country Settings' (a Unit within the Monash University MPH course) at Burnet Institute to post-graduate students, AusAID staff, and NGO staff.





THEME 1: IMPROVING QUALITY OF CARE FOR SICK CHILDREN AND UPTAKE OF THE CHILD SURVIVAL STRATEGY

In recent years in the Pacific there have been reductions in child mortality in most countries. However these gains are fragile and uneven across the region. Sustained progress in health services for children can only be made by improving health worker skills, numbers and leadership; and improving quality of services for mothers, newborns and children. Gains also depend on improved nutrition, environmental and preventative health, and practical commitment by communities and governments to improved child health, safety and development.

In 2011, Compass contributed to a review of the global implementation of the WHO guidelines for improving the quality of care for sick children, finding that more than 60% of low and middle income countries have implemented the guidelines. Almost all of this activity has been organic, with countries identifying a need at a national and local level. However implementation is fragmented in most countries because of the lack of resources applied and the absence of a strategy for implementation.

Accurate data is important for resource allocation, but few developing countries have useful data collection systems. Most countries cannot keep pace with diagnostic tests required for classification or human resources implications for using ICD-10 (the WHO-endorsed international standard diagnostic classification for general epidemiological, health management and clinical use). Most systems in use in developing countries have multiple sources of error, are not timely or relevant for health workers and poorly representative of maternal, child and neonatal illnesses. However, in PNG, Compass has worked with the Department of Health to implement the Paediatric Hospital Reporting System. The system is a simple, freely-available program that provides accurate data on disease incidence, mortality rates and assists with vaccine preventable disease surveillance. The data are being used locally and nationally because they are of real value both to the nurses and doctors who run health services, and policy makers and managers in the health department. In 2011 we supported the National Department of Health to produce a 2010 report of the causes of over 10,000 admissions to 11 hospitals and over 600 deaths. This information is directly influencing policy and practice improvements. Furthermore, Compass has helped design and implement the Child Health Policy and Plan, which is part of the overall Papua New Guinea National Health

Plan for this decade.

It was thought that a high proportion of low birth-weight newborns in Fiji died after hospital discharge. To obtain accurate information on the outcomes for these babies, in collaboration with the Fiji Ministry of Health, Compass piloted a way to follow up high-risk newborns. This information will assist in planning basic services to improve their lives.

In 2011, Compass helped the PNG Department of Health and the Lao PDR Ministry of Health, working closely with WHO to introduce better oxygen systems into 20 hospitals. Now children who are very sick from pneumonia can receive life-saving oxygen therapy. In PNG this program has reduced death rates from pneumonia by 35%. In 2011, Compass also established a pilot program for reducing the spread of infections and improving the rational use of antibiotics in Indonesian hospitals.

Compass has tested better ways of detecting and treating tuberculosis (TB) within communities in Indonesia. Many cases of TB are spread in communities by people who do not know they are infected. By following up the relatives of TB cases, it is possible to find other cases and treat them before they become very ill or spread the disease. Compass have developed training tools for child TB and updated guidelines for national TB control programs, for example in the Vietnam Ministry of Health National Tuberculosis Programme.

Among agencies and governments there is now welcome recognition of the essential role of midwives in improving maternal health. However, there is inadequate recognition of the need for nurses with postgraduate training in child health and paediatrics. The increasing complexity of child health means that increased capacity is needed to deliver interventions, to keep pace with growing populations and to build quality in the health system. Properly trained child health nurses can fulfil many clinical, public health and training roles.

Compass has reviewed the role of child health nurses in the Solomon Islands and in Fiji, and designed a curriculum for use in Pacific countries which incorporates local guidelines and policies and WHO / UNICEF recommended teaching, such as IMCI, Young Infant Feeding, EPI, Hospital Care for Children and new areas including disability, child protection and adolescent health.



THEME 1

ENGAGEMENT

We have been involved in facilitating a variety of forums for dissemination of this work, including:

- 6 workshops on hospital care improvement in PNG and Lao PDR
- A meeting of the PNG Paediatric Society that addressed important issues in child survival
- Meeting with WHO on guidelines for the care of children with pneumonia, diarrhoea, and neonatal survival (February 2011)
- A meeting on child TB with the International Union against TB and Lung Disease involving delegates from Bangladesh, Indonesia and Cambodia
- Joint External TB Monitoring Mission. Indonesia National TB Programme and WHO Office, Indonesia (14-25 February 2011)
- Pediatric TB Diagnostics Workshop. NIH/NIAID, Bethesda, USA (28-30 June 2011)
- Training of trainers workshop for child TB in Vietnam. National TB Program, Ha Noi, Vietnam (17-20 October 2011)
- Presented at the World Society of Pediatric Infectious Disease conference, Melbourne (November 2011)



Dr Wendy Pameh teaches nurses how to resuscitate a newborn baby in PNG

Credit: Trevor Duke, CICH

DISSEMINATION

This work is being done in collaboration with key colleagues from developing countries to ensure active engagement in the process of information gathering, analysis and internal communication. Dissemination has also been through many published papers (listed below), presentations at local and international conferences, and through websites, including www.ichrc.org, which is accessed by around 800 health professionals from developing countries each month.

As an example of wide dissemination, the publication: *Randomised Trials in Child Health in Developing Countries* is disseminated to over 2000 health professionals, policy makers and agencies in developing countries throughout the world and in 2011 was picked up by five websites including professional societies such as the International Paediatric Association, and the World Federation of Paediatric Critical Care Societies, and the journals Public Library of Science (PLOS) and Annals of Tropical Paediatrics (ATP). This was highlighted further by the publisher of ATP (Maney) in a special promotion of high impact publications on global health.

Policy work on child TB is being disseminated by Associate Professor Steve Graham through the International Union Against TB and Lung Disease, and the WHO working group on child TB.

Discussions have commenced regarding the possibility of collaborating with UNICEF Pacific to disseminate the findings of newborn care work in Fiji at a regional level.

Professor Trevor Duke presented issues of child survival and improving quality of child health services at the Pacific Health Officials Network meeting in Cairns in November 2011, and an article was published in the PSHON newsletter in February 2012.

CAPACITY BUILDING

Six PhD students (2 Australian, 2 Indonesian, 1 Bangladeshi and 1 Vietnamese) are doing PhDs on topics relevant to the above issues through the University of Melbourne. In addition we are supporting a Diploma of Public Health student who works within the PNG Department of Health as the child health surveillance officer. This is building substantial research capacity in international public health, both in Australia and in the Asia Pacific Region.





THEME 2: SCALING-UP APPROACHES TO ACHIEVE UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Reducing the unmet need for reproductive health, particularly family planning, is a cost-effective approach to improve maternal and newborn health and has significant benefits in terms of women's empowerment and poverty reduction. Compass' work to date has highlighted the need to scale-up access to reproductive health at the community and primary care level if MDG5b targets are to be met, and that a substantial increase in resources is required to achieve this. Improving access to family planning is an increasing priority in the Pacific, where progress towards reproductive health targets has stalled and where growing populations, climate change, and geographically dispersed populations present unique challenges. Recent meetings including the Family Planning Pacific Forum, the Pacific Society for Reproductive Health and the Parliamentarian retreat in Vanuatu have reinforced the commitment of governments and other stakeholders to address this issue and drawn attention to the need for better data, increased financial commitment and improved planning of programs.

In 2011, Compass, in partnership with Family Planning International (FPI), commenced a cost-benefit analysis of increasing investment in family planning in the Pacific focusing on Vanuatu and the Solomon Islands. Findings of this work will enable stakeholders to advocate for increased financial commitment to family planning in the region and assist governments in developing and adequately resourcing family planning goals. Work to date has included the establishment of a reference group of key regional stakeholders to locate data, clarify key projection assumptions and refine the activity goals (for reference group members see below). Data collection has been completed and analysis of population projections will be completed in early 2012.

The 2011 UNICEF State of the World's Children focused on the challenges and opportunities to improve adolescent health and particularly emphasised the need to address adolescent SRH. In the Pacific, where 56% of the population is aged under 25, young people's health has become an increasing priority and there have been both country and regional efforts to address this, including the Adolescent Health and Development Program supported by UNICEF and UNFPA.

Despite this there is relatively little Pacific data to inform policies and programs to improve adolescent SRH. Compass has reviewed national-level data on adolescent SRH and found that data is limited by the omission of important cohorts (such as unmarried adolescents), omission of important indicators and failure to report age-disaggregated data. Available data indicate that adolescent fertility is high in many countries in this region and occurs in the context of low contraceptive prevalence and high unmet need for family planning. To address this, Compass completed a qualitative study of the SRH information and service delivery preferences of adolescents, and the health systems requirements to improve access in Vanuatu.

In 2011 the key findings of this study have been disseminated widely, including targeted engagement with key government stakeholders.

Compass work also identified that the sensitivity of health workers to adolescents' needs can affect access to quality health services. In 2010/2011 Compass worked with WHO Geneva and WHO SEARO and WPRO to develop adolescent health competencies for primary level health workers and identify the tools and resources required to support the introduction of these. In 2011 the draft *Essential Competency Framework in Adolescent Health* was completed and surveys conducted with the School of Nursing, Polytechnic University, Hong Kong and the Ministry of Health, Malaysia to explore the appropriateness and acceptability of the framework. The major findings and recommendations include:

- Surveys indicated that the content of the framework is appropriate and considered very useful or useful. WHO endorsed recommendations that the framework should be used as a resource to assist in introducing adolescent health and development content into training programs and curricula.
- Finding space to incorporate content relating to adolescent health and development into existing training programs or curricula will be challenging. WHO supports the development of a working paper to advise how to incorporate adolescent health and development into existing training programs and curricula. Polytechnic University provides working models as to how to successfully incorporate adolescent health and development into existing programs.
- While the concept of competency based training is well received, there are likely to be significant barriers in implementation at institutional level. WHO supports the development of a working paper to guide institutions considering the introduction of competency based teaching methodologies. Support should also be given to institutions to introduce adolescent health and development content even if it is not possible to be taught in a competency based manner.

In addition, Compass worked in collaboration with Marie Stopes International (MSI) to design, pilot and evaluate a youth friendly SRH counselling manual in two districts of Timor-Leste. The need for improved access to SRH information for adolescents was identified as a priority by the Timor-Leste Ministry of Health and the Adolescent Health Taskforce, who recognised the lack of resources available to assist health workers and those who work with young people to provide accurate information in a non-judgmental and effective way. The final manual and evaluation recommendations were presented to the Ministry of Health and members of the Adolescent Reproductive Health Taskforce in December 2011 and will be used to scale-up the provision of SRH information and counselling to young people in Timor-Leste.



THEME 2

While there has been increasing recognition of the impact of men's knowledge and behaviour on the health of their partners and children and the importance of greater engagement of men in SRMNH,^{2,3} there has been little increase in their participation in most developing countries. In 2011 Compass undertook an activity to review progress and identify good examples of different models of engaging men, especially expectant fathers, in sexual, reproductive, maternal and newborn health (SRMNH).

Preliminary findings show that there remains a general pessimism towards the challenges in implementing greater male involvement. There are attitudinal barriers and systems barriers, particularly lack of time, lack of resources, lack of health care provider skills. Despite this, Compass has identified some examples of projects that have made progress in changing attitudes and encouraging greater involvement by men. A variety of models appear to be effective, including reaching expectant fathers through workplaces, through MCH services, and within communities. Community communication strategies are important to change broad community attitudes, not just those of men, as well as working on the systems barriers. This work will be disseminated in 2012 through a peer-reviewed journal article, a policy brief and recommendations with case studies.

ENGAGEMENT

Compass shared findings of the qualitative study in Vanuatu with communities involved in the study on both Efate and Santo islands, the in-country research partner and local NGO Wan Smolbag Theatre, and the Director of Public Health, the Reproductive Health / Family Planning Coordinator and the Adolescent Health and Development Coordinator of the Vanuatu Ministry of Health.

