



USAID

FROM THE AMERICAN PEOPLE

*M*aternal and Child
Survival Program

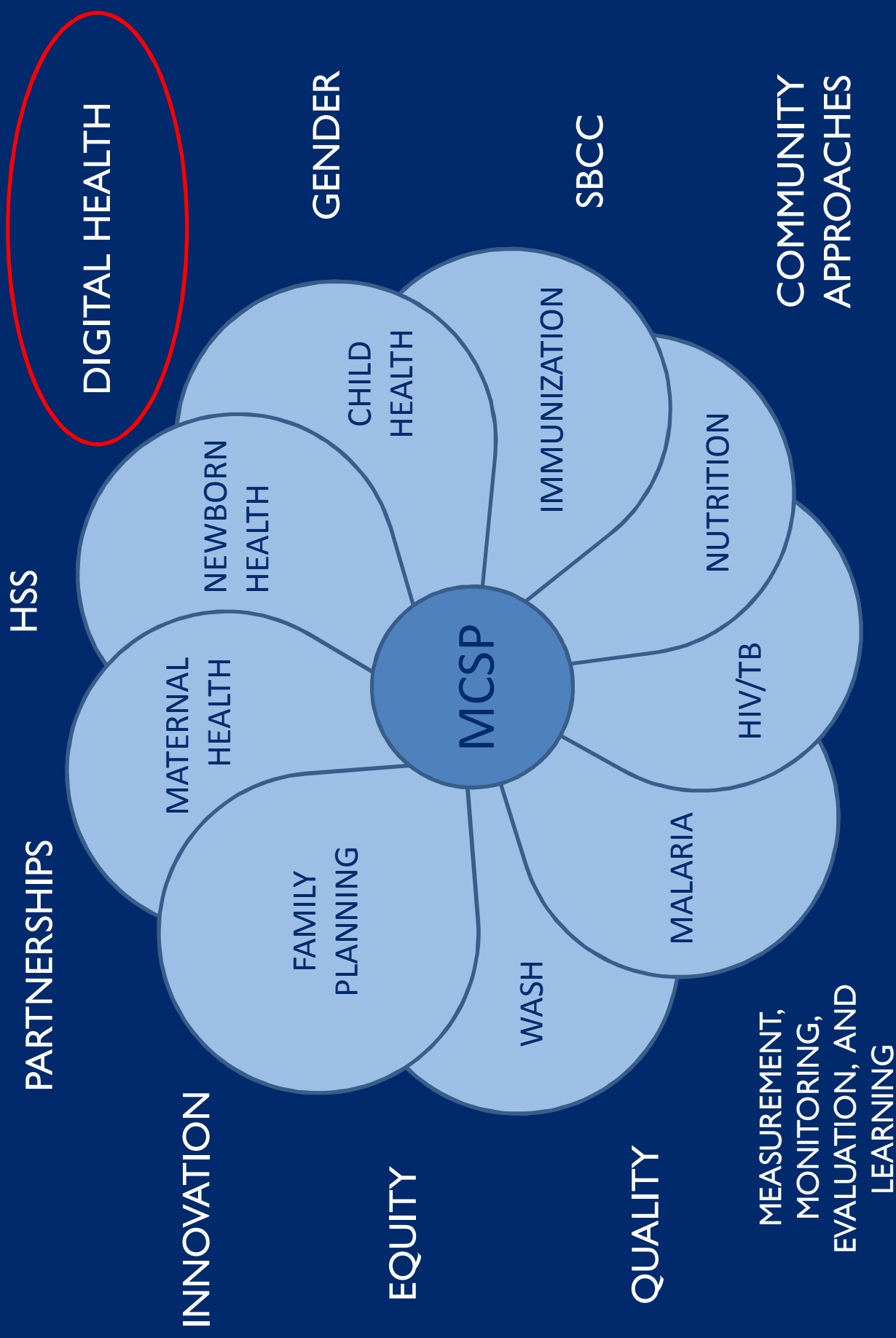
The Maternal and Child Survival Program

www.mcsprogram.org

USAID's flagship
**Maternal and Child
Survival Program**

Vision Statement

Self-reliant countries equipped with the analytical tools and effective systems enabling them to be on track to prevent child and maternal deaths



Household to Hospital Continuum of Care



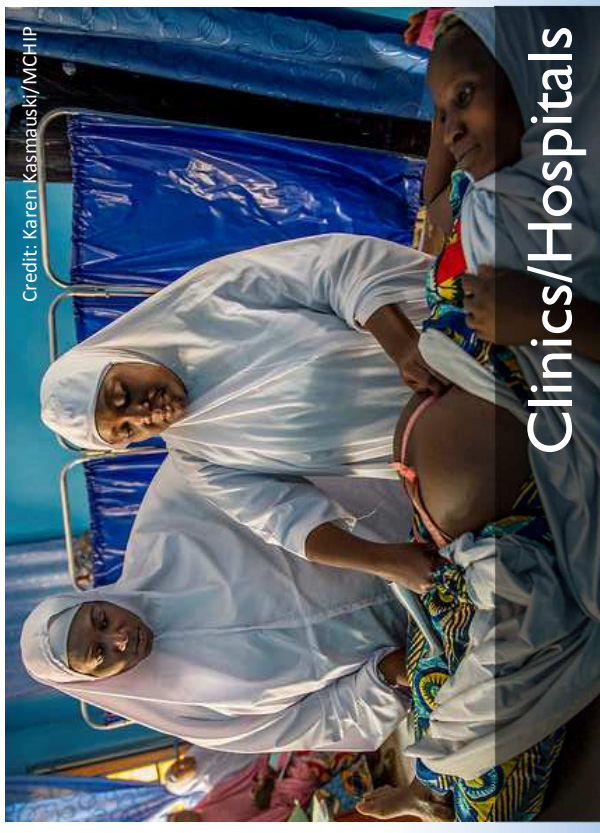
Household



Community



Referral



Clinics/Hospitals



Credit: Allan Gichigi/MCSP



Credit: Allan Gichigi/MCSP



Credit: Ali Khurshid/MCHIP



Credit: Allan Gichigi/MCSP



Credit: Allan Gichigi/MCSP

Pre-Pregnancy to Under 5

A shared language to describe the uses of digital technology for health

1.1	TEACHING AND COMMUNICATION	1.3	QUESTIONING COMPREHENSION	1.6	DEVELOPING REASONING TO OUR OWN
1.1.1	Interacting with content	1.3.1	Free group to discuss	1.6.1	Classifying a whole into subgroups
1.1.2	Specialising and generalising (with partner/group)	1.3.2	Formal team	1.6.2	Comparing and contrasting
1.1.3	Specialising and generalising (based on teacher's input)	1.3.3	Interacting with content	1.6.3	Summarising and evaluating
1.1.4	Specialising and generalising (based on students' input)	1.3.4	Interacting with content	1.6.4	Summarising and evaluating (with partner/group)
1.1.5	Specialising and generalising (based on students' input)	1.3.5	Interacting with content	1.6.5	Summarising and evaluating (with partner/group)
1.2	WORKING WITH COMMUNICATION	1.5	CREATING DISCUSSION		
1.2.1	Specialising and generalising (with partner/group)	1.5.1	Formal group to discuss		
1.2.2	Specialising and generalising (with partner/group)	1.5.2	Formal group to discuss		

2.1	GROWING AND MATURING	2.1	CHANGING AND COMING	2.8	MOVING AND BECOMING
2.1.1	Self-identity and self-awareness	2.1.1	Self-identity and self-awareness	2.8.1	Self-identity and self-awareness
2.1.2	Self-identity and self-awareness	2.1.2	Self-identity and self-awareness	2.8.2	Self-identity and self-awareness
2.2	CHANGING AND COMING	2.2	CHANGING AND COMING	2.9	MOVING AND BECOMING
2.2.1	Self-identity and self-awareness	2.2.1	Self-identity and self-awareness	2.9.1	Self-identity and self-awareness
2.2.2	Self-identity and self-awareness	2.2.2	Self-identity and self-awareness	2.9.2	Self-identity and self-awareness
2.2.3	Self-identity and self-awareness	2.2.3	Self-identity and self-awareness	2.9.3	Self-identity and self-awareness
2.3	CHANGING AND COMING	2.3	CHANGING AND COMING	2.10	MOVING AND BECOMING
2.3.1	Self-identity and self-awareness	2.3.1	Self-identity and self-awareness	2.10.1	Self-identity and self-awareness
2.3.2	Self-identity and self-awareness	2.3.2	Self-identity and self-awareness	2.10.2	Self-identity and self-awareness
2.4	CHANGING AND COMING	2.4	CHANGING AND COMING	2.11	MOVING AND BECOMING
2.4.1	Self-identity and self-awareness	2.4.1	Self-identity and self-awareness	2.11.1	Self-identity and self-awareness
2.4.2	Self-identity and self-awareness	2.4.2	Self-identity and self-awareness	2.11.2	Self-identity and self-awareness

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1. ☐ 1.000
 2. ☐ 2.000
 3. ☐ 3.000
 4. ☐ 4.000
 5. ☐ 5.000
 6. ☐ 6.000
 7. ☐ 7.000
 8. ☐ 8.000
 9. ☐ 9.000
 10. ☐ 10.000

4-1	ПРИЛОЖЕНИЕ, ИЛЛЮСТРАЦИИ, ДОД.	4-2	ЭССЕ	4-3	ЛОКАЛЬНЫЕ НАУКИ
4-1-1	Иллюстрации и рисунки к текстам	4-2-1	Письменное изложение на тему, близкую к теме, изучаемой в курсе	4-3-1	Материалы по истории, географии, литературе
4-1-2	Схематическое изображение	4-2-2	Эссе, в котором рассуждается о проблеме	4-3-2	Материалы по истории, географии, литературе
4-1-3	Схематическое изображение	4-2-3	Схематическое изображение	4-3-3	Материалы по истории, географии, литературе
4-1-4	Иллюстрации и рисунки к текстам, в которых рассуждается о проблеме			4-3-4	Материалы по истории, географии, литературе

1.0 CLIENTS

1.1	TARGETED CLIENT COMMUNICATION	1.3	CLIENT TO CLIENT COMMUNICATION	1.6	ON-DEMAND INFORMATION SERVICES TO CLIENTS
1.1.1	Transmit health event alerts to specific population group(s)	1.3.1	Peer group for clients	1.6.1	Client look-up of health information
1.1.2	Transmit targeted health information to client based on health status or demographics	1.4	PERSONAL HEALTH TRACKING	1.7	CLIENT FINANCIAL TRANSACTIONS
1.1.3	Transmit targeted alerts and reminders to client(s)	1.4.1	Access by client to own medical records	1.7.1	Transmit or manage out of pocket payments by client
1.1.4	Transmit diagnostics result, or availability of result, to clients	1.4.2	Self monitoring of health or diagnostic data by client	1.7.2	Transmit or manage vouchers to client for health services
		1.4.3	Active data capture/ documentation by client	1.7.3	Transmit or manage incentives to clients for health services
1.2	UNTARGETED CLIENT COMMUNICATION	1.5	CITIZEN BASED REPORTING		
1.2.1	Transmit untargeted health information to an undefined population	1.5.1	Reporting of health system feedback by clients		
1.2.2	Transmit untargeted health event alerts to undefined group	1.5.2	Reporting of public health events by client		



2.0

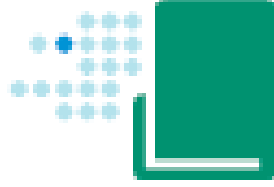
HEALTHCARE PROVIDERS

2.1	CLIENT IDENTIFICATION AND REGISTRATION	2.5	HEALTHCARE PROVIDER COMMUNICATION	2.8	HEALTHCARE PROVIDER TRAINING
2.1.1	Verify client unique identifier	2.5.1	Communication from healthcare provider to supervisor	2.8.1	Provide training content to healthcare provider(s)
2.1.2	Enrol client for health services/clinical care plan	2.5.2	Communication and performance feedback to healthcare provider	2.8.2	Assess capacity of healthcare provider
2.2	CLIENT HEALTH RECORDS	2.5.3	Transmit routine news and workflow notifications to healthcare provider(s)	2.9	PRESCRIPTION AND MEDICATION MANAGEMENT
2.2.1	Longitudinal tracking of client's health status and services received	2.5.4	Transmit non-routine health event alerts to healthcare providers	2.9.1	Transmit or track prescription orders
2.2.2	Manage client's structured clinical records	2.5.5	Peer group for healthcare providers	2.9.2	Track client's medication consumption
2.2.3	Manage client's unstructured clinical records	2.6	REFERRAL COORDINATION	2.9.3	Report adverse drug effects
2.2.4	Routine health indicator data collection and management	2.6.1	Coordinate emergency response and transport	2.10	LABORATORY AND DIAGNOSTICS IMAGING MANAGEMENT
2.3	HEALTHCARE PROVIDER DECISION SUPPORT	2.6.2	Manage referrals between points of service within health sector	2.10.1	Transmit diagnostic result to healthcare provider
2.3.1	Provide prompts and alerts based according to protocol	2.6.3	Manage referrals between health and other sectors	2.10.2	Transmit and track diagnostic orders
2.3.2	Provide checklist according to protocol	2.7	HEALTH WORKER ACTIVITY PLANNING AND SCHEDULING	2.10.3	Capture diagnostic results from digital devices
2.3.3	Screen clients by risk or other health status	2.7.1	Identify clients in need of services	2.10.4	Track biological specimens
2.4	TELEMEDICINE	2.7.2	Schedule healthcare provider's activities		
2.4.1	Consultations between remote client and healthcare provider				
2.4.2	Remote monitoring of client health or diagnostic data by provider				
2.4.3	Transmission of medical data to healthcare provider				
2.4.4	Consultations for case management between healthcare providers				



