

AWARE II Annual Technical Activity Report

AWARE II

July 2010 - September 2011

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHS-I-05-07-00006-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Action for the West Africa Region (AWARE II) Project

Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org



USAID
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ANNUAL TECHNICAL ACTIVITY REPORT

July 2010 – September 2011



October 2011

This publication was produced by USAID AWARE II for review by the United States Agency for International Development

This report is made possible by the support of the American People through the United States Agency for International Development (USAID.) The contents of this report are the sole responsibility of AWARE II and do not necessarily reflect the views of USAID or the United States Government.

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Abbreviations

ABHC	Atetougbe Baptist Health Centre
ACT	Artemisinin-based combination therapy
AJPEE	Association des jeunes pour la promotion de l'environnement et
AJTD/TAPOA	Association Jeunesse Taanyama pour le Développement de la Tapoa
AMPF	Association Mauritanienne pour la Promotion de la Famille
AMTSL	Active Management of Third Stage of Labor
ANBEF	Association Nigerienne pour le Bien Etre Familial
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
ATBEF	Association Togolaise de Bien Etre Familial
AWARE	Action for West Africa Region
AYTB	Bam Yam La Tuuma Association
AZND	Zood Nooma
BCC	Behavior Change Communication
CBD	Community Based Distributor
CBO	Community Based Organization
CH	Child Health
CHCs	Community Health Centers
CHP	Care and Health Program
CHP	Community health posts
CHPS	Community-based Health Planning and Services
CHU	Child Health Unit
CHW	Community Health Workers
C-IMCI	Community-Integrated Management of Childhood Illnesses
CKE	Communication and Knowledge Exchange
COPE	Client Oriented Provider Efficient Services
CSW	Commercial sex workers
DHMT	District Health Management Team
DQA	Data Quality Assessment
DSF	Division Santé Familial
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
FAMME	Force en Action pour le Mieux être de la Mère et de l'Enfant
FP	Family Planning
FSW	Female Sex Workers
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICASA	International conference on AIDS and STIs in Africa
IDU	Injecting Drug Users
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IUD	Intra Uterine Device
KMC	Kangaroo Mother Care

LBW	Low Birth Weight
M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations
MCHP	Maternal and child health posts
MDG	Millennium Development Goal
MNCH	Maternal, newborn, and child health
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MSM	Men having Sex with Men
NGO	Non Governmental Organization
PCMH	Princess Christian Maternity Hospital
PHU	Primary Healthcare Unit
PMTCT	Prevention of Mother to Child Transmission
PNLS	Programme National de Lutte contre le Sida
RAPID	Resources for Awareness of Population Impact on Development
SSF	Sante Sans Frontières
STI	Sexually Transmitted Infection
TBAs	Traditional Birth Attendants
TOT	Training of Trainers
USAID	United States Agency for International Development
USAID/WA	United States Agency for International Development/West Africa
WAAF	West African Ambassadors Fund
WAHO	West African Health Organization

About the USAID AWARE II Project

The USAID Action for West Africa Region II (USAID AWARE II) Project is USAID/West Africa's flagship project providing an innovative, comprehensive approach to scaling-up integrated best practices in family planning/reproductive health (FP/RH), maternal, newborn, and child health (MNCH), and HIV and AIDS in 21 countries in West Africa. USAID AWARE II started in July 2009 and will end in July 2012. It is implemented by Management Sciences for Health (MSH) and its partner organizations, EngenderHealth and the Futures Group.

The strategic objective of the project is to create an enabling environment for countries in the region to plan and implement selected high quality health service delivery programs. The project's work focuses on five key result areas:

- Result 1: Regional common strategic vision and priorities for improving the health status of West Africans.
- Result 2: Policies developed and implemented to foster effective regional and national health programs.
- Result 3: Replicating Best Practices: Selected high impact best practices adopted and replicated.
- Result 4: Using Strengthened African Capacity: A selected number of West African (WA) institutions and networks strengthened.
- Result 5: Leveraging Funding: New funds are mobilized for health programs, existing donor, and national resources, effectively used.

Most of the activities under Result 1 were achieved during the first year of the project and maintained through activities under Results 2-4 in project year 2 (PY2). Activities under Result 5 were pursued at a modest level during PY1, through consultant studies and meetings regarding private for-profit and non-profit funding available for health.