The reference group established for increasing investment in family planning includes, Statistics and Demography Programme, SPC; Pacific Sub-Regional Office, UNFPA; Country Liaison Officer, Solomon Islands, WHO; Health Systems Development, Vanuatu, WHO; East and Southeast Asia and Oceania Region, IPPF; Oxfam Australia; MoH, Vanuatu and MoH, Solomon Islands.

Data for this study will be analysed with assistance from the Centre for Population Health, Burnet Institute and Futures Group.

Compass also convened and participated in a number of key meetings in 2011:

- AusAID Roundtable: 'Improving maternal and child health outcomes: scaling up family planning'. This Roundtable was hosted by Burnet Institute on behalf of Compass on March 18 and brought

together government, NGOs, UN agencies and other stakeholders to identify the challenges and opportunities to scale up access and increase investment in family planning. Compass was invited to present on 'Scaling up family planning: improving our knowledge and approaches.'

- Pacific Society for Reproductive Health 9th Biennial Scientific Meeting: *Maternal health matters – accelerating progress towards MDG 5 targets*. This meeting was held in Honiara July 5-8 bringing together government, UN, NGOs, academics and service providers from the region. Compass participated in discussions related to reducing the unmet need for family planning, improving access for adolescents, and greater involvement of men and expectant fathers in maternal and child health.
- Family Planning Pacific Forum hosted by Family Planning NSW in Sydney, November 15-16. This inaugural forum was attended by government and NGO representatives from throughout the Pacific as well as parliamentarians, donors and UN agencies. The goal of the forum was to enhance the achievement of MDG 5b in the Pacific and strengthen collaboration and partnerships. Compass was invited to present on 'Adolescent fertility and family planning in the Pacific'.

Compass has also continued to engage with regional networks for SRH through the SRH Network and the Asia Pacific Alliance for Sexual and Reproductive Health and Rights.

Following targeted engagement through small regional meetings and in-country presentations, Pacific policy makers, NGOs, service providers and researchers have expressed interest in the findings of Compass' work in adolescent health and indicated that the lessons learned and recommendations arising from the Vanuatu study are of relevance to other Pacific countries.

The process of developing a competency framework for adolescent health workers has involved interaction between institutions, including the Ministry of Health, Malaysia; Polytechnic University, Hong Kong; WHO (HQ and Regional Offices); and Australian-based institutions including: the Burnet Institute; and the Centre for Adolescent Health, Royal Children's Hospital. The next stage, which supports the practical implementation of the competencies, will further strengthen these linkages and forge stronger collaborations as well as involve new partners including MOH India and Indonesia. This work also strengthens the capacity of WHO to engage in discussions with Ministries of Health and Academic Institutions around the quality of health care for adolescents.

2. UNFPA. It Takes Two: Men as Partners in Maternal Health. 11 July 2007 <http://www.unfpa.org/public/global/pid/84>

3. WHO. Programming for male involvement in reproductive health. Report of the meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO, Washington DC, USA 5-7 September 2001.



DISSEMINATION

WHO, HQ has committed to the document *Essential Competencies in Adolescent Health for Health Workers Working at Primary Care Level* becoming a WHO Publication in 2012.

Two papers were published in peer reviewed journals in 2011:

- Kennedy E, Gray N, Azzopardi P, Creati M. Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports. *Reprod Health*. 2011; 8:11.
- Gray N, Azzopardi P, Kennedy E, Willersdorf E, Creati M. Improving adolescent reproductive health in Asia and the Pacific: do we have the data? A review of DHS and MICS surveys in nine countries. *Asia Pac J Public Health*. 2011 Jul 31 [Epub ahead of print].

Two policy briefs were completed and disseminated to stakeholders and through the Compass website:

- Kennedy E, Gray N, Azzopardi P, Creati M. *Improving adolescent reproductive health: the need to address adolescent fertility and access to family planning*. Burnet Institute on behalf of Compass, November 2011.
- Gray N, Azzopardi P, Kennedy E, Willersdorf E, Creati M. *Improving adolescent reproductive health: the importance of quality data*. Burnet Institute on behalf of Compass, June 2011.

These were disseminated widely through networks, the Compass website and the electronic Health Hubs Flash and have also generated requests for further information, including AusAID in Cambodia. In addition, three policy briefs and two papers for peer reviewed publication are being finalised and will be distributed to relevant partners and stakeholders in 2012.

Abstracts were accepted for oral presentation at two international conferences in 2011:

- 'Scaling-up adolescents' access to sexual and reproductive health information and services in Vanuatu.' Presented at the 6th Asia Pacific Conference on Reproductive and Sexual Health and Rights *Claiming Sexual and Reproductive Rights in Asian and Pacific Societies* held in Yogyakarta 19-22 October.
- 'Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports.' Presented at *Youth Health 2011* the 8th Australian and New Zealand Adolescent Health Conference, 3rd IAAH Asia Pacific Congress held in Sydney 9-11 November.

In addition, Compass' work in adolescent fertility and family planning in the Pacific was presented at the Sue Crockett Memorial Lecture held in Melbourne 14

September to a diverse audience of around 40 people, including Australian public health and development practitioners, academics, NGOs, students and members of the public. Conference presentations have led to requests for technical support and collaboration in adolescent health and research from Pacific representatives and NGOs that will be followed up in 2012/2013.

CAPACITY BUILDING

Activities in adolescent SRH in Vanuatu included training 25 local peer educators to build their capacity in adolescent health and research. Peer educators and research officers from Wan Smolbag actively participated in the design, data collection and analysis of the 2010 qualitative study and will continue to be engaged through work in 2012/2013. In partnership with MSI, 39 representatives from government, NGOs, health workers, youth workers and teachers were trained as youth friendly SRH counsellors in Timor-Leste. There is potential to scale-up training through the Ministry of Health who are currently reviewing the final counselling manual.

All these activities have involved junior international health and development practitioners, both in Australia and New Zealand. Supervision and technical support has been provided by domestic and international experts in public health, demography and modelling, reproductive health and research which has enabled junior staff to build valuable skills and experience in research and public health.

Two MPH students and one undergraduate student have been involved in Compass work since 2010. Work in adolescent health competencies provided the stimulus for further study for one Monash University MPH student, who undertook an MPH minor thesis entitled 'The Integration of Adolescent Health Competencies into Existing Curricula and Training Programs'. Elements of this analysis were incorporated into the feedback given to WHO HQ in September 2011, and will be used to contribute to a tool which contains guidelines to assist institutes to incorporate competencies into their curricula and courses. In addition, findings from Compass' work have been incorporated into undergraduate and postgraduate courses through Monash University and the MPH through Burnet Institute.

A postgraduate student, who is an obstetrician with strong links in Papua New Guinea, was recruited early in the year to undertake work on engaging men in sexual, reproductive, maternal and child health activities as part of his Masters of Public Health Minor thesis. Under supervision he prepared an application to the Monash University Human Research Ethics Committee, which was approved. A Compass Fellow is now assisting with finalising this work.



THEME 3: DISSEMINATION AND UPTAKE OF SOLUTIONS FOR MATERNAL AND NEWBORN HEALTH AND SURVIVAL

This theme addresses the challenges of improving maternal and newborn health and survival, especially in settings where homebirths are common and mortality rates are high. In such settings, Compass supports the essential role of improved health facilities, but also seeks evidence for additional community-based initiatives that could provide immediate life-saving care, while the necessary health system strengthening is underway.

In 2011 work on community-based care at the time of childbirth was extended significantly for Papua New Guinea to cover a broader range of evidence for family and community care for maternal and child survival. The outputs have been a joint publication on Family and Community Care in Papua New Guinea with World Vision Australia (WVA). An updated community-based care at childbirth policy brief was also published in 2011, to introduce an update of this working paper that will be published in 2012.

Compass and Burnet work on community-based care and the deployment of lay health workers in postnatal care and birth-dose vaccination led to an invitation to contribute to evidence-based guidelines for 'task-shifting' in MNH, coordinated by WHO's Department of Reproductive Health and Research (see the WHO RHR Optimize4MNH site). We submitted a publication to WHO on best practices in birth-dose vaccination, which highlights the potential to strengthen perinatal care. This resulted in an invitation to collaborate on the production of program guidelines, job-aids and a policy brief on this topic in the 2012 WHO workplan.

We reviewed the literature on measurement of maternal health outcomes (also consulting the HIS Hub), taking this beyond the current focus on mortality measurement to explore how outcome monitoring can improve quality of care in smaller populations such as island states in the Pacific. Alison Morgan drafted a working paper (December 2011) *Measuring maternal outcomes: lessons learned and potential approaches in the Pacific*. Anne Miller drafted two papers, on the role of puerperal sepsis in maternal mortality, particularly its bacterial causes and links to early newborn infections, and analysed the evidence for potential responses in high mortality settings. Both publications have completed first round peer review and are currently with relevant assessors prior to final publication.

Since 2010, Compass has been collaborating with Professor Jane Fisher, Head of Women's Mental Health, Jean Hailes, Monash University, in work that aims to build the case for the significance of mental and emotional health during and after pregnancy and satisfaction with maternal health care services. These contribute to the mental health and survival of women and their babies, and to early childhood development. These have been neglected issues that are now starting to attract attention within WHO, UNICEF and UNFPA.

Compass has taken a multi-disciplinary approach

and looked at the issue from several angles. A systematic review of the prevalence of pregnancy-related and post-partum depression and distress and the associated factors in low and lower middle income countries was undertaken. This found that prevalence of maternal depression and distress is higher in low income settings than in rich countries, that poor and rural women are at greatest risk, and that care-giving capacity is compromised with adverse effects for early childhood development and survival when a mother is emotionally unwell. A paper based on this work has been published in the WHO Bulletin, the authors include Cabral de Mello, from the Department of Child and Adolescent Health and Development of WHO, and Vikram Patel of the Centre for Global Mental Health, of the London School of Hygiene and Tropical Medicine.

A report compiling evidence and experiences in relation to the attitudes of maternal health care workers and influences on these attitudes, based on our review of the literature, has also been prepared. Consultations have been undertaken to learn about the extent of training for maternal health care workers in interpersonal communication skills, and to explore what is needed to increase use of the WHO 2009 manual on communication and counselling skills of maternal health care workers.

To reduce preventable maternal deaths there is a need to address all 'three delays' in the provision of emergency obstetric care: the delay in seeking care, the delay in reaching care, and the delay in receiving care.⁴ Populations in many AusAID priority countries live in remote or isolated areas with difficult geographic terrain. Due to the urgency of obstetric emergencies, benefits from improvements in the first and third of the three delays are limited if delay in reaching care remains. Yet this issue has received relatively little attention.

In 2009 Compass undertook a broad based review of the literature and gathered information about new communication, transport and financing options. A report and policy brief were prepared and widely disseminated in hardcopy, through the Compass website, and in CD format. The work has been presented at a wide variety of fora and incorporated into the Monash University MPH WCH Unit. In 2010, at the *Women Deliver* conference, Compass was able to share its report with Julia Hussein from IMMPACT, the global research initiative for the evaluation of safe motherhood intervention strategies based in Aberdeen. IMMPACT were about to undertake a similar systematic review as part of the DFID Systematic Review Program. They have now completed their report,⁵ in which they refer to our work several times: 'Barriers and solutions to address Phase II delays were described most recently by Holmes and Kennedy (2010) in a wide and comprehensive review.'

4. Thaddeus S, Maine D. Too far to walk: maternal mortality in context. *Social Science & Medicine*. 1994 Apr;38(8):1091-110.
5. The effectiveness of primary level referral systems for emergency maternity care in developing countries. Julia Hussein, Margaret Astin, Stephen Munjanja, Loveny Kanguru, available online at <http://portals.kit.nl/-/39718/KIT-Portals/Maternal-Health-Lessons-Learned>.