3.0 HEALTH SYSTEM MANAGERS

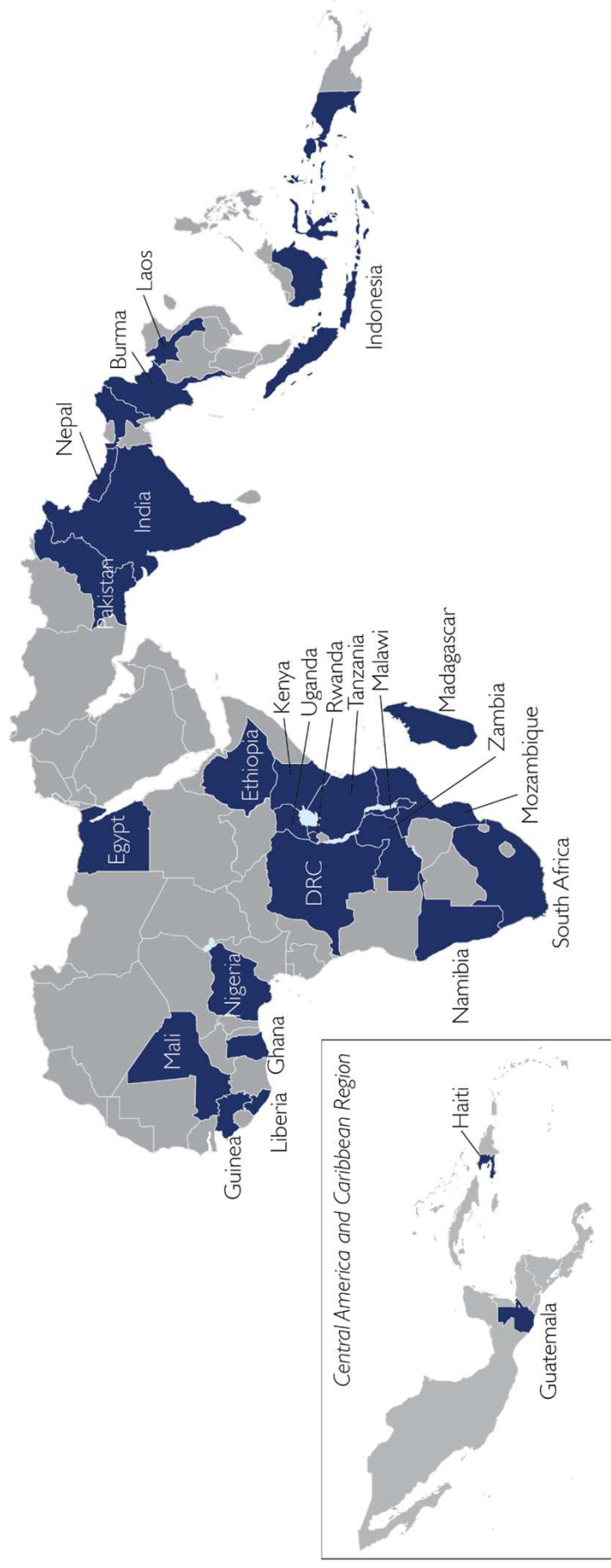
3.1 HUMAN RESOURCE MANAGEMENT		3.3 PUBLIC HEALTH EVENT NOTIFICATION		3.6 EQUIPMENT AND ASSET MANAGEMENT			
3.1.1	List health workforce cadres and related identification information	3.3.1	Notification of public health events from point of diagnosis	3.6.1	Monitor status of health equipment		
3.1.2	Monitor performance of healthcare provider(s)	3.4 CIVIL REGISTRATION AND VITAL STATISTIC	Notify birth event	3.6.2	Track regulation and licensing of medical equipment		
3.1.3	Manage certification/registration of healthcare provider(s)			3.7 FACILITY MANAGEMENT	List health facilities and related information		
3.1.4	Record training credentials of healthcare provider(s)					3.7.1	Assess health facilities
3.2 SUPPLY CHAIN MANAGEMENT	Manage inventory and distribution of health commodities					3.4.1	Notify birth event
		3.4.2	Register birth event				
		3.4.3	Certify birth event				
		3.4.4	Notify death event				
3.2.1	Manage inventory and distribution of health commodities	3.4.5	Register death event	3.5 HEALTH FINANCING	Register and verify client insurance membership		
3.2.2	Notify stock levels of health commodities	3.4.6	Certify death event			Track insurance billing and claims submission	
3.2.3	Monitor cold-chain sensitive commodities	3.5.1	Track and manage insurance reimbursement				
3.2.4	Register licensed drugs and health commodities						Transmit routine payroll payment to healthcare provider(s)
3.2.5	Manage procurement of commodities			Transmit or manage incentives to healthcare provider(s)			
3.2.6	Report counterfeit or substandard drugs by clients				Manage budget and expenditures		



4.0 DATA SERVICES

4.1 DATA COLLECTION, MANAGEMENT, AND USE		4.2 DATA CODING	4.3 LOCATION MAPPING
4.1.1	Non routine data collection and management	4.2.1 Parse unstructured data into structured data	4.3.1 Map location of health facilities/structures
4.1.2	Data storage and aggregation	4.2.2 Merge, de-duplicate, and curate coded datasets or terminologies	4.3.2 Map location of health events
4.1.3	Data synthesis and visualization	4.2.3 Classify disease codes	4.3.3 Map location of clients and households
4.1.4	Automated analysis of data to generate new information or predictions on future events		4.3.4 Map location of healthcare provider(s)
4.4 DATA EXCHANGE AND INTEROPERABILITY			
		4.4.1	Data exchange across systems

Where MCSP Has Worked



Partners





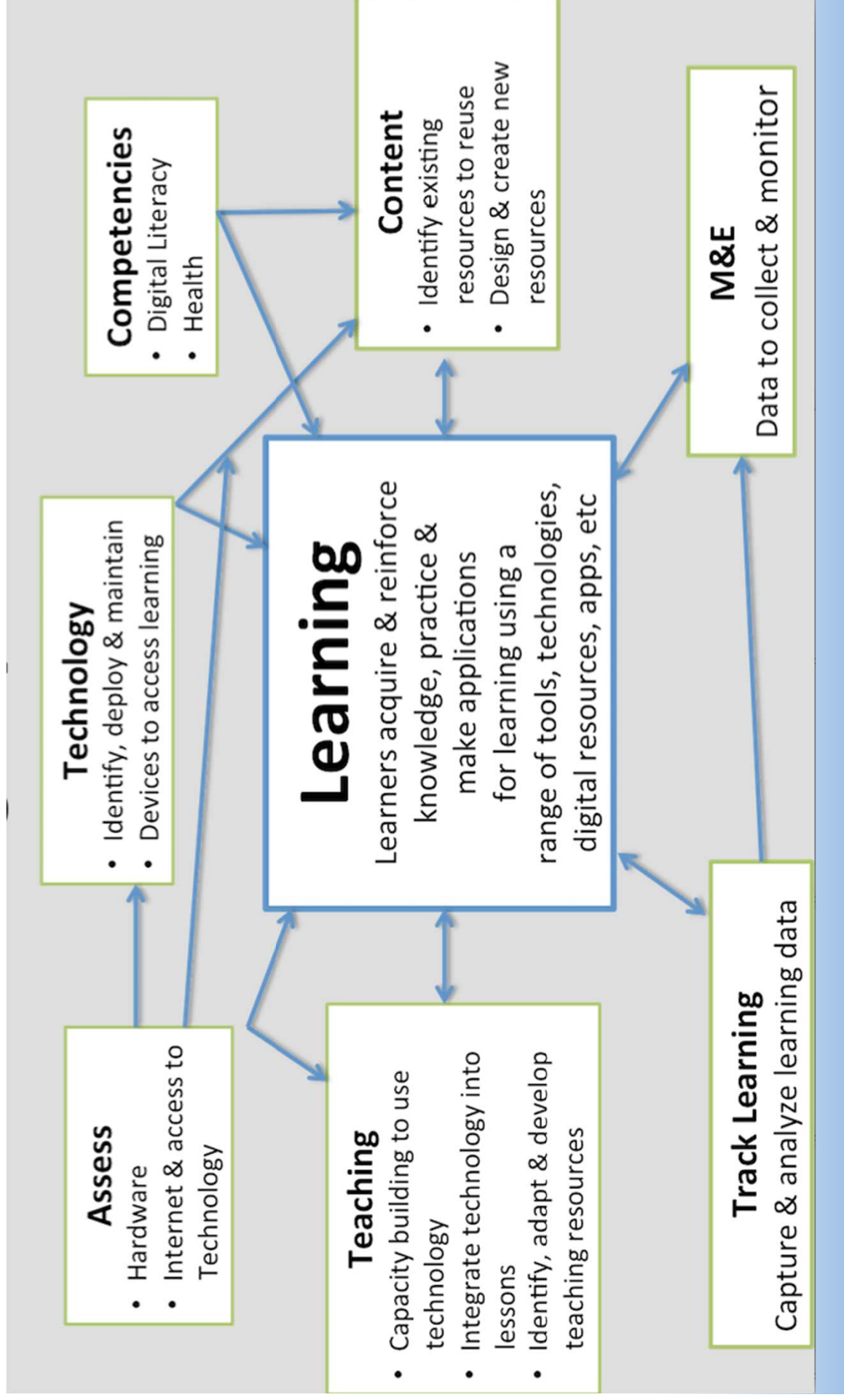
USAID
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Survival Program

Digital Learning in MCSP Ghana

Jodi Lis
December 4, 2017

Digital Learning



Ghana Pre-Service Education

On/offline Solution
National & Schools



MOH eLearning Secretariat

Health | 25 May 2016 17:00 CET

Comments

MoH moves to promote nursing training through e-learning

By GNA



By Lydia Asamoah, GNA
Accra, May 25, GNA - The Ministry of Health (MoH) with the support of its development partners, are exploring innovations that are technologically friendly to aid teaching and learning in health training institutions in the country.

The Ministry has subsequently introduced e-learning programmes that are considered as important component of the sector's agenda in providing strategic direction in human resource development.

[Previous](#) | [Next](#)

Content Development
National & Schools

eLearning Modules

Click on any of the project to view



GBV
Gender Based Violence

[Download](#) [View Project](#)



PMTCT
Preventing Mother to Child Transmission of HIV

[Download](#) [View Project](#)



EBF
Exclusive Breast Feeding

[Download](#) [View Project](#)



Cord Care
Cord Care

[Download](#) [View Project](#)

Technology Integration in Schools



Content



Content: eLearning Modules



Topics include:

HIV: PMTCT & GBV

MNC: Cord Care & Kangaroo Mother Care

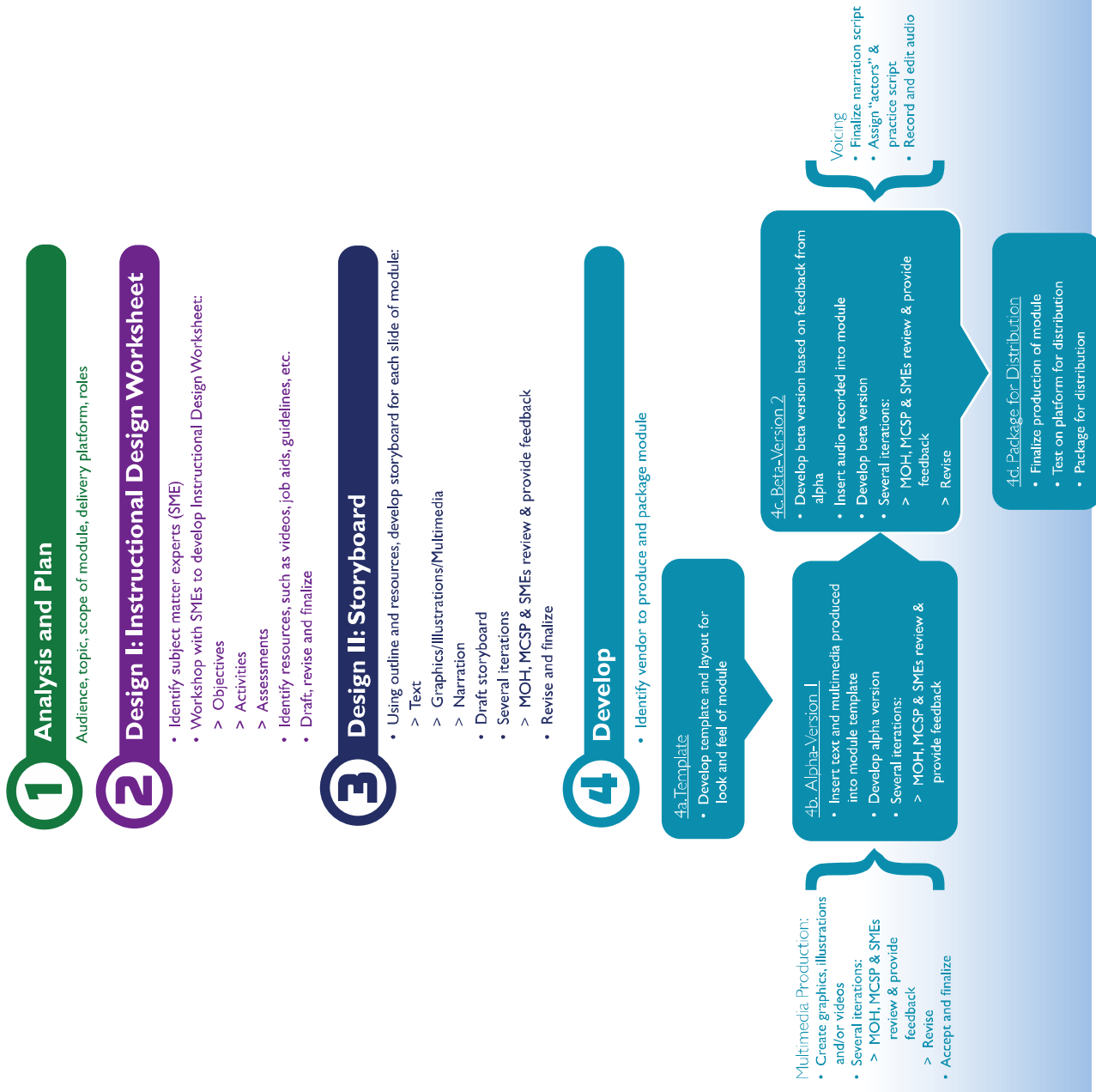
Nutrition: Exclusive Breast Feeding

Preventing Mother to Child Transmission



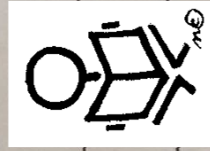
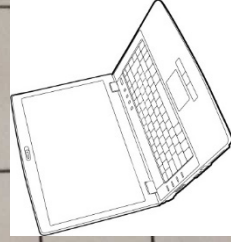
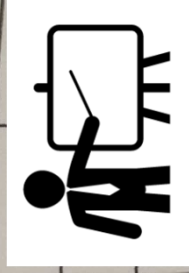
eLearning Content Development