This report summarizes the activities and achievements of USAID AWARE II during PY2 (12 July 2010- 11 July 2011). However, to align the project years with the USG fiscal year (FY11), the report also covers the period from 12 July through 30 September 2011. Throughout the report, this period is referred to as FY11.

Executive Summary

Project Year 2 was a seminal year for the USAID AWARE II Project. The direction of the project shifted to concentrate on the implementation of an integrated package of MNCH/FP services at community level by focusing the technical and geographic scope, while simultaneously strengthening measures to ensure quality implementation and results in selected health outcomes.

The integrated package of community-based services is a selected set of mutually reinforcing health interventions at the community level based on global and region best practices for family health. Its unique innovations for the West Africa region include the integration of FP and MNCH services at the CHW level; promotion of kangaroo mother care (KMC) for low birth weight babies; and task-shifting the prescription and administration of oral and injectable contraceptives from health professionals at health centers to community-based health volunteers, as well as task-shifting the management of childhood diarrhea, malaria and pneumonia with antibiotics, when indicated. Integration of these activities at the community-level increases the uptake of messages and expands access to these important services.

To achieve this goal, USAID AWARE II trained 227 trainers from Togo, Mauritania, Niger and Burkina Faso to train Community Health Workers (CHWs) on the community-integrated management of childhood illnesses (C-IMCI) such as malaria, diarrhea and pneumonia. The trainers in the Haho district of Togo then trained 250 CHWs on FP/MH service delivery who now provide the services to their community.

USAID AWARE II also engaged Civil Society Organizations (CSOs) to capitalize on their unique abilities to advance the RH/FP agenda. Over 120 delegates drawn from civil society organizations, USAID/West Africa, USAID/Senegal, regional organizations including the West African Health Organization (WAHO), WHO Regional Technical Unit (Ouagadougou), UNFPA Regional Technical Unit (Dakar), UNICEF and many other international NGOs gathered for three days to share best practices and review the draft action plans during the USAID AWARE II organized conference, entitled *Engaging Civil Society for Repositioning Family Planning in Francophone West Africa*. During this conference, not only were CSO delegates able to share best practices and engage in the family planning debate, they also took concrete steps to move forward the Ouagadougou agenda by revising the work plan available for each country and creating a CSO focal point in each country.

Advocacy tools were created for FP/RH sensitization, including a fatwa on birth space and a khotba on HIV for religious leaders. These tools have been so successful that one health center in Mauritania reported an increase from 40 clients per month to 100 clients per month. USAID AWARE II has also disseminated messages about birth spacing and HIV, through radio messages, to nearly two million people throughout Mauritania, Togo, Burkina Faso and Niger.

Lastly, in Project Year 2, USAID AWARE II signed 12 West Africa Ambassador's Fund (WAAF) grants in Burkina Faso, Mauritania, Niger, Togo, Gabon, Chad, Cameroon, Equatorial Guinea and Sierra Leone to support the replication and scale-up of best practices in family planning, HIV/AIDS, maternal, new born and child health. The grantees have already begun to show results, such as Force en Action pour le Mieux être de la Mère et de l'Enfant (FAMME), who has already trained 447 female sex worker peer educators on condom use and, in three months, has provided 1,047 sex workers with voluntary counseling and testing for HIV.

Expected Result 1: Shared regional vision and priorities

Key essential newborn care (ENC) practices such as the newborn resuscitation, the kangaroo mother care (KMC), early treatment of infections with antibiotics and exclusive breastfeeding have been identified by the regional priority setting conference participants as a high-impact best practice and will be implemented at country levels in order to accelerate the attainment of the MDG #4.

USAID AWARE II's global strategy is to raise country stakeholders' awareness and strengthen the care providers' capacity to carry out these ENC practices at scale. In collaboration with WAHO, USAID AWARE II organized a workshop to build regional consensus on promoting key ENC and KMC in West and Central African countries in order to accelerate the attainment of the Millennium Development Goals (MDG). Two training of trainers (TOT) sessions on essential newborn care (ENC) and kangaroo mother care (KMC) were conducted for master trainers in Accra and Dakar. The Accra training included 5 master trainers from Sierra Leone and Gambia and 3 from Cameroon. The Dakar training included 5 master trainers from Mauritania and Guinea Bissau and 4 from Senegal,

The training targeted obstetricians, pediatrician/neonatologists, midwives, medical officers and nurses working in facilities that offer services for newborns.