With rapid urban growth in the Philippines, a decentralised health system presents challenges for reaching the urban poor with maternal, neonatal and child health (MNCH) services. In July 2011, the Philippines adopted an Urban Health System Development Program based on work undertaken mainly in large urban areas of the Philippines (e.g. Metro Manila). Issues of urbanisation and urban health inequity have gained greater global momentum during the two years following from the 2010 World Health Day theme and publication of the joint WHO-UNHABITAT report 'Hidden cities: unmasking and overcoming health inequities in urban settings'. There are many initiatives that examine these issues (e.g. Rockefeller RULER, HealthGAEN, WHO Kobe). Development partners, such as AusAID, through their Sustainable Development policy, are increasingly recognising the importance of tackling issues of urbanisation and the potential impact on infrastructure and service delivery in urban settings. However, the extent to which this filters through to social sector strategies varies.

To identify the challenges for reaching the urban poor, Compass has prepared case studies of two cities through semi-structured interviews and focus group discussions with frontline health workers, community organisations, city administrators, health planners and program managers, representatives from other city departments (planning, city social welfare), and government and development partners at the regional and national level. During 2011 interviews were transcribed and analysed.

Findings from interviews were shared with participants of the study and the Department of Health. Subsequently, Compass was invited to present research findings at the 12th National Forum on Health Research for Action (NHFRA), Philippines, 14-15 November 2011, an annual conference that brings together local researchers, development partners, and the Department of Health, including high-level government health officials. Following presentation of the findings at the NHFRA, local researchers expressed keen interest in the findings of the research and future publications. One local research group also indicated that the findings could be used to inform and develop a program of operational research that they are planning regarding internal migration of families in the Philippines.

ENGAGEMENT

In disseminating lessons in relation to greater involvement of men in sexual and reproductive, maternal and newborn health and raising awareness of pregnancy-related mental and emotional health issues we are building on relationships with WHO, (Dr Meena Cabral de Mello, Dept of Child and Adolescent Health), and UNFPA (Dr Saramma Mathai, regional maternal health adviser). After the technical papers were submitted to IVB and RHR departments of WHO headquarters, as noted above, Compass was asked to contribute to the development of guidelines for maternal and newborn care.

The paper on Family and Community Care in PNG resulted in a variety of consultations in Australia and PNG, fostered by WVA contacts in policy and development, and a national conference led by PNG National Department of Health, originally planned for November 2011, is now scheduled for February 2012.

This Compass activity has informed the development of a project in collaboration with, and funded by, UNICEF and the National Catholic AIDS Office in Papua New Guinea, which aims to increase men's engagement in maternal and newborn health. This will take place in 2012. Our findings have also informed the development of a research proposal submitted to the National AIDS Council (NACS) in Papua New Guinea, to explore knowledge, attitudes and practices of pregnant women, expectant fathers, older men and women, and health care providers towards greater involvement of expectant fathers in maternal and newborn health, including in relation to PMTCT. A decision on this from NACS is pending.

A policy brief was prepared and disseminated on addressing the 'second delay' in reaching emergency obstetric care, and discussions held with Dr Julia Hussein of IMMPACT, University of Aberdeen in relation to establishing a 'community of practice' on referral for emergency obstetric care.

Discussions with the Department of Health in the Philippines, and researchers of urban health equity and social determinants of health, have acknowledged the value of our focus on smaller cities and the findings that have emerged. For example, some unexpected findings that have arisen include the attitudes of city administrations to city and population growth (findings not yet published).



THEME 3

DISSEMINATION

The Compass working paper *Reaching Emergency Obstetric Care: Overcoming the 'Second Delay'* has featured on the website of the IMMPACT group at Aberdeen University, a common reference source for those working on maternal mortality.

Dissemination of 2010 community-based care work helped lead to 2011 involvement in global evidence reviews for 'task-shifting' for MNH and for integration of birth-dose vaccination with postnatal care. Dissemination of the joint publication with WVA led to a national workshop with government and non-government stakeholders in PNG likely to have some input into national planning.

The working paper *Measuring maternal outcomes: lessons learned and potential approaches in the Pacific* has been circulated for both dissemination and secondary review.

Abstracts were also submitted and accepted for poster presentation at two International Conferences:

- International society for equity in health, 6th international conference 'Making policy a health equity-building process', 26-28th September 2011 (Not attended due to competing work commitments).
- The International Society for Urban Health, 10th International Conference on Urban Health, 1-5 November 2011, Brazil (attended by Anna Bauze).

A policy brief on maternal health care access in poor

urban settings has been produced and is currently under peer-review (internal and external) and will be finalised in early 2012. A further two policy briefs that will address specific issues arising from the project and a journal article are planned.

CAPACITY BUILDING

One paediatric specialist trainee worked with Compass on maternal sepsis in 2011 – her research also contributed to her Royal Australasian College of Physicians accreditation requirements. This also helped broaden training oriented to child health to include issues normally covered under obstetric training.

The urbanisation work is being jointly led by an early-career researcher and junior international health and development practitioner, with support from an in-country senior Technical Advisor. This has provided a unique opportunity to further develop research skills and independent networks in the field, both locally and internationally. In 2011, this activity has also given a Master of International Public Health student their first work experience in international health, qualitative research and preparing a research manuscript for publication. This work has also informed lectures given in the Burnet international health courses, including Women's and Children's Health and Primary Health Care.



Proud father
and child in
PNG

Credit: John
Reeder, Burnet





THEME 4: SUPPORTING GOVERNMENTS TO PRIORITISE AND MANAGE THE SCALE-UP OF EFFECTIVE NUTRITION INTERVENTIONS: THE *NUTRITION CRITICAL APPRAISAL TOOL (NCAT)* AND ASSOCIATED RESOURCES

Nutrition and health are intricately related. Improving nutrition during the 1,000 days between a woman's pregnancy and the child's second birthday can lower the risk of infection, illness and mortality during infancy and childhood and the risk of chronic disease such as diabetes and heart disease later in life.⁶ However, rates of maternal and child undernutrition in many countries in Asia and the Pacific remain unacceptably high, in part due to the limited capacity of governments to identify and implement contextually appropriate, evidence-based nutrition interventions.

In order to strengthen the capacity of country stakeholders in Asia and the Pacific to address the nutrition issues they face, Compass is developing the *Nutrition Critical Appraisal Tool (NCAT)*. The NCAT is practical and interactive, and assists users to identify the nutrition issues in their context, to locate these in the broad scheme of nutrition and food security, and to prioritise, plan and implement appropriate, evidence-based approaches to address these issues.

In 2011, two versions of the NCAT were pre-tested with nutrition experts and other nutrition stakeholders in Asia, the Pacific and Australia, and the framework for the NCAT was amended based on their feedback. The revised NCAT will be field tested in at least two countries in Asia and the Pacific in 2012, and further amended based on feedback obtained during field testing prior to dissemination in late 2012 and 2013.

During the development of the NCAT, extensive consultation revealed that stakeholders working in nutrition and food security often have limited prior nutrition training and few opportunities to learn from past experiences, to reflect on best practice or to recognise key intervention points for nutrition-specific and nutrition-sensitive interventions. In order to address this gap, Compass, in partnership with The Fred Hollows Foundation, has developed a short course: *Nutrition and food security – Approaches to improving the health of women and children* to complement the NCAT.

The course is comprised of four modules: a core module on 'Nutrition planning and programming', and three elective modules on 'Nutrition for infants and young children', 'Nutrition for women of reproductive age and pregnancy' and 'Food security and livelihoods'. Each module was developed using the evidence base of the NCAT and includes case studies from the field of international and Indigenous public health nutrition. The content is tailored to meet the specific needs of participants, allowing them to examine and critique country data, activities and programs from their own context.

In 2011, 'Nutrition planning and programming' and 'Nutrition for infants and young children' were

piloted with a group of nutritionists from Timor-Leste (supported by an Australian Leadership Awards (ALA) Fellowship and health and nutrition workers from remote Indigenous communities in the Northern Territory. In 2012, the remaining modules will be developed and piloted with the same group of participants.

The Ministry of Health Timor-Leste (MoHTL) reported that through undertaking the ALA, Fellows gained 'a greater understanding of the causes and consequences of the undernutrition Timor-Leste is currently faced with, and evidence-based clinical and public health approaches to addressing the causes of undernutrition'. The MoHTL further reported that the Fellows 'will be able to share the knowledge and skills they gained during the Fellowship with their colleagues at all levels of the Ministry of Health, improving our capacity to identify, plan and implement appropriate and effective clinical and public approaches to addressing undernutrition in Timor-Leste.'

Once field tested, the NCAT, coupled with the Nutrition and Food Security (NSF) short course, is expected to improve the ability of policy makers and influencers to identify, prioritise, plan and implement appropriate, evidence-based programs to improve nutrition and food security in the contexts in which they work. This may be reflected in national or district nutrition strategies or the standard operating procedures of government or non-government agencies. Indeed, the MoHTL has indicated as a result of Compass' work with the Nutrition Division in Timor-Leste, building institutional capacity in nutrition has been identified for inclusion as a national priority in the revised Timor-Leste National Nutrition Strategy 2012.

ENGAGEMENT

- Stakeholders involved in pretesting the NCAT and providing input into the content and curriculum of the short course included regional and country representatives from multilateral organisations such as UNICEF, the World Food Program (WFP), the World Health Organisation (WHO) and the Food and Agriculture Organisation (FAO); regional academic institutions including Mahidol University (Thailand), the Patan Academy of Health Sciences (Nepal); a variety of government stakeholders from a number of countries in Asia and the Pacific; and nutrition stakeholders from non-government organisations including World Vision, Helen Keller International and Save the Children.
- Each module of the NSF short course has been developed in close consultation with technical advisory groups (TAGs). TAGs included the stakeholders listed above as well as the Northern Territory Department of Health, Queensland

6. 1,000 Days;
<http://www.thousanddays.org/>



THEME 4

Department of Health, Western Australia
Department of Health, Albion St Centre, Deakin
University and independent nutrition consultants.

- A core reference group comprised of experts in the field of international nutrition and development, including of representatives from the Australian Red Cross, the Department of Families, Community Services and Indigenous Affairs, The Fred Hollows Foundation, the Aboriginal Medical Services Alliance of the Northern Territory, Mahidol University, Northern Territory Department of Health and Batchelor Institute of Tertiary Studies have overseen the development of the course.
- The Fred Hollows Foundation provided funding and technical assistance for the development and delivery of each pilot module.
- Compass provided feedback on the evidence-based guidelines for vitamin A, iron and micronutrients developed by WHO for the e-Library of Evidence for Nutrition Actions (eLENA) database.
- Compass was invited by WHO Headquarters and the Bill and Melinda Gates Foundation to participate in a forum to discuss ways in which processes for conducting and disseminating systematic nutrition literature reviews can be improved.
- At the request of the AusAID Health Resources Facility, Compass undertook formal reviews of unsolicited proposals for a school feeding M&E systems strengthening initiative and a new nutritious food product development project submitted to AusAID by the WFP.
- Compass undertook a peer review of a Cochrane Systematic Review Protocol on Interventions addressing gender disparities in family food distribution for improving child nutrition.
- Training and Assistance for Health and Nutrition Foundation, Bangladesh invited Compass to undertake an economic analysis of their breastfeeding counselling program.
- As subcontractors to the successful USAID funded HIP program in Timor-Leste, Menzies will continue to liaise with stakeholders in Timor-Leste and the MoH Timor-Leste to develop a collaborative nutrition capacity building activity log frame and provide technical input when requested.

Participants in
the Nutrition
and Food
Security short
course.

Credit: Heather
Grieves,
Menzies.