MCSP Ghana





Objective	Learning Assessment	Learning Activities	Resources	Put content into sequence (Storyboard)	Design & create multimedia	Package into module	Review	Test
✗	✗	✗	✗	✗		✗	✗	
								
Master Expert								
Instructional Designer								
Multimedia Developer								
eLearning Module Developer								
Tutors/Educators								
NMC								
Principal								
Student								
Civil Society/NGO								
Government								

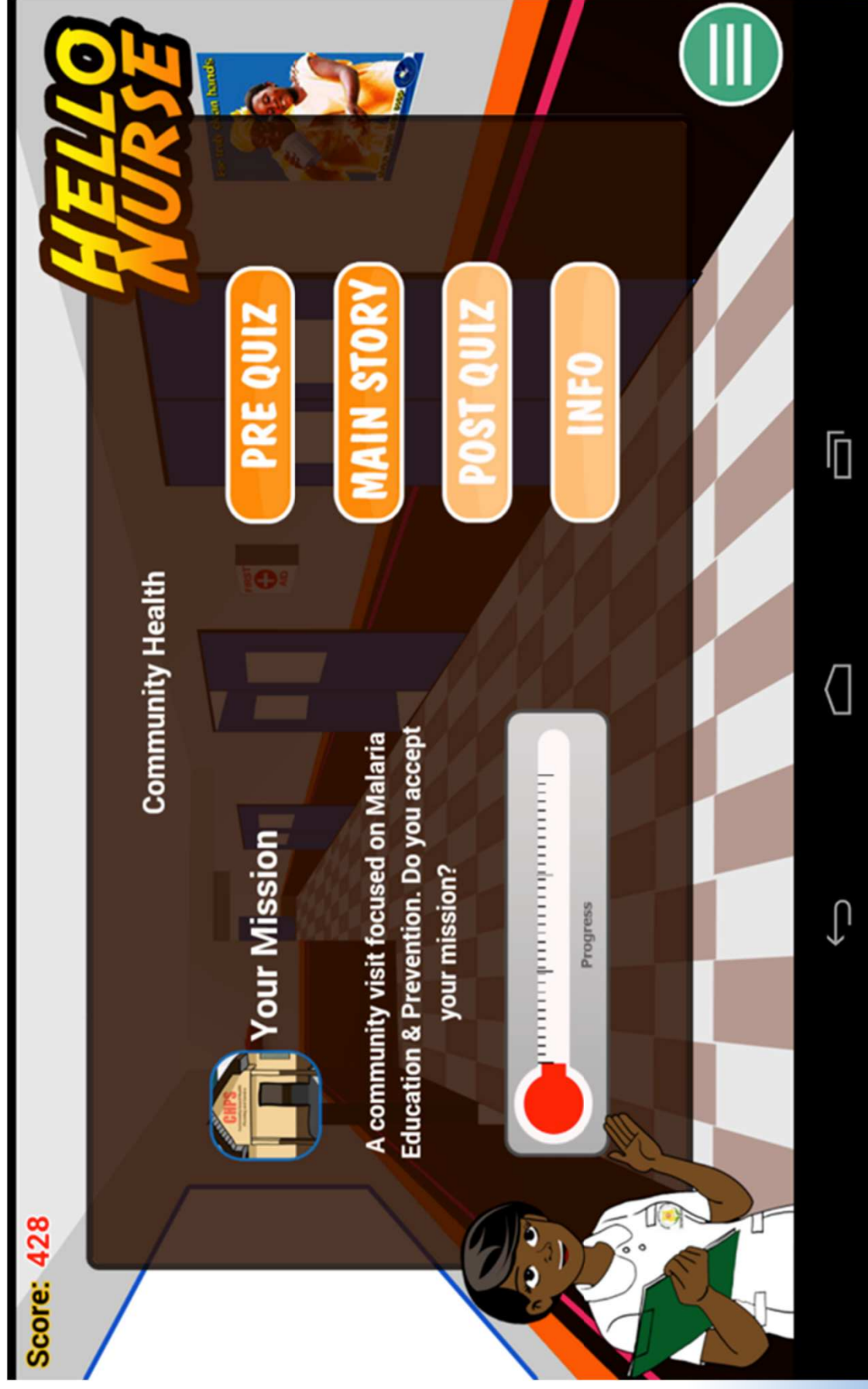


LESSON | Exclusive Breastfeeding



Content: Storybook App

Hello Nurse



Choose how to fix the net

Score: 99

HELLO NURSE

What will you do with the torn net?

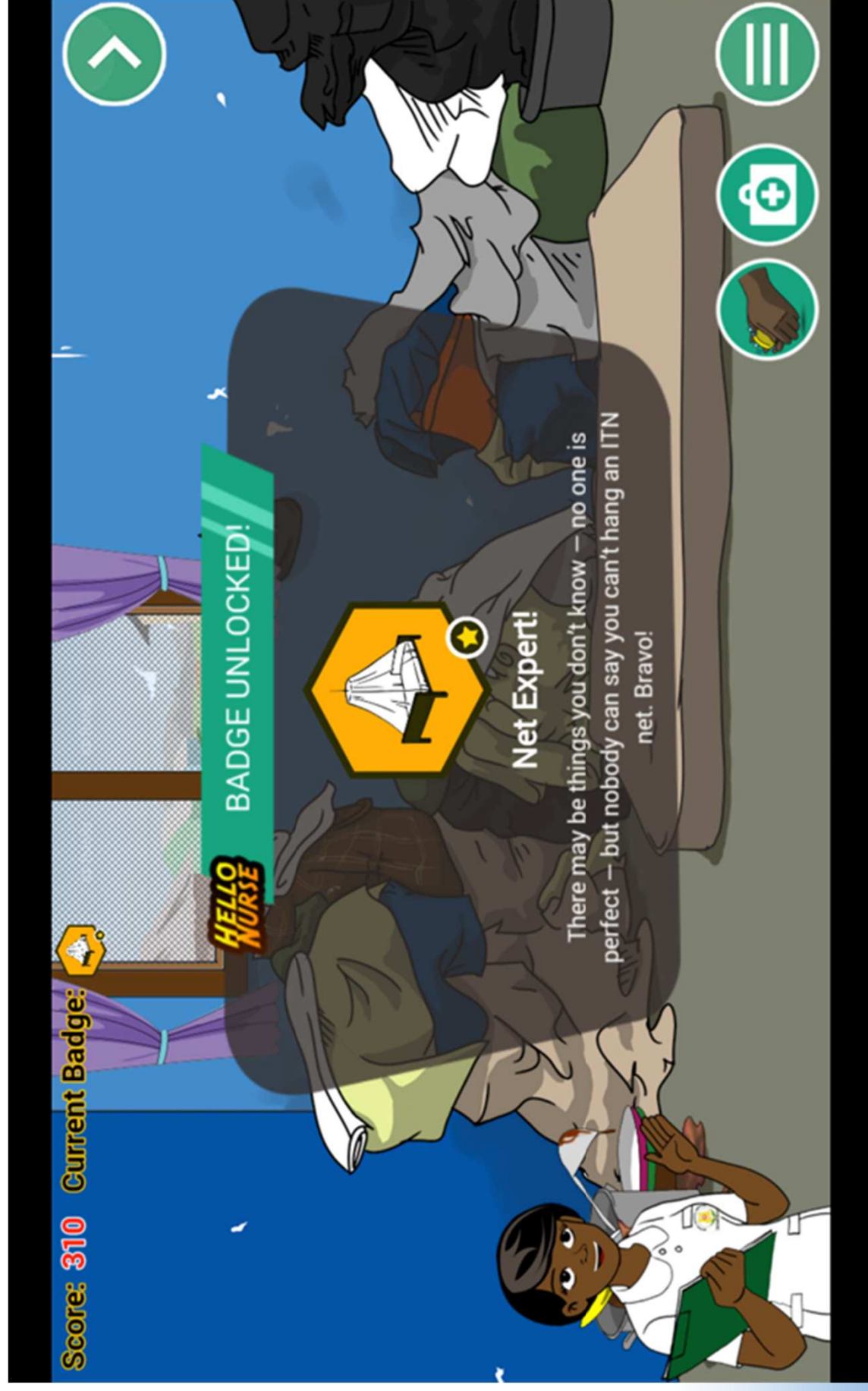
1. Sew the net
2. Tie the net
3. Hang the net



Three circular icons are visible in the top right corner: a hand holding a yellow object, a green cross on a white background, and a green circle with three horizontal lines.

Navigation icons are visible in the bottom right corner: a back arrow, a home icon, and a multi-tasking icon.

Correct: Sew the Net



90-90-90

By 2020, 90% of all people living with HIV will know their HIV status.

By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

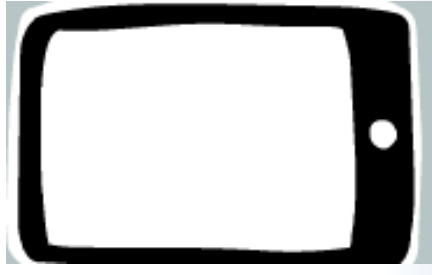
By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

Technology

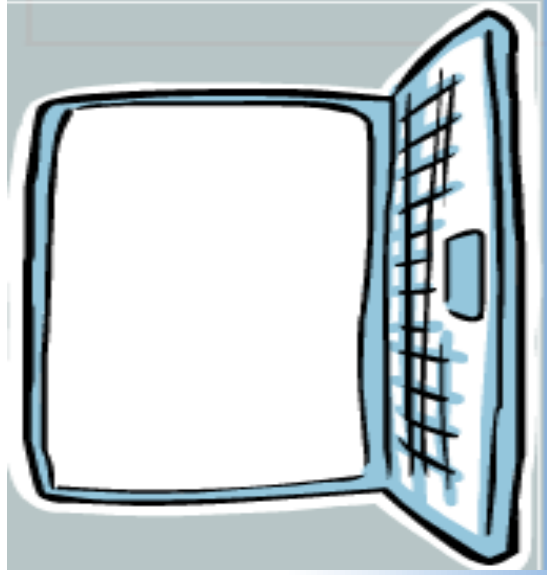


Technology

Learning in a multi-device, connected world, on/offline



Moodle Mobile





eLearning doesn't just "happen"! It requires careful planning and implementation.

MODULES LEARNING OBJECTS INTERACTIVE APP



GBV
Gender-based Violence
VIEW / DOWNLOAD



EBF
Exclusive Breastfeeding
[VIEW / DOWNLOAD](#)



Cord Care
Cord Care



PMTCT
Preventing Mother To Child
Transmission of HIV
[VIEW / DOWNLOAD](#)

Government



MoH moves to promote nursing training through e-learning

By GNA

 Previous | [Next](#) 



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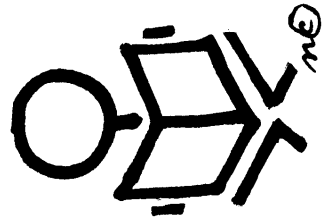
Capacity Building



Identify and build capacity for

- Install and maintain LMS
- Support students and tutors

- Identify and develop materials
- Integrate digital learning resources in teaching and learning



- Digital Literacy
- Using digital learning tools

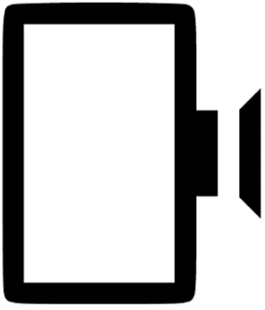
- Build capacity to support technology in schools