Participants in the Nutrition and Food Security short course. Credit: Heather Grieves, Menzies.

DISSEMINATION

- Through the pilot of the short course, Compass has begun to disseminate the evidence and case studies assembled in the development of the NCAT.
- Compass has shared literature reviews compiled in the development of the NCAT with international and national nutrition stakeholders, including World Vision, Mahidol University, Shoklo Malaria Research Unit the World Health Organisation, REACH Ending Child Hunger and Undernutrition partnership, the NT, WA and QLD Department of Health and various nutrition stakeholders in Australian Universities, as requested.
- Papua New Guinea (PNG) Medical Association requested that Compass contribute a paper to the *PNG Medical Journal* on infant and young child feeding in PNG using the literature collated for the development of the NCAT.

CAPACITY BUILDING

The pilot of the 'Nutrition planning and programming' module of the short course was delivered in 2011 to five nutritionists from Timor-Leste and seven health and nutrition workers from remote Indigenous communities in the Northern Territory. Monitoring and evaluation (M&E) results of this module indicated that participants gained knowledge and confidence to undertake their roles and are applying the learnings of the module, particularly the project planning cycle and the concept of the underlying determinants of health, in their work roles. The pilot of the 'Nutrition for infants and young children' module of the short course was delivered in 2011 to five nutritionists from Timor-Leste and six health and nutrition workers from remote Indigenous communities in the Northern Territory.⁷ M&E results indicated that the module substantially improved participants' knowledge in a range of subject areas of relevance to their work roles.⁸

Compass hosted an Australian Youth Ambassador for Development and a Nutritionist under the Australian Volunteer International program (now Australian Volunteers for International Development) thus building the capacity of young Australian health professionals.

7. Eight participants (four from Timor-Leste and four Indigenous Australian participants) participated in both modules delivered in 2012. Three Indigenous Australian participants and one participant from Timor-Leste who participated in the core module were unable to participate in the Nutrition for infants and young children module due to work or training commitments, while one participant from Timor-Leste and two Indigenous Australian participants who had been unable to attend the core module attended the Nutrition for infants and young children module. In total, 15 participants attended one or both modules.

8. Short course reports that detail the M&E results of each module are available on request



OPPORTUNITIES AND INCREASED FOR ENGAGEMENT

- Following recent discussions, in 2012, we hope to increase collaboration with UNICEF as a partner in regional dissemination of lessons learned through pilot newborn follow-up work in Fiji (e.g. through the Regional Child Survival Workshop). We also hope to increase engagement with the Ministry of Education and Social Welfare to facilitate cross sectoral discussions regarding pathways of care for children who experience long-term sequelae of newborn illness. Such engagement has strategic relevance to newborn health as well as to early childhood development more broadly. We also hope to further explore opportunities to strengthen pre-service training in this area through ongoing discussions with the Fiji School of Medicine.
- Compass has strengthened engagement through key networks in SRH and adolescent health, including the Asia Pacific Alliance for Sexual and Reproductive Health and Rights, through the extensive networks of the family planning reference group members, and through WHO HQ and Regional Offices.
- In December 2011, the Pacific Sexual and Reproductive Health and Research Centre was launched in Fiji. This centre is an initiative of the College of Medicine, Nursing and Health Sciences at Fiji National University in partnership with donors and NGOs. The centre will be a focal point for SRH research in the Pacific and will have a role in capacity building as well as dissemination of Pacific research. Burnet Institute, on behalf of Compass, has been invited to be on the Reference Group for the new centre to assist in the development of a research agenda, review annual work plans and maximise opportunities for partnerships, networking and information sharing.
- Work on urban poverty and maternal, neonatal and child health service delivery has provided the opportunity to network with, amongst others, Professor Sharon Friel, Chair of the Global Action for Health Equity Network (HealthGAEN), which has recently established an Asia Pacific focal group. Discussions are underway regarding the potential of bringing together various streams of urban health equity work undertaken by Australian researchers (e.g. Investment Case, WCH Hub, HealthGAEN) through a jointly-held forum, and opportunities for future research collaboration and funding applications.
- Due to the unacceptably high burden of malnutrition in remote Indigenous communities and the limited training opportunities for Indigenous health and nutrition workers, The Fred Hollows Foundation, an organisation aiming to generate “long-term sustainable improvements to nutrition in Indigenous communities”, has provided resources to allow Compass to deliver the Nutrition and Food Security short course to health and nutrition workers from remote Indigenous communities in the Northern Territory.
- An Australian Leadership Awards Fellowship (ALAF) grant enabled six nutritionists from Timor Leste to travel to Australia in May and October 2011 to undertake the Nutrition planning and programming and Nutrition for infants and young children modules of the short course. An application for a further ALAF grant to enable the same group of participants to return to Australia to undertake the remaining modules of the short course in 2012 has been successful
- Through Compass’ work and engagement, Menzies and Burnet have been contracted to work in partnership with John Snow Inc, Marie Stopes International and the Timor-Leste Ministry of Health to improve the health of women and children in Timor-Leste as part of the USAID-funded Health Improvement Project. This project will work at national, district and community level to strengthen systems, build capacity and improve quality of services around key WCH issues including reproductive health and nutrition.
- Compass received funding to undertake a peer review of a Cochrane Systematic Review Protocol on Interventions addressing gender disparities in family food distribution for improving child nutrition
- Due to the substantial benefit gained from the course, the MoHTL has requested Compass’ support to further improve the institutional capacity of the national health system to address the high rates of maternal and child undernutrition. In consultation with the MoHTL, a multi-pronged approach to achieving this aim has been developed.
- With the support of the MoHTL, compass will adapt the NFS course so that it is highly relevant to district and sub-district health and nutrition workers and addresses the lack of pre- and in-service nutrition training available in Timor Leste. Capitalising on the gains made during the 2010-11 ALAF program and the expected gains from the 2012 ALAF program, Compass plans to train and support a number of national and district level employees of the MoHTL who have received the NFS course to deliver this course to the district and sub-district staff to whom the course is relevant throughout Timor Leste. Compass is in the process of developing a Public Sector Linkages Program grant application to support these activities in 2012-15.
- The MoHTL has indicated that ultimately the NFS course may be integrated into the Nutrition Diploma currently under consideration by the MoHTL and the National University of East Timor.
- In addition, Compass were invited by WHO headquarters and the Bill & Melinda Gates Foundation to participate in a forum to discuss ways in which processes for conducting and disseminating systematic nutrition literature reviews can be improved.





MONITORING AND EVALUATION

In 2011, Compass has continued to use the quarterly reports, trip reports, and regular internal Hub steering committee meetings to monitor outputs, document achievements and to review any emerging issues that may require action or modification to implementations schedules.

With the extension of the Health Knowledge Hub Initiative approved formally in September 2011, a key strategic focus for the extension period is 'targeted engagement and communication by knowledge hubs with key stakeholders, development and distribution of relevant and useful knowledge resources in forms appropriate to their needs and revisions to the monitoring and evaluation framework to ensure that it assists the description and measurement of the process and results of Hub dissemination, engagement and uptake.'⁹

In 2011, Compass worked closely with AusAID and the other Health Knowledge Hubs to revise the monitoring and evaluation framework to align with AusAID's *Quality at Implementation* criteria and focus on communication and dissemination (objectives one and three). The Overseas Development Institute (ODI) has also provided key technical inputs.

In this Annual Report, we report against objectives 1 and 3 in **Annex 5. Table 1.2 Classification of Knowledge Outputs 2009-2012** is a taxonomy of Compass outputs including publications, tools and curricula. Where relevant, this table lists outputs by relevance to a specific country. **Table 3.1 Methods of Dissemination/Communication** makes reference to these outputs and other forms of communication. This table describes the process and results of dissemination, engagement and uptake.

There has been an increased emphasis globally on measuring and describing outcomes in research and development. At the same time there is a growing appreciation of the difficulty of attempting to quantify outcomes and impact.

We have started to use google analytics, journal impact factors and article-level metrics provided by Public Library of Science as mechanisms to monitor dissemination. These and other tools will be strengthened in 2012 to ensure that broader dissemination and uptake of individual hub outputs is tracked more effectively.

While we can count the number of peer-reviewed publications, the number of policy briefs produced, or the size of the audience reached at a conference, this does not help us to predict whether our work has influenced policy or practice directly. A key health official may read a policy brief at just the right time to influence resource allocation decisions. A presentation may stimulate a research idea that leads to a new and effective intervention. A peer-reviewed paper may add to a growing awareness of a neglected issue that then becomes prominent on the international agenda. With the current extraordinary growth in dissemination of evidence and knowledge and the profusion of websites and modern media it is impossible to attribute impact accurately. However, in Table 3.1 we have aimed to chart how we have worked with other organisations, institutions and governments to contribute to the broader debate, to the policy dialogue and to changes in practice.

In the final report we will describe our contributions through case studies to complement the information captured in the Framework. Preliminary discussions have also taken place on the use of case studies to document lessons learned across the initiative and to complement the more quantitative data collected monitoring and evaluation. We will continue this dialogue in early 2012 to achieve consistent reporting frameworks across all the Health Knowledge Hubs.

9. 2012-2013
Deed of
Amendment

2011 BUDGET ACQUITTAL

The consolidated financial statement and acquittal for 2011 are attached as Annex 1 and 2. Following the clear advice given by AusAID regarding the interpretation of the financial reporting requirements for the Hub Deed of Amendment, Compass has commissioned KPMG, to conduct an independent audit of the Women's and Children's Health Knowledge Hub. This was conducted from 13-29 February 2012. This was budgeted for in the 2011 work plan and the carry forward will be equally distributed to each of the Compass partner organisations. The report is submitted here as Annex 4.



Monitoring and Evaluation Framework Report

Objective 1.2: Classification of Knowledge Outputs 2009-2012

Key: ** To be published or submitted for publication during 2012-2013.