M&E



M&E



- Content
- Technology
- Pedagogy
- Integration



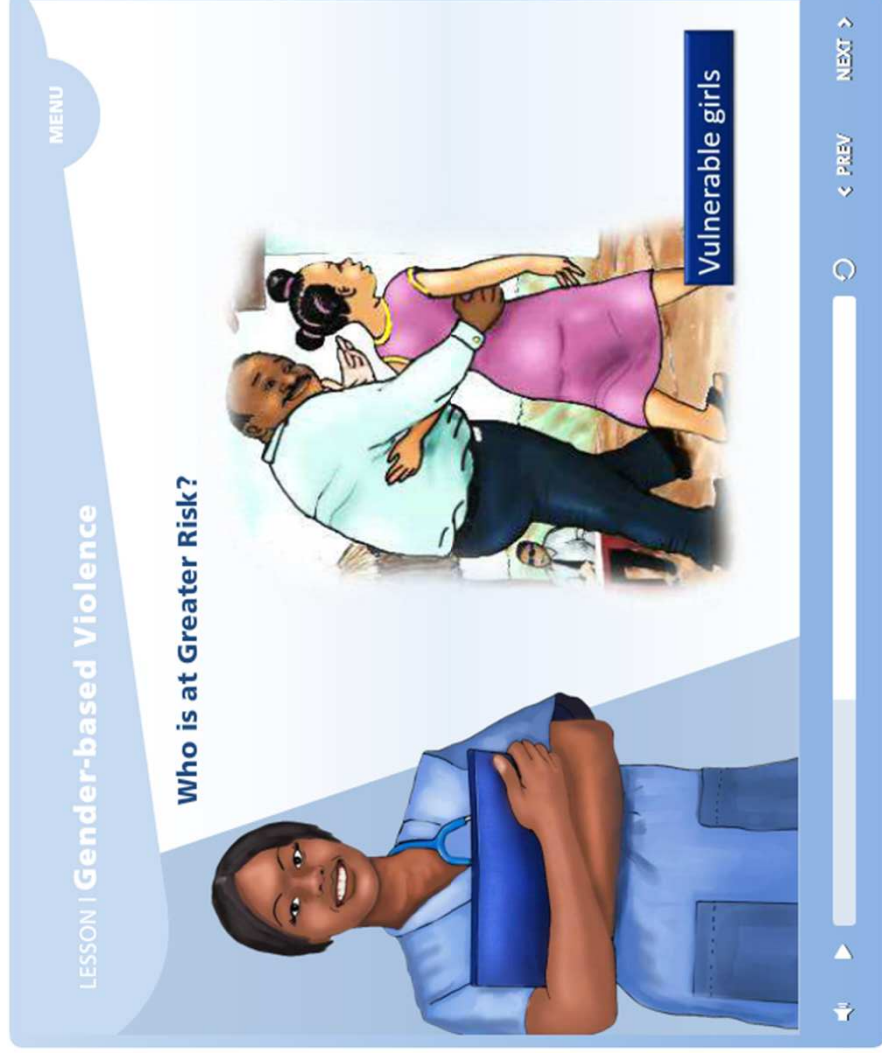
- Individual learner progress
- Aggregated learning
- “Impact”



Within and Beyond MCSP

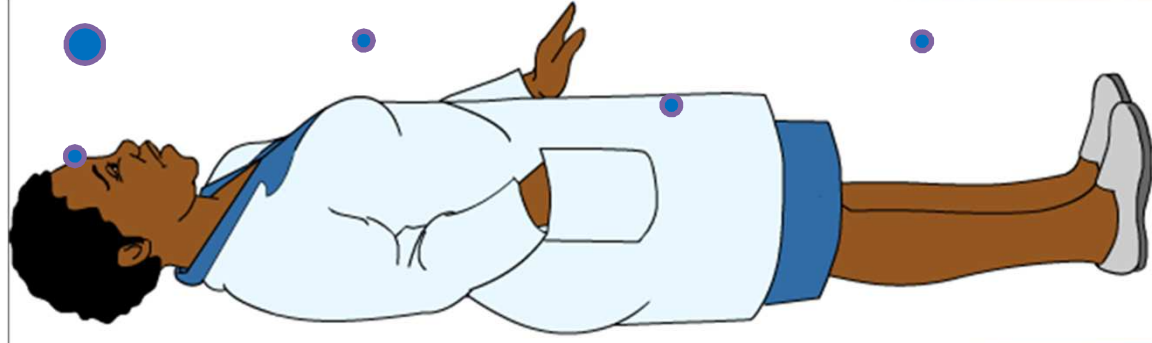


eLearning Across Borders



Adapting Ghana GBV module in Madagascar

To prevent providers from doing harm



Do I assess for GBV?

Have I maintained confidentiality?

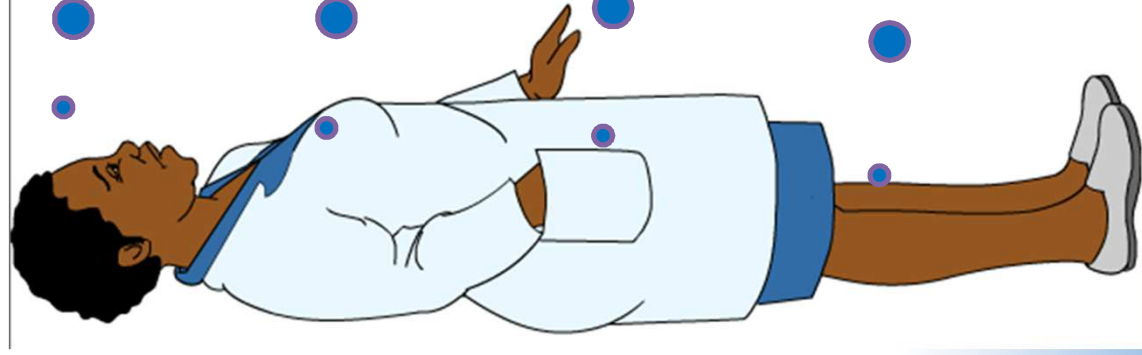
Have I shown respect and empathy?

Have I provided reproductive health care and FP?

Narration 2 for Confidentiality

Bubble: Consider confidentiality. A breach of confidentiality can put a survivor of GBV at risk of more violence. In sharing his or her story, the survivor entrusts you with their safety. As a provider you are there to listen and support, and provide services, so remember that all the information shared should be kept confidential.

Pour aider les Prestataires à bien faire



Est-ce que j'ai
compris ses
risques?

Est-ce que j'ai gardé le
secret?
?

Est-ce que j'avais montré de
respect et d'empathie?

Est-ce que j'avais offert de
soins reproductifs et de PF?

RÉCIT 2: Pensez à la confidentialité.

Dévoiler le secret peut mettre à risque de plus de violence le survivant de VBG. En partageant, leur histoire, les survivants ont confiance en vous pour assurer leur sécurité. En étant un prestataire, vous êtes là pour écouter et aider, aussi pour donner de service, donc il faut se souvenir que toutes les informations partagées doivent rester confidentielles.

Narration

Narration 1: There are certain populations at great risk of GBV due to their status. For instance, **female sex workers** often resort to their profession to financially support themselves and/or their children. Given the stigma associated with sex work, these women are often subject to abuse, violence and exploitation from clients, intimate partners and even police. In all these situations, female sex workers have difficulty in negotiating condom use and therefore, protecting themselves from sexually transmitted infections, including HIV.

Narration 2: Vulnerable **adolescent girls and young women** are also at greater risk, especially if they are trading sex for affection, goods or money.

Narration 3: **Men who have sex with men**, including those who identify as being gay, are also risk of violence due to stigma and discrimination towards same sex relationships and gender norms on what it means to be a 'man'. As a result, these men often face abuse and violence but avoid accessing health services for fear of disclosure and ill treatment by providers.

Narration 4: Think about what you will do when you work with any of these clients - how will you respond as a professional with the ethical mandate to help? (**do not read: slight pause here**) You may not always agree with the choices and actions of clients but as a healthcare provider, how can you demonstrate professional and supportive behavior to address their needs? As a provider, you represent your profession in supporting others in need. Every client deserves respectful, compassionate care, irrespective of your own personal views on their life circumstances.

Narration 5: If you haven't reviewed the Ghana Health Services patient charter, please do so now. It outlines patient rights and every working professional has the opportunity to honor the charter. This is also in the resources section.

RÉCIT

- **RÉCIT 1:** Il y a certaines populations à risque accru de VBG en raison de leur statut. Par exemple, les **travailleurs du sexe**. Compte tenu de la stigmatisation associée au travail du sexe, ces femmes font souvent l'objet d'abus, de violence et d'exploitation des clients, des partenaires intimes et même de la police. Dans toutes ces situations, les travailleurs du sexe ont de la difficulté à négocier l'utilisation du préservatif et, par conséquent, de se protéger contre les infections sexuellement transmissibles, y compris le VIH.
- **RÉCIT 2: les adolescentes et les jeunes femmes** sont vulnérables et sont également plus à risque, surtout si elles échangent le sexe pour des biens ou de l'argent.
- **RÉCIT 3: Les hommes qui ont des rapports sexuels avec des hommes**, y compris ceux qui identifient comme étant gay, sont également à risque de violence en raison de la stigmatisation et de la discrimination envers les couples de même sexe et les normes de genre sur ce que signifie être un «homme». En conséquence, ces hommes sont souvent confrontés à la maltraitance et la violence, mais ne peuvent pas accéder à des services de santé par crainte de la divulgation et de mauvais traitements par les prestataires.
- **RÉCIT 4:** Pensez à ce que vous ferez lorsque vous travaillerez avec l'un de ces clients - comment allez-vous répondre en tant que professionnel avec le mandat éthique pour aider? En tant que prestataire de soins, comment pouvez-vous démontrer un comportement professionnel et de soutien pour répondre aux besoins des clients? En tant que prestataire, vous représentez votre profession à aider les autres dans le besoin. Chaque client mérite respect et compassion.
- **RÉCIT 5:** Si vous ne l'avez pas revu la charte des droits des patients, s'il vous plaît, il faut le faire maintenant. Il décrit les droits des patients et tous les professionnels de santé se doivent d'honorer la charte.

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Antenatal Care
26 resources

Labor & Delivery
38 resources

Newborn Care
87 resources

Child Health
66 resources

Nutrition
50 resources

www.health-orth.org/learn/new-labor-delivery



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NEWS

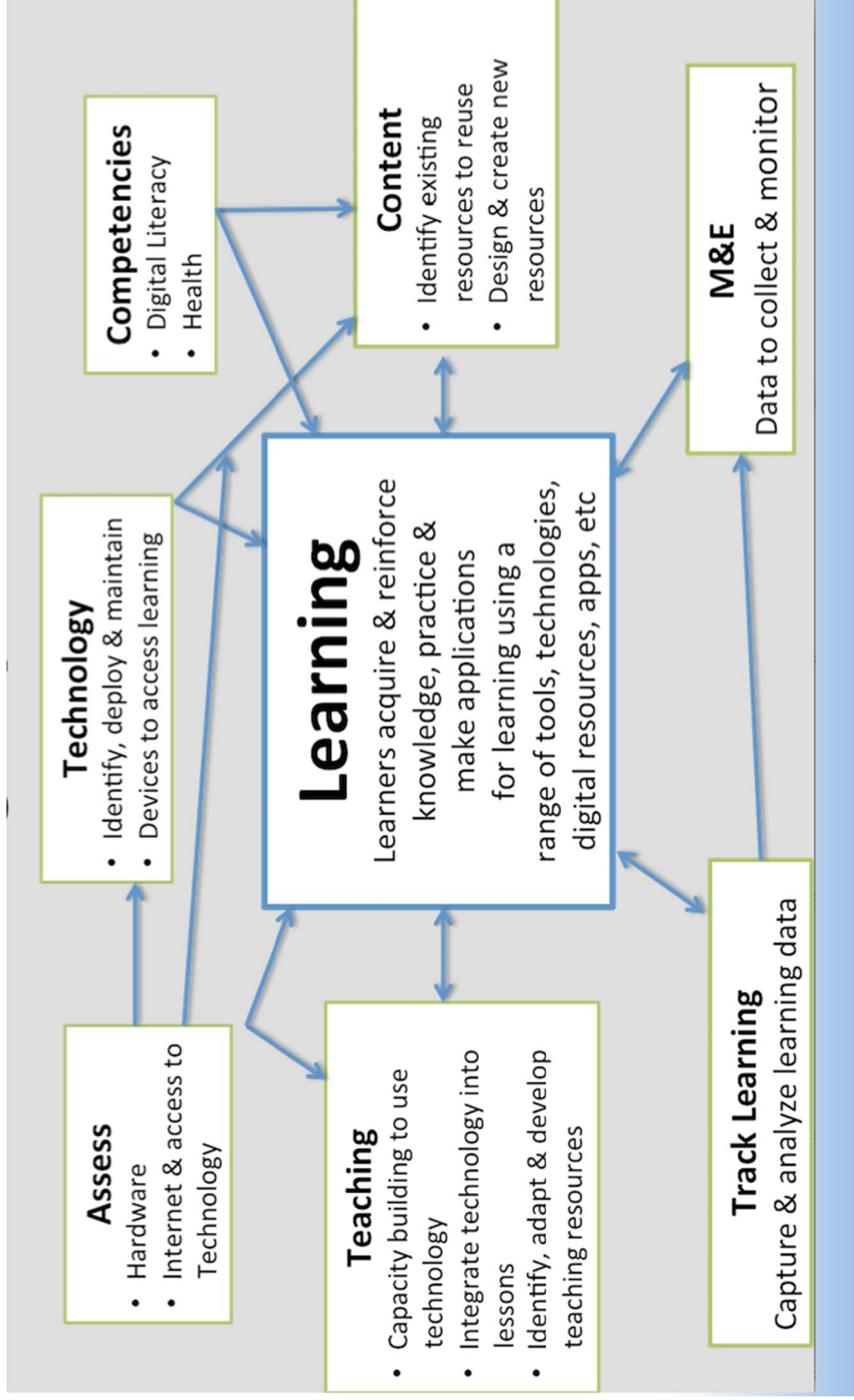
UNAIDS Global AIDS Update 2016 report released
The 2016 UNAIDS Global AIDS Update (Global AIDS Report) in advance of the UN High Level Meeting on [Read more](#)

WHO misoprostol quality survey results
A 2016 WHO Quality of Medicines article presents results of a multi-country survey of misoprostol [Read more](#)

Two large studies of vaginal ring show reduction in HIV acquisition
The International Partnership for Microbicides released in February 2016 results of two monthly [Read more](#)

Trainee nurses attend a training session in the maternity of Dixcove Hospital, Dixcove, Tshadri, Ghana. Photo by Kate Holt.

Digital Learning



Innovating across the Continuum of Care: Digital Health in Malawi



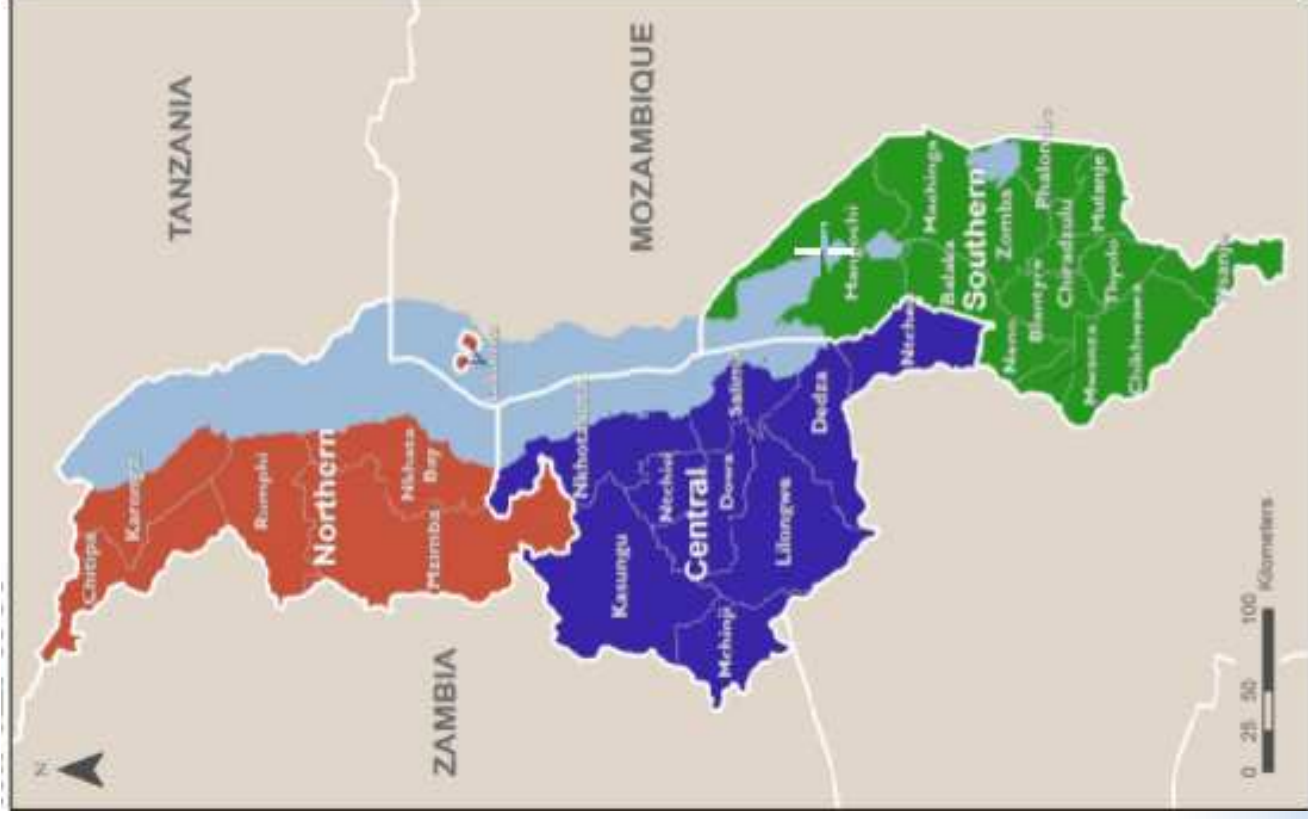
Erick Mwale, Steve Macheso, Steve Ollis, Jeanne Koepsell

AGENDA

- Context
- cStock in Malawi
- EPI-cStock in Malawi
- Results, Challenges and lesson learnt