Outputs per theme					
Hub Theme	Literature review / conceptual framework / summary of issues	Development of tool / testing of tool / guidelines / curricula	Specific country assessment – primary + secondary data / country specific recommendations	Comparative assessment / evaluation – identification of generalisable lessons / evidence	Total
Child health	<p>Trevor Duke, Rami Subhi, Nelu Jayawardena (November 2009) <i>The Western Pacific Regional Child Survival Strategy: Progress and challenges in implementation</i>. [Briefing paper] (1.1)</p> <p>Rami Subhi, Trevor Duke, (June 2011) 'Leadership for child health in the developing countries of the Western Pacific,' <i>Journal of Global Health</i>. (1.2)</p> <p>Rudan I, El Arifeen S, Bhutta ZA, Black RE, Brooks A, Chan KY, Chopra M, Duke T, Marsh D, Pio A, Simoes EA, Tamburlini G, Theodoratou E, Weber MW, Whitney CG, Campbell H, Qazi SA; and the WHO/CHNRI Expert Group on Childhood Pneumonia. Setting research priorities to reduce global mortality from childhood pneumonia by 2015. <i>PLoS Medicine</i>. (1.3)</p> <p>La Vicente, S.F., Peel, D., Carai, S., Weber, M.W., Enarson, P., Maganga, E., Soyolgerel, G., Duke, T (2011) 'The functioning of oxygen concentrators in resource-limited settings: a situation assessment in 2 countries,' <i>Int J Tuberc Lung Dis</i>. (1.4)</p> <p>Catto AG, Zgaga L, Theodoratou E, Huda T, Nair H, El Arifeen S, Rudan I, Duke T, Campbell H, (April 2011) 'An evaluation of oxygen systems for treatment of childhood pneumonia,' <i>BMC Public Health</i>. (1.5)</p> <p>Steer AC, Colquhoun S, Kado J, Carapetis JR. (2011) 'Secondary prophylaxis is important for the prevention of recurrent rheumatic fever in the Pacific,' <i>Pediatric Cardiology</i>. (1.6)</p> <p>Jackson SJ, Steer AC, Harry Campbell H. (2011) 'Systematic Review: Estimation of global burden of non-suppurative sequelae of upper respiratory tract infection: rheumatic fever and post-streptococcal glomerulonephritis,' <i>Tropical Medicine & International Health</i>. (1.7)</p> <p>Hill PC, Rutherford ME, Audas R, van Crevel R, Graham SM. (August 2011) 'Closing the policy-</p>	<p>Graham SM (March 2011) 'Treatment of paediatric TB: revised WHO guidelines' <i>Paediatric Respiratory Reviews</i>. (1.15)</p> <p>Michelle Li, Julian Kelly, Rami Subhi, Were Wilson, Trevor Duke, (under review) 'Global implementation of the WHO guidelines for hospital care of sick children: a systematic survey,' <i>Lancet</i>. (1.16) **</p> <p>WHO <i>Clinical use of oxygen: a manual for health workers, technicians and managers</i>. (1.17)**</p> <p>Web-based availability of computerized hospital reporting system for common childhood illnesses: Paediatric Hospital Reporting System.** (1.18)</p> <p>A web-based guide to country adaptation, translation, implementation and evidence behind the <i>WHO Pocket book of hospital care for children: guidelines for the management of common illnesses with limited resources</i>** (1.19)</p>	<p>Papua New Guinea Trevor Duke (September 2011) <i>Improving the quality of hospital care for children in Papua New Guinea. Disseminating changes to Policy and Practice: A pilot training course in West New Britain</i>. [Briefing paper] (1.20)</p> <p>Trevor Duke, William Lagani, David Mokela, W Saweri, Mobumo Kiromat, Paulus Ripa, John Vince, Wendy Pameh, Nakapi Tefuarani, Ilomo Hwaihwanje, Rami Subhi, (2010) 'Papua New Guinea: real progress towards MDG-4 and real challenges' (1.21)</p> <p>Fiji Temple B, Griffiths UK, Mulholland EK, Ratu FT, Tikoduadua L, Russell FM. (2011) The cost of outpatient pneumonia in children <5 years of age in Fiji. <i>Trop Med Int Health</i>. (1.22)</p> <p>Indonesia Detailed review of pneumonia case Evaluation of symptom-based screening for community-based contact management in Indonesia.** (1.23)</p> <p>Peer-reviewed publication describing the implementation of the <i>WHO Pocket book of hospital care for children: guidelines for the management of common illnesses with limited resources</i> in Indonesia.** (1.24)</p> <p>Cambodia Implementation of community-</p>	<p>Trevor Duke, Rami Subhi (June 2011) <i>Oxygen: a scarce essential medicine – an urgent need to improve oxygen supplies in the Pacific and poor Asian countries</i>. [Policy brief] (1.27)</p> <p>Michael Nunan, Trevor Duke (May 2011) 'Effectiveness of pharmacy interventions in improving availability of essential medicines at the primary healthcare level,' <i>Tropical Medicine and International Health</i> (1.28)</p> <p>Michael Nunan, Trevor Duke (June 2011) <i>Making medicines more available</i>. [Policy brief] (1.29)</p> <p>Graham SM (March 2011) 'The use of scoring systems for diagnosis of tuberculosis in children' <i>Indian Journal of Pediatrics</i>. (1.30)</p> <p>Hesseling AC, Graham SM, Cuevas LE. (March 2011) 'Rapid molecular testing of tuberculosis.' <i>New England Journal of Medicine</i>. (1.31)</p> <p>An evidence-based approach to closing the policy-practice gap in child TB contact management.** (1.32)</p> <p>Trevor Duke, Rami Subhi, Julian Kelly, Amy Gray (June 2011) <i>Improving quality of hospital care for children</i>. [Policy brief] (1.33)</p> <p>Policy briefs on strategies to improve quality of care for children, improving care for high-risk newborns.** (1.34)</p>	34

Outputs per theme					
Hub Theme	Literature review / conceptual framework / summary of issues	Development of tool / testing of tool / guidelines / curricula	Specific country assessment – primary + secondary data / country specific recommendations	Comparative assessment / evaluation – identification of generalisable lessons / evidence	Total
	<p>practice gap in the management of child contacts of tuberculosis cases in developing countries.' <i>PLoS Medicine</i>. (1.8)</p> <p>Triasih R, Rutherford M, Lestari T, Utarini A, Robertson C, Graham SM. (December 2011) 'Contact investigation of children exposed to tuberculosis in South East Asia: a systematic review.' <i>Journal of Tropical Medicine</i>. (1.9)</p> <p>Molyneux EM, Graham SM. (November 2011) 'Community management of severe pneumonia in children: the sooner the better' <i>Lancet</i>. (1.10)</p> <p>Graham, SM (October 2011) 'Missed opportunities for prevention of tuberculosis in children' <i>Annals of Tropical Paediatrics</i>. (1.11)</p> <p>Kate Milner, (under review) 'Reducing newborn mortality in the Asia Pacific region: quality hospital services and community-based care,' <i>Australian Journal of Paediatrics and Child Health</i>. (1.12)**</p> <p>Peer-reviewed publication on the public health significance of morbidity among children who survive complications in the perinatal period in developing countries.** (1.13)</p> <p>Systematic review of child contact screening in SE Asia.** (1.14)</p>		<p>based child contact management in Cambodia.** (1.25)</p> <p>Bangladesh Chisti MJ, Duke T, Robertson CF, Ahmed T, Faruque AS, Ashraf H, La Vincente S, Bardhan PK, Salam MA (2011) 'Clinical predictors and outcome of hypoxaemia among under-five diarrhoeal children with or without pneumonia in an urban hospital, Dhaka, Bangladesh,' <i>Trop Med Int Health</i>. (1.26)</p> <p>Solomon Islands A paper outlining results from undertaken in the Solomon Islands to be submitted for publication in early 2012 (~March)</p>		
Reproductive health	<p>Natalie Gray, Peter Azzopardi, Elissa Kennedy (April 2010) <i>Achieving MDG 5 for adolescents in Asia and the Pacific: lessons for the delivery of reproductive health services - a review of available data in nine countries</i>. [Briefing paper] (2.1)</p> <p>Elissa Kennedy, Natalie Gray, Peter Azzopardi, Mick Creati (June 2011) 'Adolescent fertility and family planning in East Asia and the Pacific: a review of DHS reports,' <i>Journal of Reproductive Health</i>. (2.2)</p> <p>Natalie Gray, Peter Azzopardi, Elissa Kennedy, Elise Willersdorf and Mick Creati (July 2011) 'Improving Adolescent Reproductive Health in Asia and the Pacific: Do We Have the Data? A Review of DHS and MICS Surveys in Nine Countries,' <i>Asia Pacific Journal of Public Health</i>. (2.3)</p>	<p>WHO has committed to publish "Essential Competencies in Adolescent Health for Health Workers Working at Primary Care Level" in 2012. ** (2.4)</p>	<p>Vanuatu Key findings of the cost-benefit analysis of family planning in Vanuatu.** (2.5)</p> <p>'Scaling-up adolescents' access to sexual and reproductive health information in Vanuatu,' <i>International Perspectives on Sexual and Reproductive Health</i> or <i>Journal of Adolescent Health</i>** (2.6)</p> <p>"It's hard if you are ashamed or afraid" Overcoming barriers to improve adolescents' access to sexual and reproductive health services in Vanuatu,' <i>Journal of</i></p>	<p>Elissa Kennedy, Natalie Gray, Peter Azzopardi, Mick Creati (December 2011) <i>Improving adolescent reproductive health – the need to address adolescent fertility and access to family planning</i>. [Policy brief] (2.10)</p> <p>Natalie Gray, Peter Azzopardi, Elissa Kennedy, Mick Creati, Elise Willersdorf (June 2011) <i>Improving adolescent reproductive health - the importance of quality data</i>. [Policy brief] (2.11)</p> <p>Report and papers for regional journal publication highlighting the costs and benefits of increasing investment in family planning.** (2.12)</p>	16

Outputs per theme					
Hub Theme	Literature review / conceptual framework / summary of issues	Development of tool / testing of tool / guidelines / curricula	Specific country assessment – primary + secondary data / country specific recommendations	Comparative assessment / evaluation – identification of generalisable lessons / evidence	Total
			<p><i>Adolescent Health or International Perspectives on Sexual and Reproductive Health</i>** (2.7)</p> <p>'Reducing unmet need for family planning in the Pacific: what will it take?' <i>Asia Pacific Journal of Public Health or Journal of Reproductive Health</i>** (2.8)</p> <p>Solomon Islands Key findings of the cost-benefit analysis of family planning in the Solomon Islands.** (2.9)</p>	<p><i>The costs and benefits of increasing family planning in the Pacific</i> [Policy brief]** (2.13)</p> <p><i>Providing sexual and reproductive health information to adolescents – the importance of focusing on family planning</i> [Policy brief]** (2.14)</p> <p><i>Strategies for scaling-up adolescents' access to sexual and reproductive health information in the Pacific</i> [Policy brief]** (2.15)</p> <p><i>Reaching adolescents with family planning information in the Pacific – effective health promotion approaches</i> [Policy brief]** (2.16)</p>	
Maternal and perinatal health	<p>Wendy Holmes, Elissa Kennedy (June 2010) <i>Reaching emergency obstetric care: overcoming the 'second delay'</i>. [Briefing paper and policy brief] (3.1, 3.2)</p> <p>Fisher J, Cabral de Mello M, Patel V, Rahman A, Tran T, Holton S, Holmes W (November 2011) 'Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle income countries: a systematic review.' <i>Bulletin of the World Health Organisation</i>. (3.3)</p> <p>Chris Morgan (March 2010) <i>Community-based care around the time of childbirth - what role can it play in maternal and newborn survival in high mortality settings?</i> [Briefing paper - to be updated with maternal sepsis and "second delay" in 2012.] (3.4)</p> <p>Anne Miller, Chris Morgan, two papers on maternal sepsis submitted to RACP Assessment Board December 2011: 1) Causes of puerperal and neonatal sepsis in resource-poor settings: a critical issue for development of integrated community-based postnatal care; 2) Review of the bacteriology of puerperal sepsis in resource-poor settings. Aiming for peer-reviewed publication in 2012 once approved.** (3.5)</p> <p>Claire Glenton, Rajesh Khanna, Chris Morgan, Elin Strømme Nilsen 'The effects, safety and acceptability of compact, prefilled, autodisable injection devices when delivered by lay health workers: A systematic review' component of task-shifting for maternal and newborn care evidence base compilation to be</p>	<p>World Health Organisation technical report on the Integration of birth-dose vaccination with post-natal care (in association with WHO EPI).** (3.11)</p> <p>Program managers guide for integration of immunisation and post-natal care (in association with WHO EPI and USA CDC).** (3.12)</p> <p>Implementation research guide for introduction of community-based care.** (3.13)</p> <p>Program managers guide for integrating community care with health system strengthening.** (3.14)</p> <p>World Health Organization guidelines on task-shifting for maternal and newborn care – contribution based on systematic review** (3.15)</p> <p>Tool for rapid assessment of the contribution of maternal sepsis.** (3.16)</p> <p>Second-delay checklist** (3.17)</p>	<p>Papua New Guinea Abbey Byrne, Chris Morgan (October 2011) <i>Improving maternal, newborn and child health in Papua New Guinea through Family and Community Health Care</i>. [Briefing paper] (3.18)</p> <p>Engaging men in SRH in Papua New Guinea.** (3.19)</p> <p>Lao PDR Improving the counselling and communication skills of maternity service providers: Lao PDR and interventions.** (3.20)</p> <p>Philippines Sophie La Vincente, Anna Bauze and Bernardino Aldaba, <i>Urban poverty and maternal, neonatal and child health service delivery – the need for a focus on smaller cities</i>. [Policy brief]** (3.21)</p>	<p>Chris Morgan, Pilly Mapira, Chris Hagarty, Jenny Kerrison, Louise Sampson, Anna Bauze (June 2011) <i>Community-based care at childbirth - can it safely extend coverage in high mortality settings? Case studies in PNG, Solomon Islands, Indonesia, Lao PDR</i>. [Briefing paper] (3.22)</p> <p>Wendy Holmes, Maya Goldstein, Jane Fisher (June 2011) <i>Maternal mental health deserves more attention</i>. [Policy brief] (3.23)</p> <p>Alison Morgan (December 2011) <i>Measuring maternal outcomes: lessons learned and potential approaches in the Pacific</i> [Working paper]** (3.24)</p> <p>Good practice examples of integrated community care with health system strengthening.** (3.25)</p> <p><i>Integrating immunisation and maternal and newborn health programs at birth</i> [Policy brief]** (3.26)</p> <p><i>Expanding community-based care at</i></p>	27