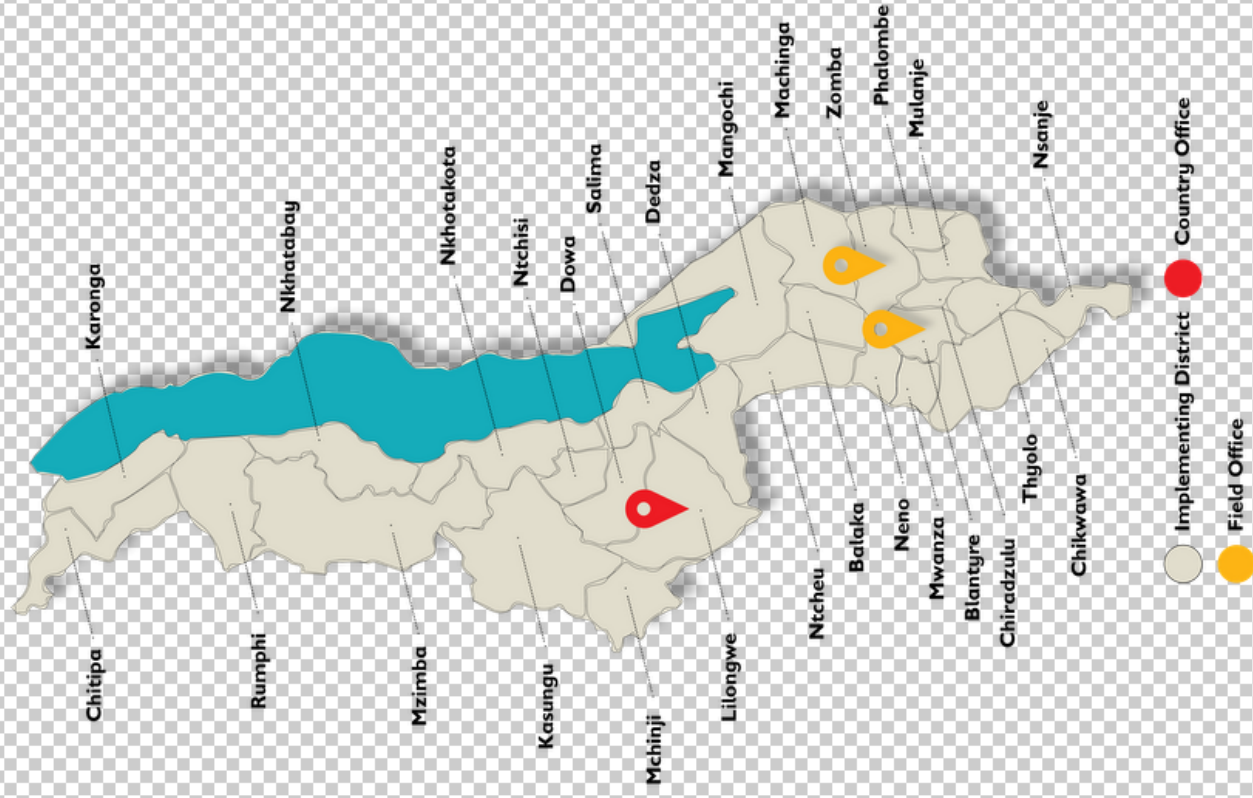
Context: Malawi

- Population
- Child mortality rate
- MoH Interventions

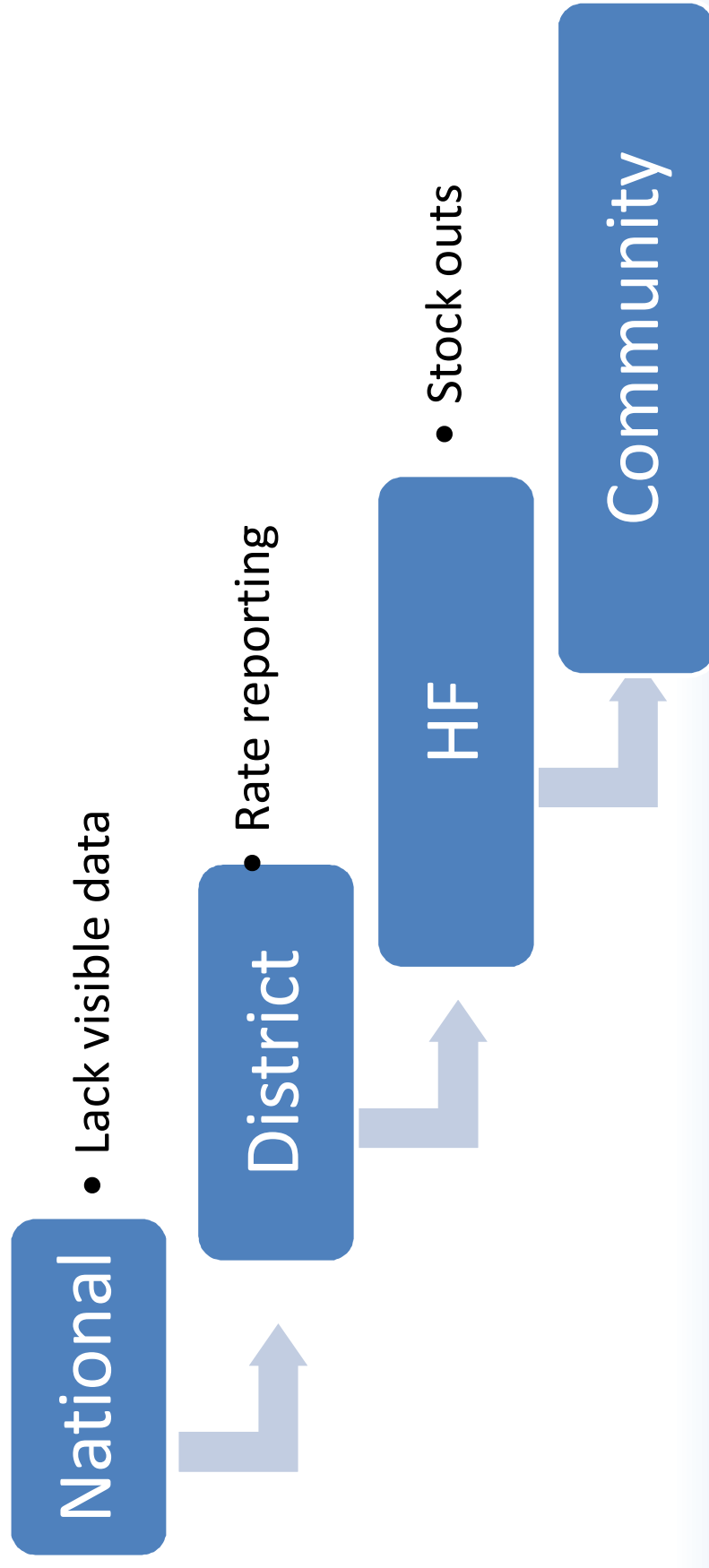


SCI in Malawi

- Where we work
- Focus areas
- Collaborations

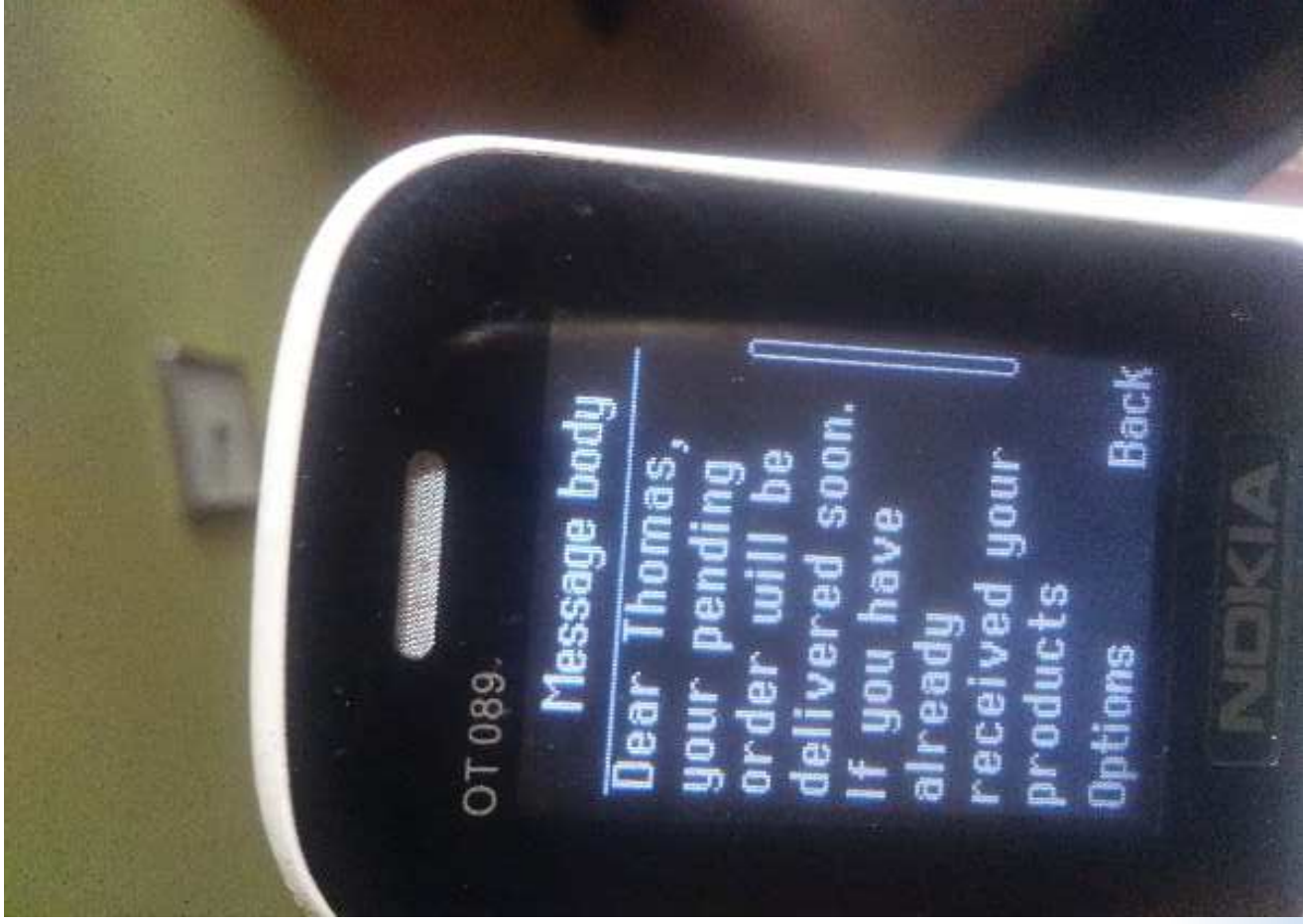


Context: Problems with supply chain

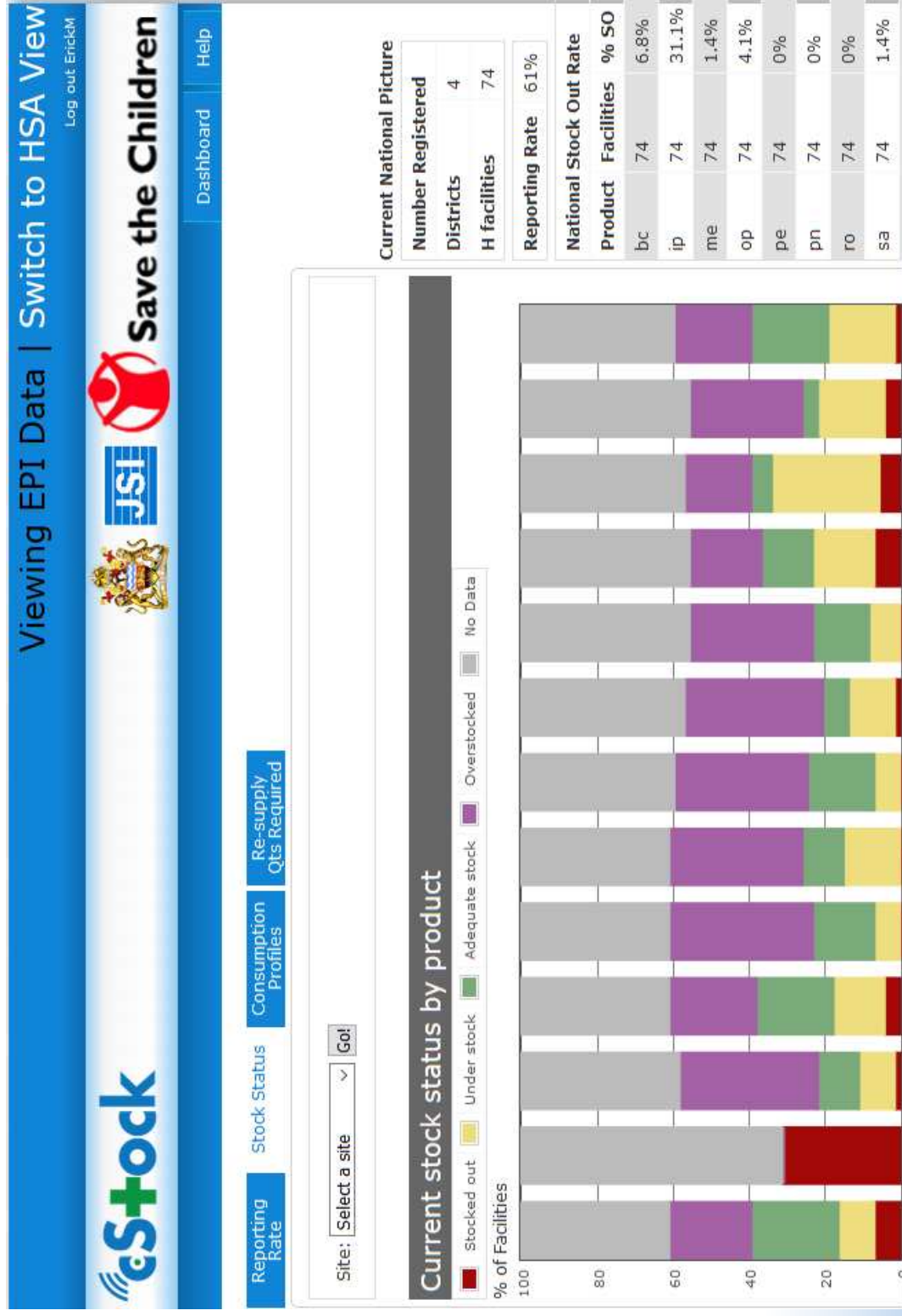


What is cStock

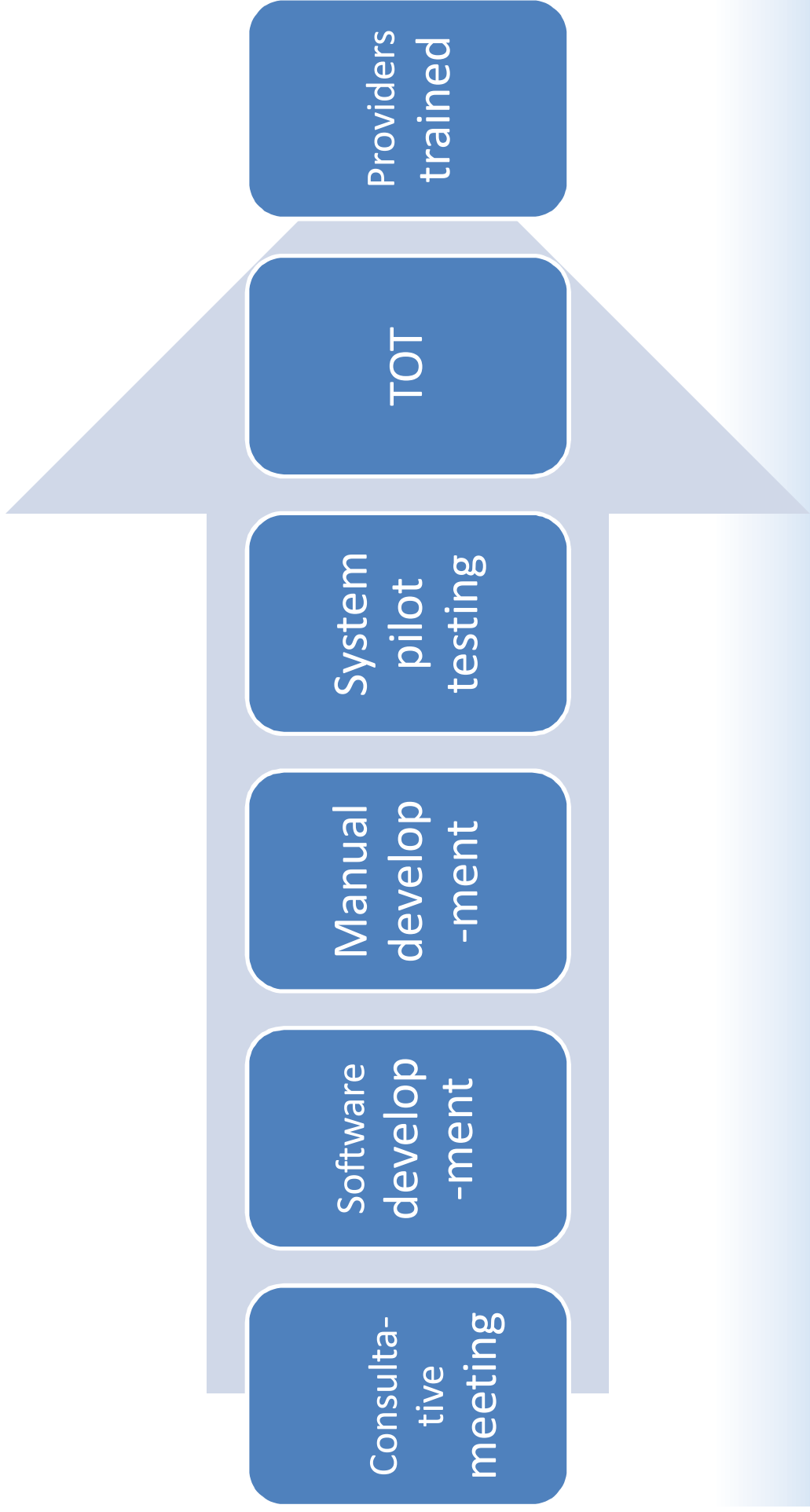
- Automated information system
- Transmit logistic information via phone sms to a computer.
- Computer responses for product resupply