Outputs per theme					
Hub Theme	Literature review / conceptual framework / summary of issues	Development of tool / testing of tool / guidelines / curricula	Specific country assessment – primary + secondary data / country specific recommendations	Comparative assessment / evaluation – identification of generalisable lessons / evidence	Total
	<p>presented to WHO April 2012** (3.6)</p> <p>Reports (literature review, consultation report) and policy brief on engaging men in sexual, reproductive, maternal and child health.** (3.7)</p> <p>Peer-reviewed papers on engaging men in SRH, 'second-delay' and maternal mental health to be submitted for the Second Global Symposium on Health Systems Research.** (3.8)</p> <p>Peer-reviewed paper on improving the counselling and communication skills of maternity service providers.** (3.9)</p> <p>Peer-reviewed paper on maternity waiting homes.** (3.10)</p>			<i>child-birth in difficult settings</i> [Policy brief]** (3.27)	
Nutrition	<p>Heather Grieve (March 2011) <i>Nutrition critical appraisal tool to support governments to prioritise and manage the scaling up of effective interventions.</i> (4.1)</p> <p>Formal reviews of unsolicited proposals for a <i>School feeding M&E systems strengthening initiative</i> and a <i>New nutritious food product development project</i> submitted to AusAID by the WFP, upon request of the AusAID Health Resources Facility. (4.2)</p> <p>Peer review of a Cochrane Systematic Review Protocol on <i>Interventions addressing gender disparities in family food distribution for improving child nutrition.</i> (4.3)</p>	<p>Nutrition critical appraisal tool developed and pretested in 2011. (4.4)</p> <p>Nutrition and Food Security – <i>Approaches to improving the health of women and children</i> short course. First two of the four modules of the Nutrition and Food Security – <i>Approaches to improving the health of women and children</i> short course piloted in 2011. (4.5)</p> <p>(August 2011) <i>Nutrition and Food Security Short Course -Approaches to Improving the Health of Women and Children</i> [Report] (4.6)</p> <p>(December 2011) <i>Nutrition critical appraisal tool and short course.</i> [Policy brief] (4.7)</p> <p>Report on NCAT field testing.** (4.8)</p>	<p>Philippines</p> <p>Sophie La Vincente, Beth Temple, Kim Mulholland (May 2011) <i>The pre-pregnancy period as an entry point for health and nutrition interventions: experience from the Philippines.</i> [Briefing paper] (4.9)</p> <p>Papua New Guinea</p> <p>Danielle Aquino, Heather Grieve, Kate Mellor (November 2011) <i>Protecting, promoting and supporting appropriate infant and young child feeding: a way forward to reduce preventable disease and death in young children in Papua New Guinea,</i> Papua New Guinea Journal of Medicine (4.10)</p>	Set of best practice nutrition case studies from the region.** (4.11)	11
					88

Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking and practical application at national, regional and international levels

Objective 3.1: Methods of Dissemination / Communication

Table 1 - 2011

Hub Theme	Communication per Theme			
	Target Audience	Communication Method	Numbers Reached	Uptake
Child health <i>Addressing neonatal mortality and appropriate models of neonatal care in Asia and the Pacific</i>	UNICEF	The progress of pilot newborn follow-up work in Fiji has been reported back to and discussed with the Fiji Ministry of Health and UNICEF Pacific. (Output 1.12)		<p>The progress of pilot newborn follow-up work in Fiji has been reported back and discussed with the Fiji Ministry of Health and UNICEF Pacific.</p> <p>Core team of Fiji Ministry of Health staff engaged in newborn care work and opportunities for ongoing capacity building through Fiji School of Medicine emerging.</p>
	Fiji Ministry of Health and Ministry of Education and Social Welfare	<p>Newborn care work in Fiji has been established through a core team of government health staff who have received detailed in-service training in common long-term problems experienced by seriously ill newborns as well as training in developmental screening and surveillance. (Output 1.12)</p> <p>We also hope to increase engagement with the Ministry of Education and Social Welfare to facilitate discussions regarding pathways of care for children who experience long-term sequelae of newborn illness. Such engagement has strategic relevance to newborn health as well as to early childhood development more broadly. We also hope to further explore opportunities to strengthen pre-service training in this area through ongoing discussions with the Fiji School of Medicine. (Output 1.12)</p>	2 local medical registrars, 8 nursing staff and a project nurse coordinator have received training.	Long-term sequelae of newborn complications recognised as a highly relevant regional newborn health issue and pilot work exploring outcomes and pathways of follow-up care for seriously ill newborns established in Fiji.
Child health <i>Improving lung health in Asia and the Pacific</i>	World Health Organisation	<p>Review of WHO TB guidelines (Output 1.15)</p> <p>Participated in the International Childhood Tuberculosis Meeting, ECDC and WHO Stop TB Partnership, Stockholm, Sweden (March 2011). Chair of child TB subgroup of WHO Stop TB. Developing roadmap for child TB and advocacy.</p> <p>Contributing to the recommendations for the investigation of contacts of persons with infectious tuberculosis in low and middle income countries. World Health Organization, Geneva (2012).</p> <p>Participated in Pediatric TB Diagnostics Workshop, National Institutes of Health /NIAID, Bethesda, USA (June 2011).</p> <p>Developing WHO guidelines for clinical use of oxygen (Output 1.17). Peer-reviewed publication with WHO /CHNRI Expert Group on setting research priorities to reduce global mortality from childhood pneumonia (Output 1.3).</p>	Stop TB Partnership have launched a Call to Action http://www.stoptb.org/getinvolved/ctb_cta.asp with over 800 signatories to date	<p>Two publications in press with Journal of Infectious Diseases (March 2012) reporting consensus from the meeting on clinical case definitions of intrathoracic TB in children for research.</p> <p>Theme of World TB Day (March 24) 2012 is child TB.</p>
	Lao Ministry of Health Papua New Guinea Department of Health Vietnam Ministry of Health	Developing guidelines for the use of oxygen (Output 1.17) and documented a new approach to the prevention and diagnosis of child TB which could be applied and evaluated by National TB Control Programs (Output 1.8).		Helped the PNG Department of Health and the Lao PDR Ministry of Health introduce better oxygen systems into 30 hospitals. Now children who are very sick from pneumonia can receive

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
	Child health workers	<p>A organised and facilitated a meeting on child TB with the International Union Against TB and Lung Disease involving delegates from Bangladesh, Indonesia and Philippines (September 2011).</p> <p>Presented training of trainers workshop for child TB in Vietnam for the National TB Program, Ha Noi, Vietnam (October 2011).</p> <p>Meetings with PNG Department of Health and Lao Ministry of Health.</p>		<p>life-saving oxygen therapy. This program has reduced death rates from pneumonia by up to 35% in PNG and an evaluation in ongoing in Laos.</p> <p>Contributed to the 'Management of Tuberculosis in Children' in the National Tuberculosis Programme, Ministry of Health, Vietnam (October 2011).</p>
	Child health and international development community	Outputs 1.3 -1.11, 1.22, 1.26, 1.30 and 1.31 are peer-reviewed publications on TB, pneumonia and respiratory tract infections. Including publication on community management of pneumonia in <i>The Lancet</i> .	<p><i>The Lancet</i> has an impact factor of 33.63 (2010).</p> <p>Over 2,500 views of child TB paper published in <i>PLoS Medicine</i>. Paper also mentioned on <i>PLoS Medicine</i> blog Speaking of Medicine by Grania Brigden, TB advisor to the MSF Campaign for Access to Essential Medicines.</p> <p>Over 2,500 views of child pneumonia paper published in <i>PLoS Medicine</i>.</p>	
Child health Improving quality of hospital care for children	World Health Organization, Child and Adolescent Health Division	<p>Review of WHO guidelines for the treatment of sick children (Output 1.16).</p> <p>Presented at WHO HQ meeting in February on guidelines for care of children with pneumonia, diarrhoea, neonatal conditions.</p>		The review found evidence of use in more than 40% of countries, including 60% of high mortality LMIC countries. Implementation of WHO guidelines is fragmented and needs more support.
	<p>Pacific Ministries of Health, particularly Papua New Guinea Department of Health</p> <p>Pacific Senior Health Officials Network (PSHON): Ministries of Health from Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Timor Leste, Tonga, Tuvalu and Vanuatu are current members.</p>	<p>Tool for recording and standardising hospital outcome data was developed and introduced in PNG in 2009.</p> <p>Trevor Duke, attendance at PNG Child Health Advisory Committee (March).</p> <p>Trevor Duke was invited discuss challenges to Child Survival in the Pacific during the annual PSHON meeting in Cairns, (November 2011). The annual PSHON meetings focus on senior level policy exchange and are hosted by a senior member of the Australian Government Department of Health and Ageing Executive.</p> <p>Trevor Duke (January 2012) 'Key issues in improving child health in the Pacific,' <i>PSHON Newsletter</i>.</p> <p>Pacifika Medical Association (PMA) Conference Andrew Steer (CICH) co-presented with Joseph Kado (MOH Fiji) on 'Improving hospital care for sick children in Fiji and the Pacific.' The conference was a collaboration between Pasifika Medical Association, Fiji Medical</p>	<p>PSHON meeting: the CEO/Secretary and an emerging manager invited to attend from each Pacific Member country.</p> <p>PMA Conference was attended by about 350 health workers from the</p>	<p>In 2011 the PNG Department of Health published accurate data from 11 hospitals, this information will guide future interventions.</p> <p>Input into the design and implementation of the PNG Child Health Policy and Plan, part of the National Health Plan.</p>

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
		<p>Association and the Fiji National University.</p> <p>Paper on Leadership for child health in the developing countries of the Western Pacific,' <i>Journal of Global Health</i> (Output 1.2).</p> <p>Trevor Duke, 'The red tape is hurting those who need us the most' <i>The Age</i> (11 December 2011).</p>	Pacific region. Delegates included Directors and Secretaries of Health from 10 Pacific countries, AusAID representatives, WHO and UNICEF representatives and senior officials from New Zealand. More than 120 local participants also participated.	<p>Trevor Duke was invited to discuss this issue on Radio Australia. Transcript available here: http://www.radioaustralia.net.au/connectasia/stories/201112/s3390974.htm</p>
	Child health workers and paediatric organisations (eg. Pacific Paediatric Society, PNG Paediatric Society)	<p>Piloted a course in the use of the WHO <i>Pocket Book of Hospital Care for Children</i>. Training materials on CD-ROM. Evaluation of course (Output 1.11).</p> <p>A meeting of the PNG Paediatric Society that addressed important issues in child survival.</p>	17 nurses, 2 community health workers, 3 doctors in West New Britain Province, Papua New Guinea. In the next 12 months training will be conducted in Wabag, Mendi and Madang, where mortality rates are 2-3 times higher than the national average for many common illnesses.	Improved the care for sick children in more than 30 district hospitals throughout Laos, PNG, Solomon Islands and other Pacific countries through training programs and implementing evidence-based standards and quality improvement, including the distribution of more than 3000 copies of the <i>Pocket Book of Hospital Care for Children</i> .
Child health <i>Child health nurses in the Pacific: a neglected cadre of health workers</i>	Pacific Ministries of Health, particularly the Solomon Islands and Fiji Ministries of Health	<p>Reviewed the role of child health nurses in the Solomon Islands and Fiji and designed curriculum that incorporates local guidelines and policies, and WHO and UNICEF recommended teaching. A working group formed with members from the College of Nursing and medicine, paediatricians and Ministry of Health officials to review curriculum outline.</p> <p>A two week field trip was completed in July 2011 where Compass worked with the Child Health team at the Ministry of Health to identify and interview nurses, provisional medical directors and junior doctors throughout the SI. This work was undertaken with a local counterpart from the MoH.</p>		<p>Fiji Ministry of Health: meetings with key stakeholders indicated strong support for this activity across nursing and medical teams (2011).</p> <p>The Solomon Islands MoH has enthusiastically supported the mapping exercise to identify and interview nurses who had previously undertaken a post-graduate nursing course in PNG (or via distance education).</p> <p>Commitment from Fiji National University and Fiji Ministry of Health to commence a post-graduate paediatrics course first semester 2013. Funds to support this course have been allocated through the FHSSP supported by AusAID. Two local counterparts have been assigned to work over the second half of the year to put the proposal through the three FNU committees and complete the revision of the curriculum and the allocation and identification of staff to facilitate the course.</p>
Child health <i>Improving access to essential medicines for</i>	World Health Organization	<p>Projects address the WHO 30 priority medicines for maternal and child health.</p> <p>Peer reviewed publication on 'Effectiveness of pharmacy interventions in</p>		

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
children and women in the Pacific		improving availability of essential medicines at the primary healthcare level,' <i>Tropical Medicine and International Health</i> (Output 1.28).		
Child health	Pacific Ministries of Health	Pacific Health Ministers Meeting, 28 June 2011, Honiara. WHO Honiara office disseminated Hub Policy Briefs at this meeting. (Outputs: 1.27, 1.29, 1.33, 2.11, 3.20, 3.21)	Representatives of 21 Pacific Island countries and territories as well as participants and observers from regional organisations.	
Reproductive health Increasing investment in family planning in the Pacific	Vanuatu Ministry of Health	Working in close collaboration with in-country research partner, Wan Smolbag Theatre, and Family Planning International.		Findings were presented to inform adolescent SRH programs and policy, including the Vanuatu National Youth Friendly Health Service Guidelines.
	Timor-Leste Ministry of Health	With Marie Stopes conducted training in basic ASRH counselling skills for health workers, teachers and youth workers conducted in Dili and Maliana, Timor-Leste. Development of Youth Friendly Adolescent Reproductive Health Counselling Manual (2011). Final workshop with key stakeholders in Timor-Leste to present the final manual, evaluation findings and key recommendations (5-8 December 2011)		
	Key NGO, government, academic and UN agency representatives, including key stakeholders and reference group members (including FPI, UNFPA and IPPF)	6th Asia Pacific Conference on Reproductive and Sexual Health and Rights, Indonesia, "Claiming Sexual and Reproductive Rights in Asian and Pacific Societies" Vanuatu Study accepted for oral presentation (19-22 October 2011). 9th Biennial Pacific Society for Reproductive Health (PSRH) Conference held in Honiara, Solomon Islands (5-8 July 2011). Family Planning Pacific Forum held in Sydney presented on Hub's adolescent SRH and also some of the family planning work in Vanuatu and Solomon Islands and facilitated a workshop on family planning data in the Pacific (15-16 November). Youth Health Conference in Sydney (9-11 November 2011).	PSRH Conference: 300 attendees	Following this engagement, Pacific policy makers, NGOs, service providers and researchers expressed interest in the findings of Compass' work in adolescent health and indicated that the lessons learned and recommendations arising from the Vanuatu study are of relevance to other Pacific countries. Requests for technical support from Pacific representatives and NGOs. For example, in December 2011, the Pacific Sexual and Reproductive Health and Research Centre was launched. Compass was invited onto the Reference Group. Compass' work has drawn attention to the need for better data, increased financial commitment and improved planning of programs. Recent meetings have reinforced the commitment of governments and other stakeholders to address this issue.
	Health workers, and regional reproductive health networks, including: Sexual and Reproductive Health Network (SRHN), Adolescent	Family planning presentation at Australian Leadership Awards training for Pacific Islands health workers at University of Technology Sydney June 2011.		

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
	Reproductive Health Network (ARHN), Asia Pacific Alliance for Sexual and Reproductive Health and Rights (APASRHR)			
	AusAID	Co-hosted a roundtable on Family Planning in (March 2011).		Increase in AusAID funding towards family planning and SRH in Timor-Leste likely to lead to opportunities to leverage funds, particularly focused on adolescents. AusAID Cambodia requested further information.
Reproductive health <i>Improving competence in adolescent health for health workers at primary care level</i>	World Health Organization, Western Pacific Regional Office and South East Asian Regional Office	Conducted a workshop at a Society for Adolescent Health and Medicine conference, Presentations and targeted engagement with the Coordinator of Adolescent Health WHO, HQ. Networked with major collaborators around consensus for the need for global competencies for adolescent health workers.		WHO has committed to publish <i>“Essential Competencies in Adolescent Health for Health Workers Working at Primary Care Level”</i> in 2012. The framework will be used as a resource to assist the introduction of adolescent health and development into training programs and curricula.
	Universities in the West Pacific and South East Asia Region, School of Nursing, Polytechnic University, Hong Kong and Ministry of Health Malaysia	Presentations, site visits with partners		It is anticipated that this work will contribute to improved competence (knowledge and skills) in adolescent health for health workers working at primary care level, leading to more appropriate health care and better health and development outcomes for young people.
Maternal and perinatal health <i>Engaging men in sexual, reproductive, maternal and child health</i>	MCH officials and maternal health specialists in PNG and Pacific Island Countries	A question guide was developed and interviews undertaken with obstetric specialists, midwives and MCH officials at the Pacific Society for Reproductive Health conference, Honiara (5 – 8 July). Further consultations with MCH officials in PNG and the Pacific have been undertaken by telephone, email and face to face. The interviews have been transcribed and are being analysed.	19	
	UNFPA and UNICEF MCH officials and maternal health specialists in PNG and Pacific Island Countries, and the wider Asian region; NGOs; AusAID	UNFPA will collaborate in assisting with dissemination of lessons in relation to greater involvement of men in sexual and reproductive health and maternal and newborn health.		Our findings have informed the development of a project in collaboration with, and funded by, UNICEF and the National Catholic AIDS Office in PNG. This Compass activity has also informed the development of a research proposal submitted to the National AIDS Council in PNG, to explore knowledge, attitudes and practices of pregnant women, expectant fathers, older men and women, and health care providers towards greater involvement of expectant fathers in maternal and newborn health, including in relation to PMTCT. A decision on this from NACS is pending.

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
Maternal and perinatal health Health care at the time of childbirth, tailored to low-resource/high-mortality settings	National government, development partners (including AusAID) and NGO stakeholders in Papua New Guinea	Consultation during preparation and then subsequent informal dissemination of the Family and Community Care for Maternal and Child Health paper in PNG – through face-to-face meetings in country, in partnership with World Vision policy partners.	National Department of Health, AusAID post, and more than 10 other institutional stakeholders	National conference on the issue, hosted by National Department of Health, convened to examine evidence and determine responses, planned for (February 2012).
	Australian government and AusAID	Dissemination of the Family and Community Care in PNG paper to parliamentarians and advisors with interest in development, alongside consultation with AusAID at a 'soft launch' led by World Vision policy partners (Output 3.16)	9	Interest expressed and encouragement for appropriate in-country consultation received.
	World Health Organization, Enhanced Programme on Immunization Division	Technical report and work on program guides supported efforts to improve birth-dose vaccination against hepatitis B, emphasising the potential integration with other life-saving perinatal care, providing input to a global WHO program of work.	WHO Weekly Epidemiological Review Impact factor (2011): 2.159 Involvement in global guideline development	The "Melbourne Statement" that came out of our birth-dose consultation last December, is mentioned in the WHO Weekly Epidemiological Review of 6 May 2011, which contains an update of hepatitis B control across the region. The review highlights Laos and PNG as two high priorities for special attention for hepatitis control, including the fact that high proportions of home births restrict access to birth dose vaccine. This work also led to requested submission of the technical report to the WHO Immunization Practices Advisory Committee in April 2012, and further work on global guidelines for program managers.
	World Health Organization, Reproductive Health Research Division	Joined a global systematic review on 'task-shifting' for maternal and child health care, contributing research on the use of innovative injection technology by trained lay health workers around the time of childbirth.	Involvement in global guideline development	To be presented to WHO Guidelines Review Committee (April 2012).
Maternal and perinatal health Reaching emergency obstetric care: synthesising experience and exploring new options to overcome 'second delay'	WHO, UNFPA and UNICEF MCH officials and maternal health specialists in the Asia and Pacific regions; NGOs; AusAID; academics	A Briefing Paper and Policy Brief (Outputs 3.1, 3.2) were prepared and disseminated on addressing the second delay in reaching emergency obstetric care, and discussions held with Dr Julia Hussein of IMMPACT, University of Aberdeen in relation to establishing a 'community of practice' on referral for emergency obstetric care.		Hussein J, Kanguru L, Astin M, Munjanja S (2011) What kinds of policy and programme interventions contribute to reductions in maternal mortality? The effectiveness of primary level referral systems for emergency maternity care in developing countries. Technical report. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. This document, from the influential Initiative for Maternal Mortality Programme Assessment, University of Aberdeen, makes many references to Compass policy brief on overcoming the second delay.
Maternal and perinatal health Improving women's satisfaction with maternity services by increasing the counselling and	World Health Organization	Fisher J, Cabral de Mello M, Patel V, Rahman A, Tran T, Holton S, Holmes W (November 2011) 'Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle income countries: a systematic review.' <i>Bulletin of the World Health Organisation</i> . (Output 3.3) [Several other planned outputs have been delayed but are nearing	<i>WHO Bulletin</i> Impact factor (2010): 5.459	Raised awareness of significance of maternal mental health in low income settings through publication of a systematic review of prevalence in the high impact WHO Bulletin. Authors include Cabral de Mello from the Department of Child and Adolescent