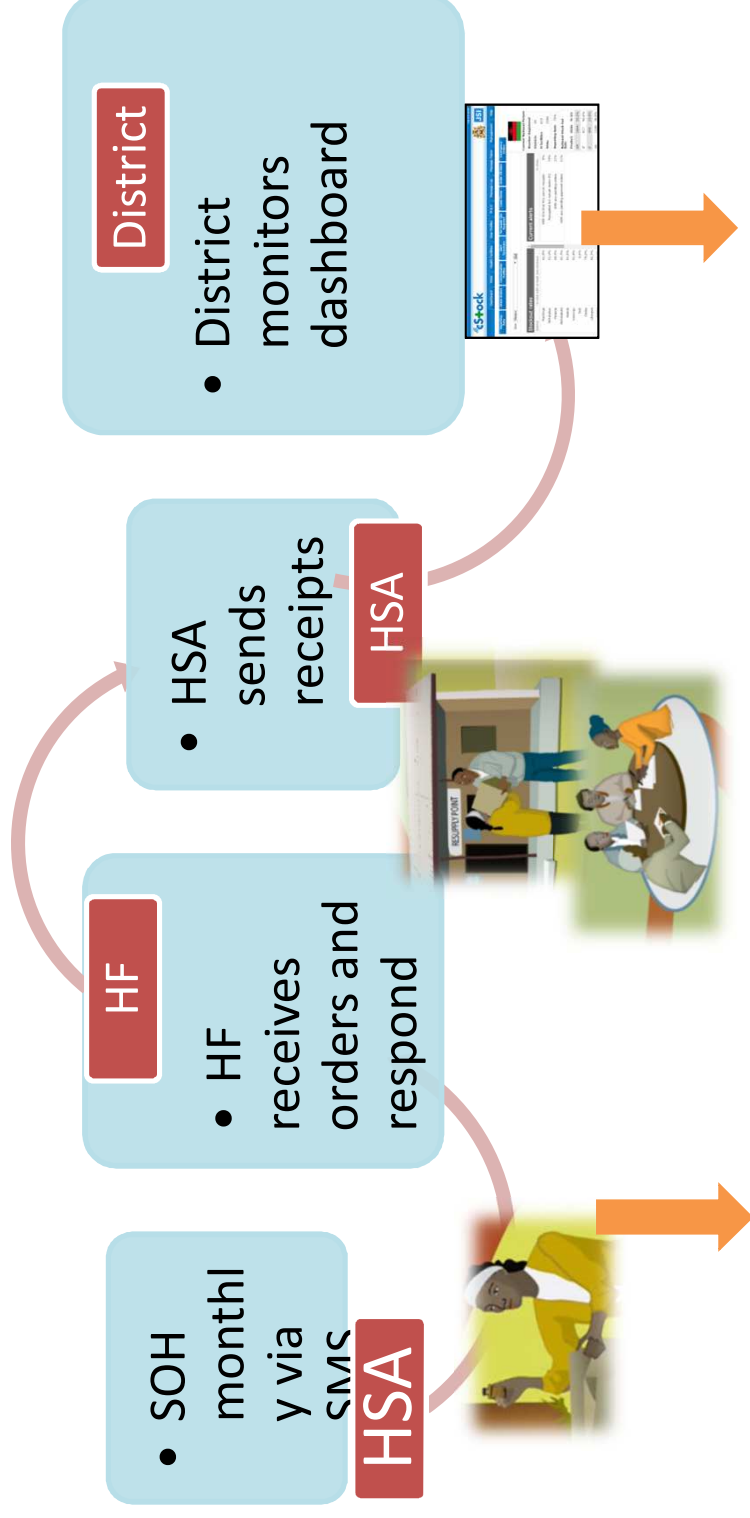
EPI-cStock in Malawi



The steps taken



EPI-cStock process



Health Facility and HSAs (HPAT) **meet**

HF Supervisors provide link between levels

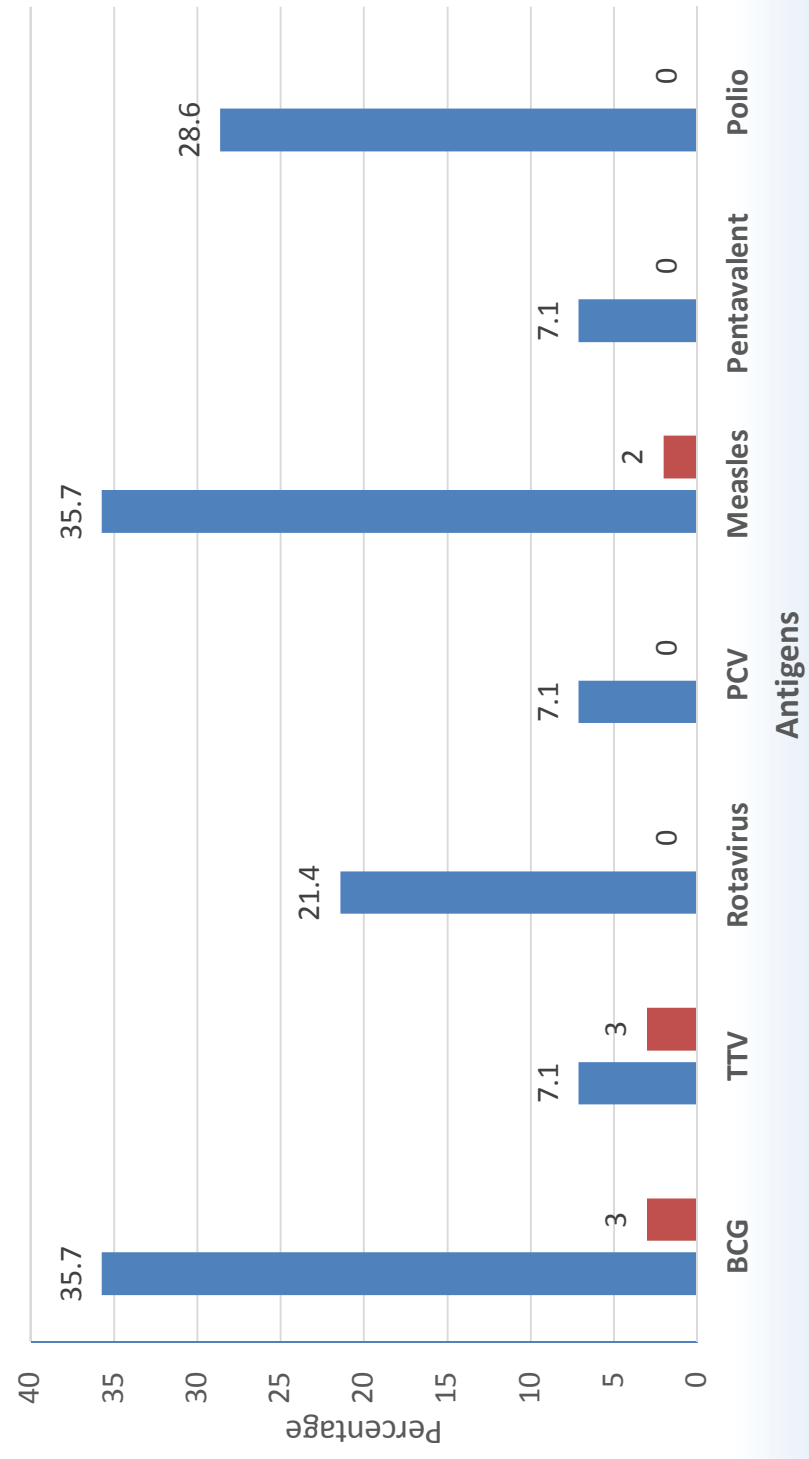
District and Health Facility (DPAT) **meet quarterly**

RESULTS



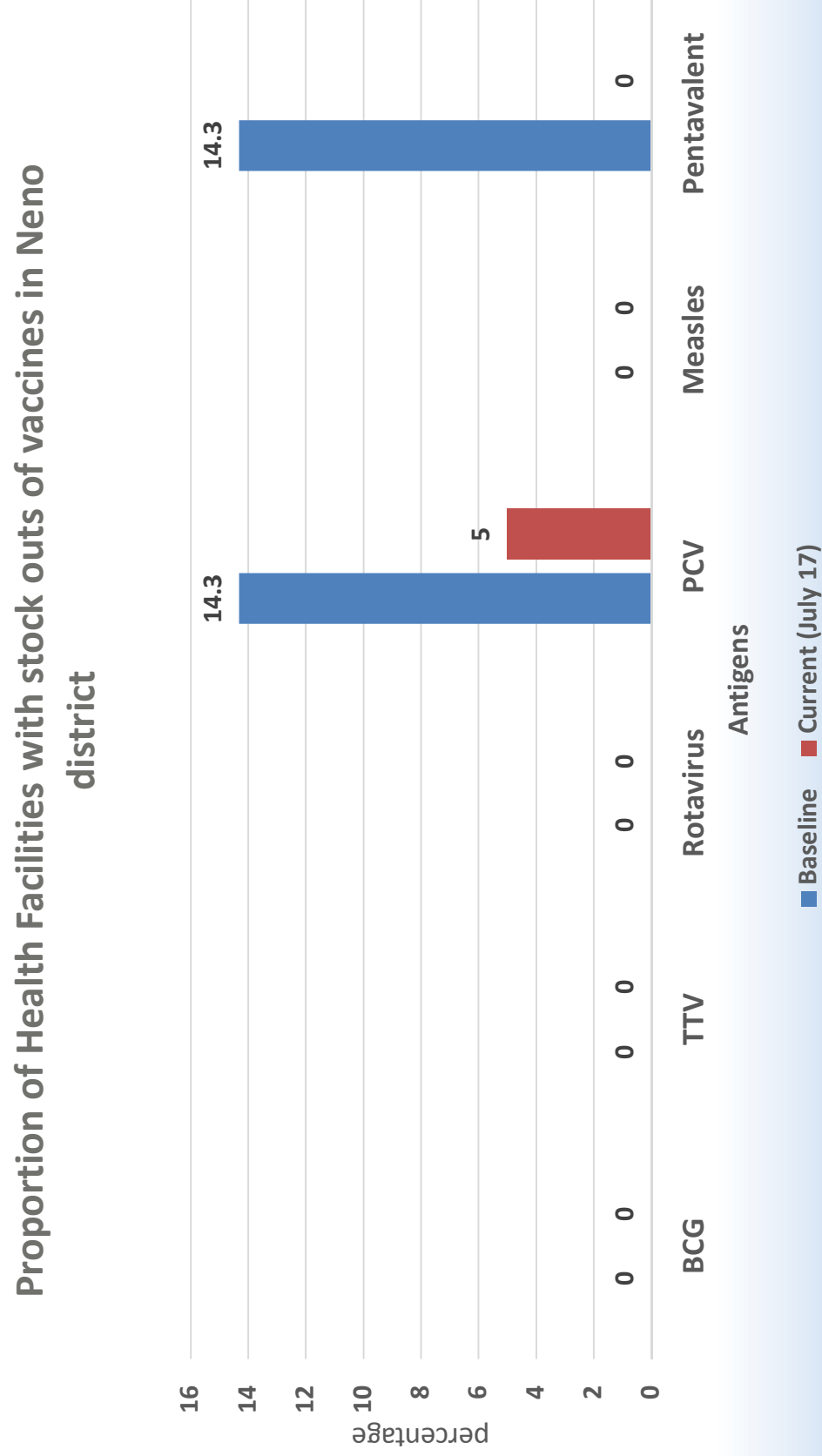
Outcome Indicators before and after EPI cStock intervention

Proportion of Health Facilities with stock outs of vaccines in Thyolo district



■ Baseline ■ Current (July 17)

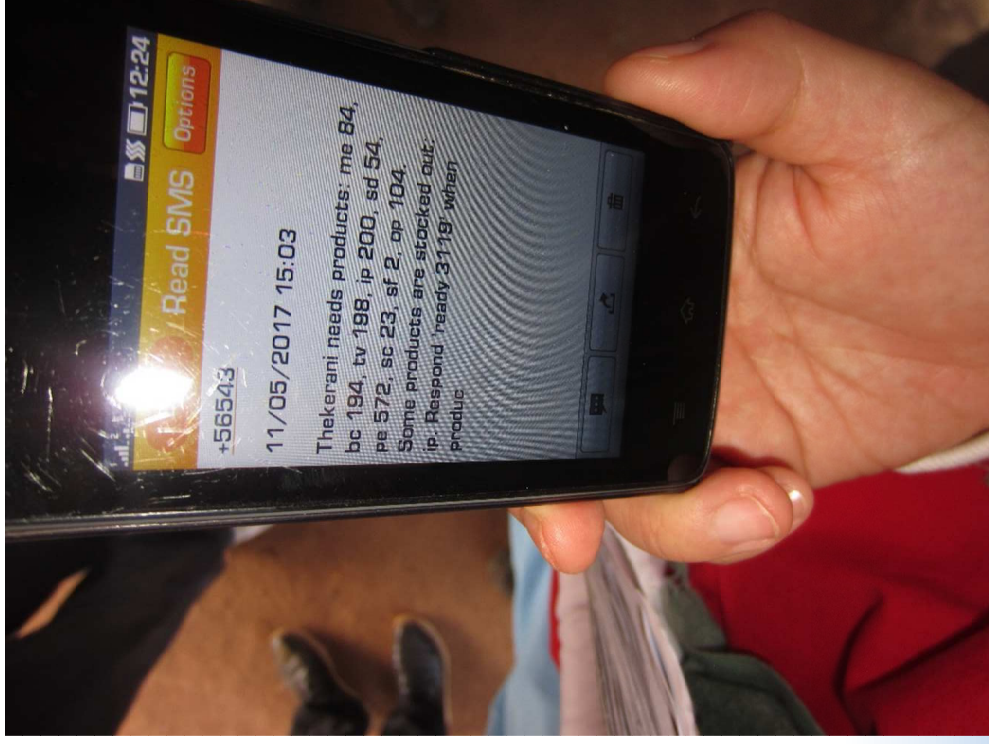
Outcome Indicators before and after EPI cStock intervention



Challenges

- Network availability
- Registering as Emergency order
- Underutilization of MoH on Dashboard

Lessons learnt



- cStock provides as an effective tool for EPI monitoring and managing
- Improves communications

Possible future considerations

- More data could be reported
 - Temperature monitoring
 - Refrigerator breakdown notification
 - Wastage factor
 - Doses discarded unopened
 - VVM status of vaccines



USAID
FROM THE AMERICAN PEOPLE

*M*aternal and Child
Survival Program

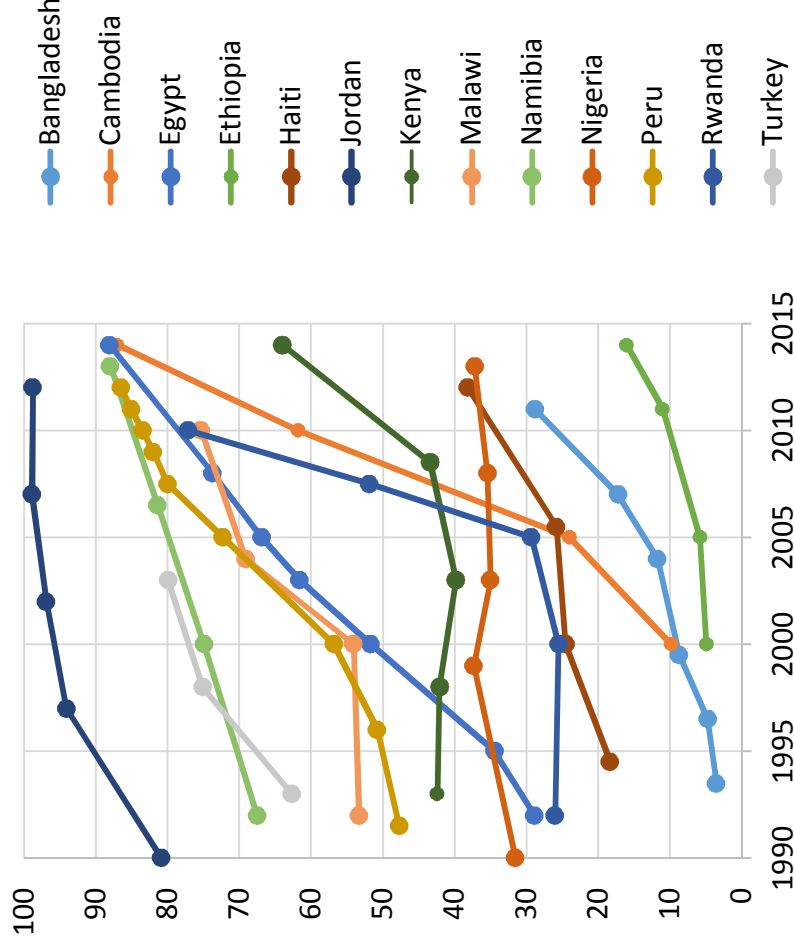
Interoperability for integration and improving quality and continuity of RMNCH services

Global Digital Health Forum, 2017

Vikas Dwivedi (vdwivedi@jsi.com)

- Three-quarters of women globally now deliver with a skilled birth attendant

- This dramatic increase occurred mostly via facility deliveries



Facility deliveries by country (1990-2014)

Campbell OMR, Calvert C, Testa A, Strehlow M, Benova L, Keyes E, Donnay F, Macleod D, Gabrysch S, Rong L, Ronsmans C, Sadruddin S, Koblinsky M & Bailey P.