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
communication skills of care providers		completion]		Health and Development WHO and Vikram Patel of the Centre for Global Mental Health, of the London School of Hygiene and Tropical Medicine.
Nutrition	World Health Organization	Reviewed selected evidence-based guidelines developed by WHO for the e-Library of Evidence for Nutrition Actions (eLENA) database. Compass was invited by WHO and the Bill & Melinda Gates Foundation to participate in a forum to discuss how conduct and dissemination of systematic literature reviews can be improved.	20 experts in systematic literature reviews	
	Nutrition and food security stakeholders	<p>Nutrition Critical Appraisal Tool developed and pretested in 2011. A range of nutrition experts and other nutrition stakeholders in Australia, Asia and the Pacific were consulted in the development of the NCAT, including: World Food Program (WFP), World Health Organization (WHO), World Food Organisation (FAO), UNICEF, regional academic institutions, including Mahidol University (Thailand), Patan Academy of Health Sciences (Nepal), government stakeholder, World Vision, Helen Keller International and Save the Children.</p> <p>Nutrition and Food Security - <i>Approaches to improving the health of women and children</i> was developed in partnership with the Fred Hollows Foundation. Pilots of the first two modules (<i>Nutrition planning and programming</i> and <i>Nutrition for infants and young children</i>) were delivered and evaluated in 2011</p> <p>NCAT was used in peer reviews for the Cochrane Public Health Group.</p>	Piloted with 15 nutritionists from Timor Leste and health and nutrition workers from remote Indigenous Australia	<p>Monitoring and evaluation (M&E) results of the <i>Nutrition planning and programming</i> module of the short course indicated that participants gained knowledge and confidence to undertake their roles, and are applying learnings in their work, particularly the project planning cycle and the concept of the underlying determinants of health.</p> <p>M&E results indicated that the <i>Nutrition for infants and young children</i> module of the short course substantially improved participants' knowledge in a range of subject areas of relevance to their work roles</p> <p>The Ministry of Health, Timor Leste (MoHTL) reported that through undertaking an Australian Leadership Awards Fellowship (ALAF), the Fellows gained "a greater understanding of the causes and consequences of the undernutrition Timor Leste is currently faced with, and evidence-based clinical and public health approaches to addressing the causes of undernutrition." The MoHTL further reported that the Fellows "will be able to share the knowledge and skills they gained during the Fellowship with their colleagues at all levels of the Ministry of Health, improving our capacity to identify, plan and implement appropriate and effective clinical and public approaches to addressing undernutrition in Timor Leste."</p> <p>As a result of Compass' work with the Nutrition Division, Ministry of Health, Timor Leste, the National Nutrition Strategy 2012 will include, a building institutional capacity in nutrition as a priority.. Menzies is a sub-contractor in</p>

Communication per Theme				
Hub Theme	Target Audience	Communication Method	Numbers Reached	Uptake
				the USAID-sponsored Health Improvement Project (HIP) in Timor Leste. In partnership with the MoHTL, the work will involve adapting and delivering the NFS course to sub district health workers in order to improve the institutional capacity of the MoHTL to address maternal and child undernutrition at this level. In partnership with the MoHTL Compass has developed a joint Public Sector Linkage Proposal in order to fund the adaption of the NFS course in Timor Leste to meet the needs of district level health providers and to develop a tiered training and mentoring system within the Nutrition Division using a training of trainers model.
	AusAID	literature collated during the development of the NCAT have been used in a review of two unsolicited nutrition proposals on behalf of the AusAID Health Resource Facility.		
All themes	AusAID and Australian development sector	<p>Zulfi Bhutta Seminar, "Issues and challenges in Maternal and Child Health and Nutrition: a global perspective". Compass presented on "The challenge of community care for maternal and newborn health, PNG and elsewhere" and on "Current challenges in women's and children's nutrition"</p> <p>"Universities-ACFID Linkages meeting: Exploring models for research partnerships" on 24 February 2011.</p> <p>Resources disseminated at the Australian Reproductive Health Alliance (ARHA) Roundtable on Gender Based Violence.</p> <p>Nossal Technical Review meeting, 2011 facilitated engagement with Sharon Biribo, from Fiji National University and committed to engage with the FNU research centre for Health Policy known as CHIPSR.</p> <p>Presentation at AMREP meeting on Global Health, World Health Day: "Malaria, Resistance, Research and MDG-4, is there a connection?"</p> <p>Compass Website http://www.wchknowledgehub.com.au/ Pacific Sexual & Reproductive Health Research Centre (PacS-RHRC) contacted Compass for joint research and network opportunities through the Compass website. Third Sector Publication requested an article on the Pacific Medical Association Conference through the website.</p>	<p>Attendance of around 70 from NGOs, academic institutions and AusAID.</p> <p>Universities-ACFID: disseminated 30 CDs with Hub outputs.</p> <p>ARHA Roundtable: disseminated 20 CDs of Hub resources.</p> <p>Compass policy briefs and working papers have been accessed 619 times through the website in 2011. Referrals from other Health Knowledge Hubs and AusAID account for 100 views. AusAID staff have accessed the Compass website 60 times in 2011. Source: Google Analytics.</p>	



Burnet Institute

Medical Research. Practical Action.

DIRECTOR and CEO – Professor Brendan Crabb, PhD
CHIEF PATRON – The Honourable Alex Chernov, AO, QC, Governor of Victoria

29 February 2012

AusAID Women's and Children's Health Knowledge Hub Consolidated Financial Acquittal Report 2011

I confirm that this acquittal report for the Women's and Children's Health Knowledge Hub of **\$1,876,387.64** represents consolidated expenditure on this project by the three partner organisations for the year ending 31 December 2011.

The appropriate officer of each organisation has confirmed that funds received were expended and accounted for in accordance with the conditions set out in the AusAID Funding Agreement No. 44748.

Mark Tennent
General Manager
Centre for International Health

Head Office

85 Commercial Road, Melbourne, Victoria, Australia 3004
GPO Box 2284, Melbourne, Victoria, Australia 3001

Tel +61 3 9282 2111 **Fax** +61 3 9282 2100 **Email** info@burnet.edu.au www.burnet.edu.au

COMPASS HUB 2011 Budget Acquittal

WCH Hub Mngmnt	Burnet		CICH		Menzies		Central Pool		Total	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
1. Personnel										
Executive Management										
Finance & Audit										
MMA Audit (C/Fwd)	5,000.00	4,350.94					75,000.00	75,955.96	75,000.00	75,955.96
							30,000.00	20,702.95	35,000.00	25,053.89
							24,000.00	18,000.00	24,000.00	18,000.00
2. Travel & Meetings	3,000.00		60,000.00	49,312.56	20,000.00	20,157.94	10,000.00	8,839.58	93,000.00	78,310.08
Sub-total	8,000.00	4,350.94	60,000.00	49,312.56	20,000.00	20,157.94	139,000.00	123,438.49	227,000.00	197,319.93
Activities										
3. Monitoring & Evaluation										
M & E										
Website / PR							10,000.00	9,134.50	10,000.00	9,134.50
4. Communications							20,000.00	20,668.25	20,000.00	20,668.25
5. Program Implementation										
Activities										
- Personnel	676,995.00	529,613.54	761,806.00	587,262.74	573,948.00	523,644.18				
- Direct Costs		342,411.05		517,921.46						
- Administration & OH		138,660.28		62,990.29						
		48,542.23		6,391.00						
Misc Pool		0.00	5,000.00	1,958.18			10,000.00	6,786.32	15,000.00	8,744.50
Sub-total	676,995.00	529,613.54	766,806.00	589,220.92	573,948.00	523,644.18	40,000.00	36,589.07	2,057,749.00	1,679,067.71
TOTAL	684,995.00	533,964.48	826,806.00	638,533.48	593,948.00	543,802.12	179,000.00	160,087.56	2,284,749.00	1,876,387.64
										82%

Carryforward from 2010	190,348.49	446,549.77	108,389.99	341,773.83					1,087,062.08
Funds Received from AusAID			9,793.00						9,793.00
Funds distributed from Central Pool	487,592.00	482,592.00	482,592.00						1,290,000.00
Interest Accrued 2011	11,500.00	15,973.98	2,126.15						39,586.13
Acquired 2011	533,954.48	638,533.48	543,802.12						1,876,387.64
Carry forward to 2012	155,476.02	306,582.27	59,099.02				Note 1	28,896.27	550,053.58

Notes

Note 1 - \$28896.27 carry forward from Central Pool includes \$6,000 unspent from 2010 to be returned to Menzies and Burnet in 2012. A contribution of \$24,000 was made toward a joint HUB product in 2010 but only \$18,000 was expended.

Prepared by:

Reviewed by:

Viv Newton
Project Accountant
Centre for International Health

Mark Tennant
General Manager
Centre for International Health

1/03/2012

Independent audit report to the management of Burnet, CICH and Menzies

We have audited the accompanying COMPASS HUB 2011 Budget Acquittal ("the Acquittal") for the year ended 31 December 2011, pursuant to the Funding Agreement between the Commonwealth of Australia (represented by the Australian Agency for International Development) and the MacFarlane Burnet Institute for Medical Research and Public Health (Burnet), the University of Melbourne, through the Department of Paediatrics, International Child Health Unit (CICH) and the Menzies School of Health Research (Menzies) collectively referred to as the "Institutes". The Acquittal has been prepared by management.

Management's responsibility for the Acquittal

Management of the Institutes are responsible for the preparation and fair presentation of the Acquittal in accordance with the requirements of the AusAID Funding Agreement; this includes determining that the Acquittal basis of compilation is an acceptable basis for the preparation of the Acquittal in the circumstances, and for such internal control as management determines necessary to enable the preparation of the Acquittal that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Acquittal based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Acquittal is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Acquittal. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Acquittal, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Acquittal in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Acquittal.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's Opinion

In our opinion, the Acquittal presents fairly, in all material respects, the income and expenses of the COMPASS HUB 2011 Budget Acquittal in accordance with the requirements of the Funding Agreement for the purpose of fulfilling AusAID's reporting requirements.



Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to section 2.2 of the Funding Agreement in relation to the Acquittal, which describes the basis of compilation. The Acquittal has been prepared to provide information to the AusAID. As a result, the Acquittal may not be suitable for another purpose. Our report is intended solely for AusAID, Burnet, CICH and Menzies and should not be distributed to any other parties.

A handwritten signature in black ink that reads 'KPMG'.

KPMG

Melbourne

2 March 2012

COMPASS HUB 2011 Budget Acquittal

WCH Hub Mngmnt	Burnet		CICH		Menzies		Central Pool		Total	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
1. Personnel	5,000.00	4,350.94					75,000.00	75,955.56	75,000.00	75,955.96
							30,000.00	20,702.95	35,000.00	25,053.89
							24,000.00	18,030.00	24,000.00	18,030.00
2. Travel & Meetings	3,000.00		60,000.00	48,312.56	20,000.00	20,157.94	10,000.00	8,803.58	93,000.00	78,310.08
Sub-total	8,000.00	4,350.94	60,000.00	48,312.56	20,000.00	20,157.94	139,000.00	123,459.49	227,000.00	197,319.93
Activities										
3. Monitoring & Evaluation										
4. Communications										
Website / PR							10,000.00	9,134.50	10,000.00	9,134.50
5. Program Implementation	676,995.00	529,613.54	761,805.00	587,262.74	573,948.00	523,644.18	20,000.00	20,688.25	20,000.00	20,688.25
- Personnel		392,411.05		517,421.45						
- Direct Costs		138,550.26		65,992.29						
- Administration & OH		48,542.23		6,391.00						
Misc Pool		0.00	5,000.00	1,658.18			10,000.00	6,786.32	15,000.00	8,744.50
Sub-total	676,995.00	529,613.54	766,805.00	589,220.92	573,948.00	523,644.18	40,000.00	36,585.07	2,057,749.00	1,679,037.71
TOTAL	684,995.00	533,964.48	826,806.00	638,533.48	593,948.00	543,802.12	179,000.00	160,087.55	2,284,749.00	1,878,387.34
										82%
Carryforward from 2010		150,348.49		445,549.77		108,389.99		341,773.83		1,087,062.08
Funds Received from AusAID						9,793.00				9,793.00
Funds distributed from Central Pool		487,592.00		482,592.00		482,592.00		162,776.00		1,290,030.00
Interest Accrued 2011		11,500.00		15,979.98		2,126.15		9,886.00		39,886.13
Acquired 2011		533,954.48		638,533.48		543,802.12		130,037.56		1,878,387.64
Carry forward to 2012		155,476.02		305,592.27		59,039.02		28,896.27		550,053.59

Notes

Note 1 - \$28896.27 carry forward from Central Pool includes \$6,000 unspent from 2010 to be returned to Menzies and Burnet in 2012. A contribution of \$24,000 was made towards a joint HUB product in 2010 but only \$18,000 was expended.

Prepared by:

Reviewed by:

Viv Newton
Project Accountant
Centre for International Health

Mark Tennant
General Manager
Centre for International Health

1/03/2012



A strategic partnerships initiative funded by the Australian Agency for International Development