The scale, scope, coverage & capability of childbirth care. Lancet 2016



THE LANCET

Maternal Health Series

Women often left out of good quality care



53 million women
not receiving
childbirth care at all

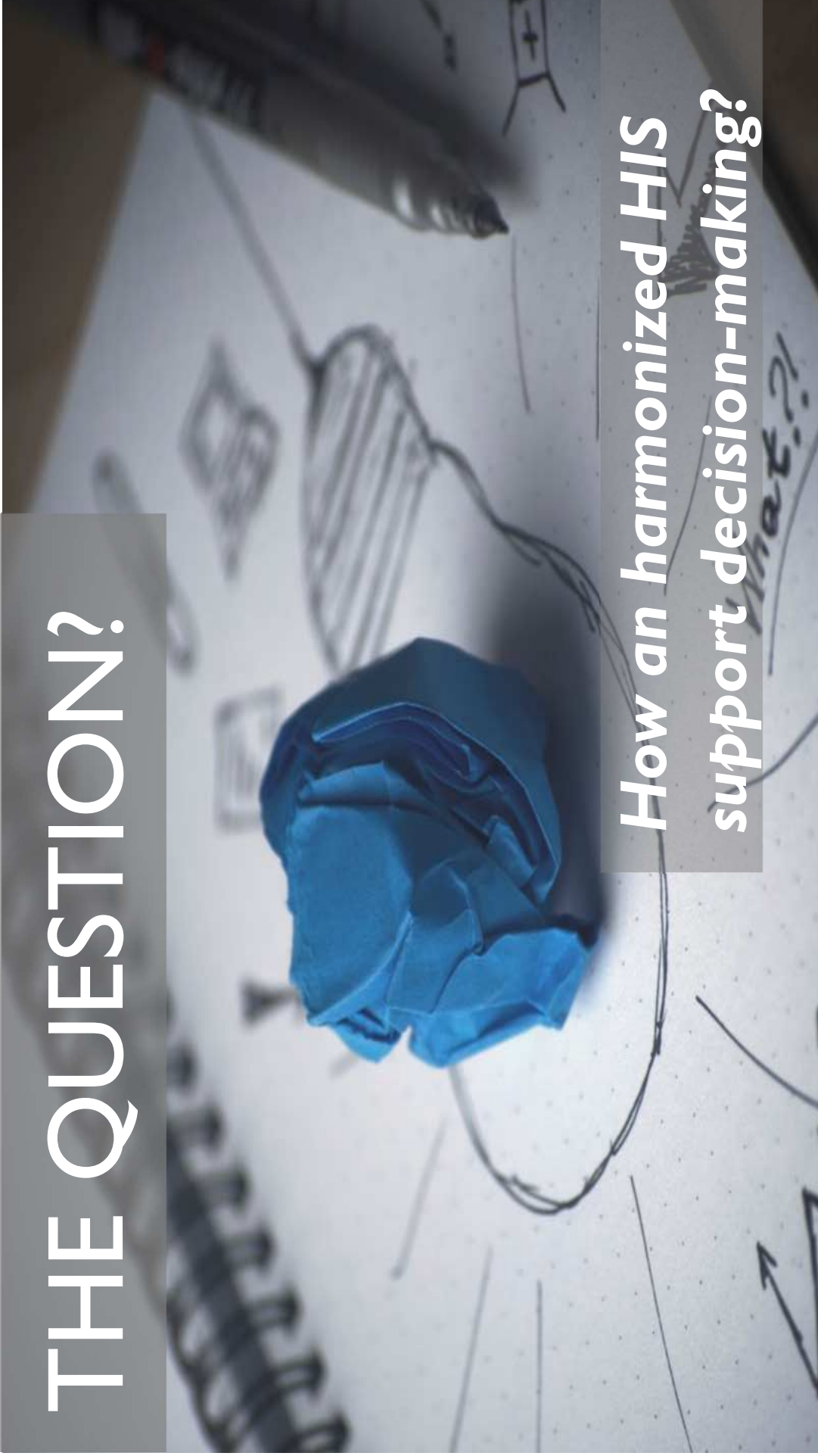
THE LANCET



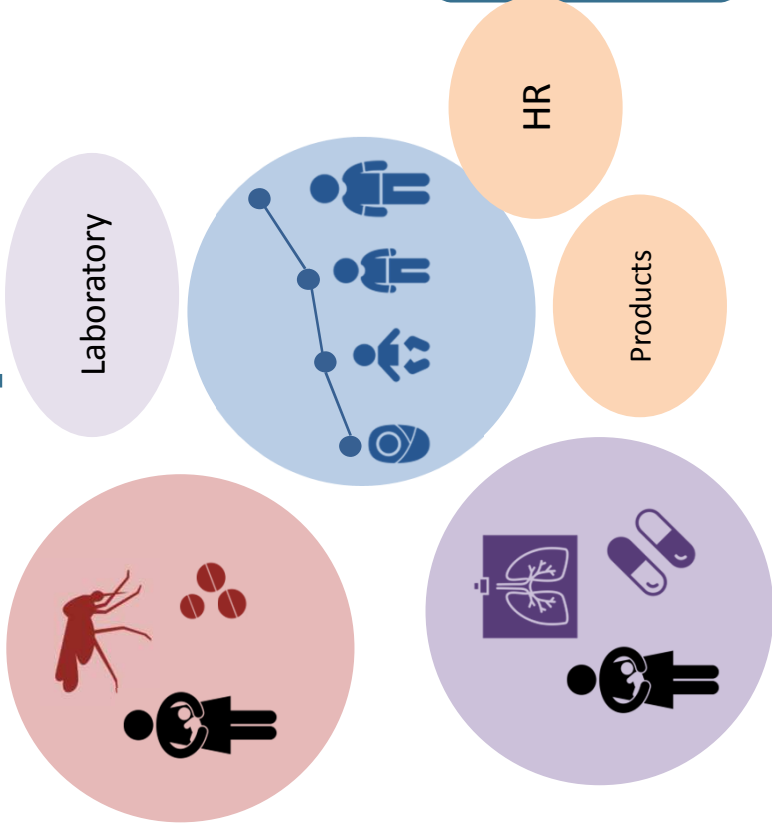
Maternal Health Series

THE QUESTION?

How an harmonized HIS
support decision-making?



Service provision vs. continuity of care?

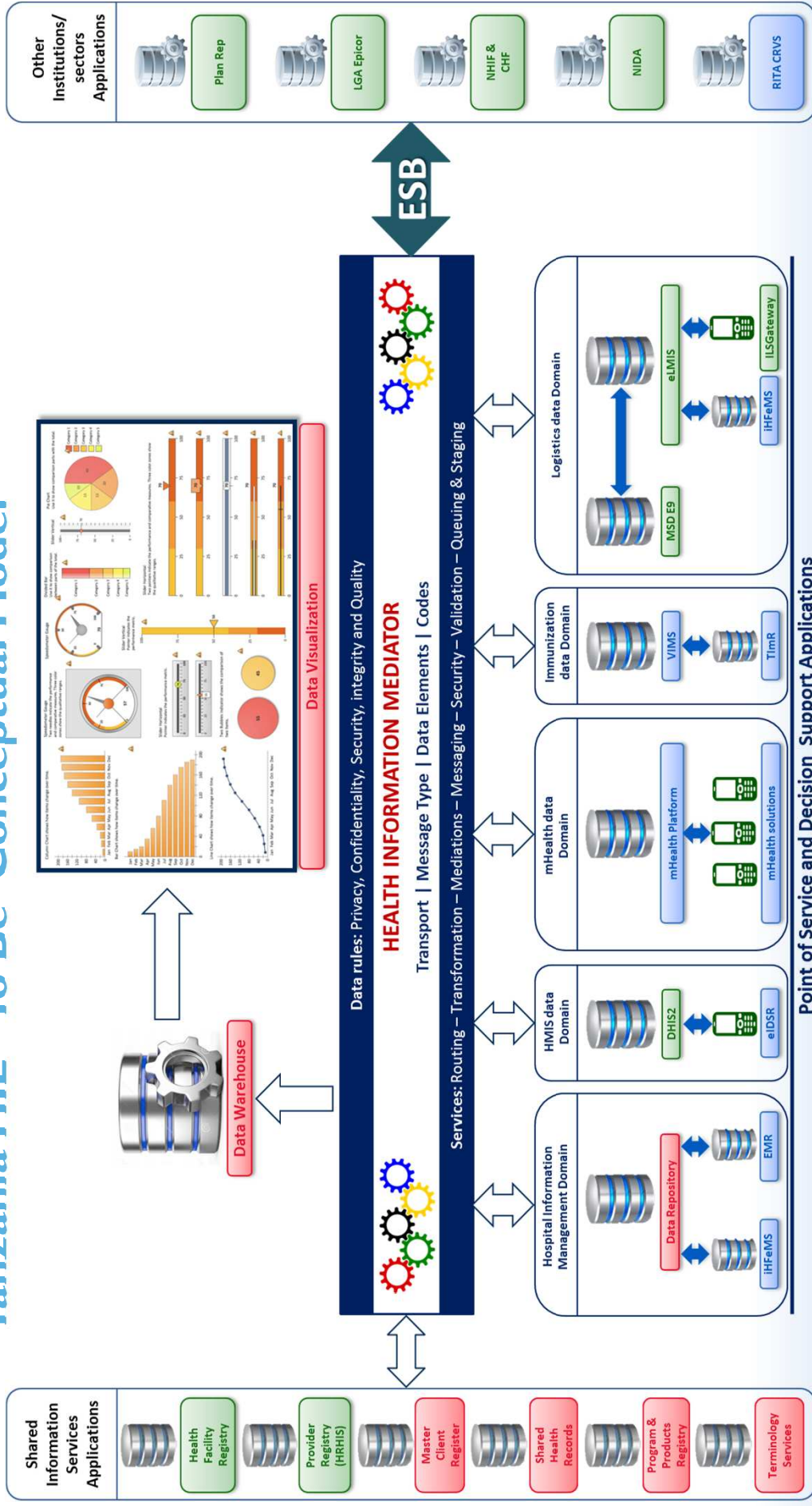


Multiple points of contact for different services

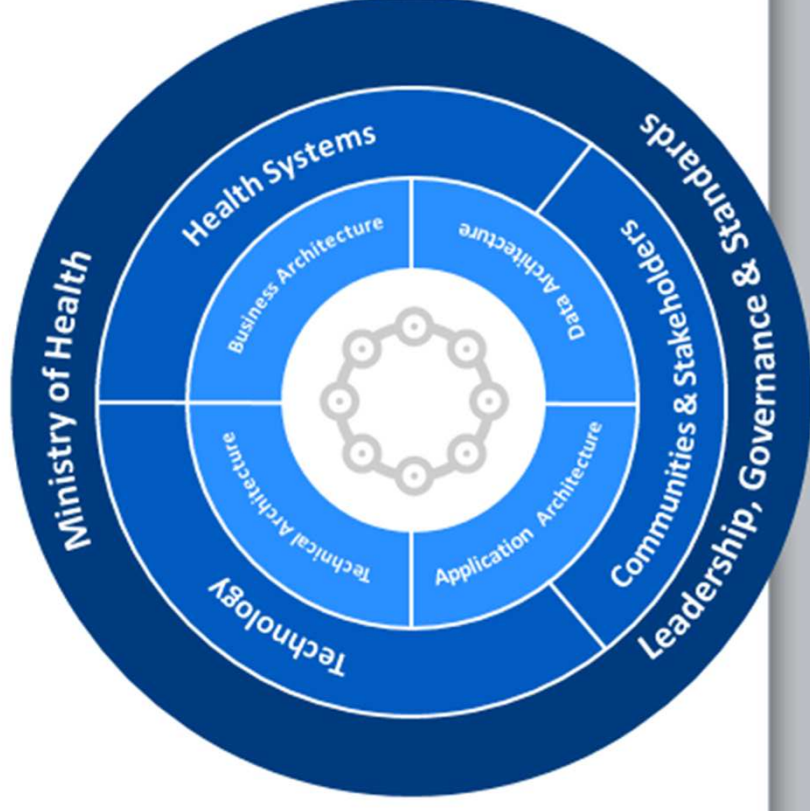
...and data about the same woman may be saved in multiple systems...

**A Maternal registry can be
SHARED ACROSS MULTIPLE
SYSTEMS and REDUCE
DUPLICATE RECORDS**

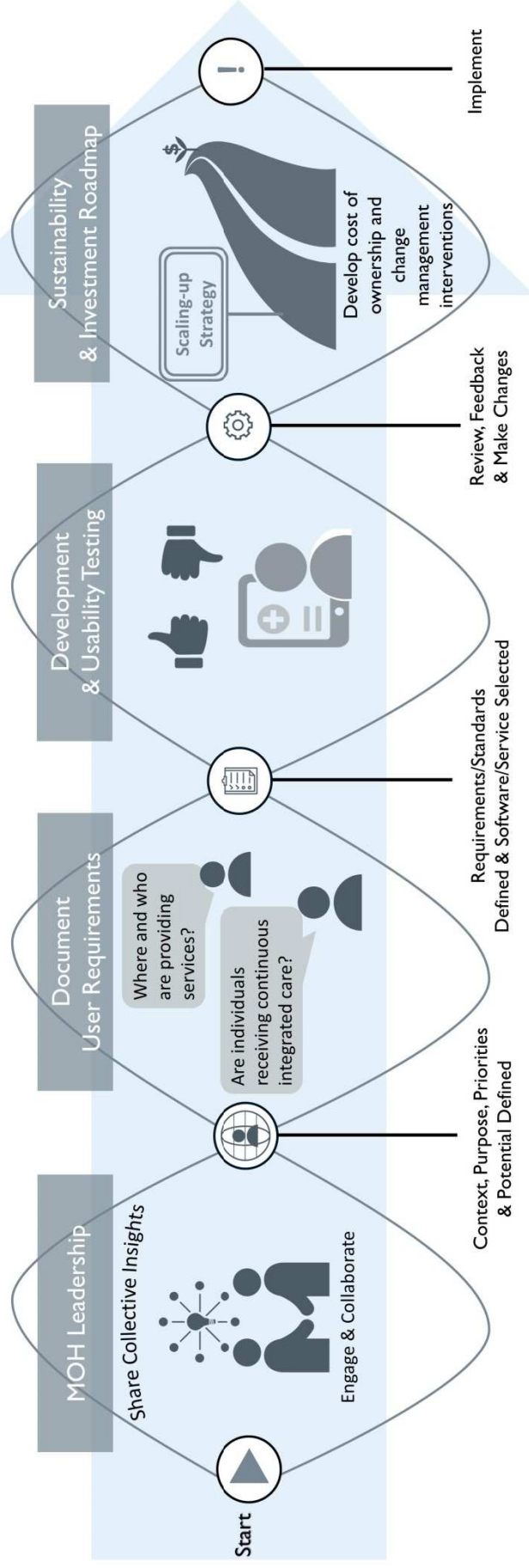
Tanzania HIE 'To Be' Conceptual Model



An Enterprise Architecture Approach



THE PROCESS



Thank You



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[Facebook.com/MCSPglobal](https://facebook.com/MCSPglobal)

Learn more at:

www.mcspglobal.org

Credit: Karen Kasmauski/MCHIP

**For more information, please visit
www.mcspprogram.org**

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