Practical exercises during the session in Dakar: A participant practicing newborn resuscitation on a mannequin

Practical exercises during the session in Accra: A participant preparing a mannequin before practicing essential newborn care



Building on the ENC/KMC training conducted, a supervision exercise was conducted for three Francophone countries (Niger, Togo and Burkina Faso) between May and

July, 2011. In all three countries, the national ENC/KMC referral centers had been established with AWARE II support and were operational.

Sites established in the 4 focus countries were also supervised and encouraged to implement activities.

Expected Result 2: Influencing Policy

In FY11, USAID AWARE II conducted a detailed analysis of potential policy and regulatory barriers to the implementation of the AWARE II integrated package of services. The analysis showed that, although all USAID AWARE II focus countries had enabling policies in place, implementing them at the community level remained challenging and the policies do not yet authorize community health workers to implement innovative programs such as the distribution of pills and injectables

In response, AWARE II developed policy analysis, advocacy tools and methodologies used to advocate for policy change.

RAPID Model

AWARE II used the RAPID model in Sierra Leone, Togo and Burkina Faso to show the impact that increasing use of family planning could have on health and development. The assessment was done under the leadership of the ministries of health and was reviewed by the Futures Group Home office. In Burkina Faso and Togo, the RAPID model and religious leaders' advocacy tools were introduced to the stakeholders in-country by the Ministers of Health themselves to ensure buy-in at the national level.

At the Togo launch, Pr. Charles Agba Kondi, the Togolese Minister of Health, stated: "All development sectors, policy makers at all levels must support this beneficial intervention both for family planning and the entire nation. It is through this multi-sectoral approach that we will succeed effectively in the repositioning family planning which is a key priority of public health". One of the immediate achievements of the RAPID presentation is the increased commitment in favor of the repositioning of family planning as a priority intervention. For instance, due to the presentation of the RAPID in Togo which emphasized on need to involve community health workers in the administration of injectables, the Minister of Health replied before the entire audience "Yes, Togo will do it".

Advocacy Tools

The advocacy tools (Islam & Birth Spacing and Islam & HIV), developed and disseminated in Mauritania, led to the development of two key documents: a fatwa on birth spacing and a khotba on HIV. A fatwa is a binding Muslim declaration on a specific issue, in this case the promotion of birth spacing. This four-page document mentions the benefits of birth spacing and why it should be promoted by religious leaders. The khotba is a document which gives precise guidelines to religious

leaders on a given topic, in this case the fight against stigma and discrimination related to HIV. The khotba is normally read in the mosque by the imam before the prayers.

As a result of the advocacy activities conducted in family planning, attendance has dramatically increased at some health centers in Mauritania. The fatwa and khotba were subsequently used by religious leaders who began advocating for birth spacing and against HIV related discrimination. Anecdotal evidence suggests that their advocacy efforts may have encouraged more people to seek FP services. For instance, providers from the Aleg health center and the AMPF (Association Mauritanienne pour la Promotion de la Famille) reported an increase from around 40 to over 100 clients per month since the religious leaders had begun advocating for birth spacing.

HIV Law

During the reporting period, USAID AWARE II supported the implementation of the HIV laws at national and regional level through the elaboration and dissemination of the regulatory texts. Additionally, AWARE II-supported a partnership between a local radio station and religious leaders to create a weekly radio show that was aired to disseminate messages on health, specifically birth spacing and HIV in Mauritania. The radio show reached over a million people. In Burkina Faso, Togo and Niger, AWARE II reached 273,218, 199,400 and 425,000 people respectively with messages on birth spacing and HIV through public dissemination and radio messages given by religious leaders.

Most at Risk Populations

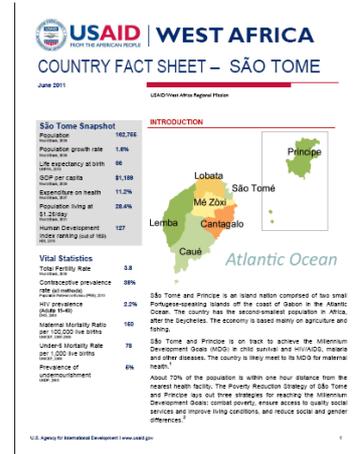
A situational analysis of the epidemiological and policy issues surrounding the Most at Risk Populations (MARPs) was conducted in 19 out of 21 AWARE II target countries. The analysis showed that, while HIV prevalence in the general population is relatively low in the focus countries, prevalence among professional sex workers and MSMs is ten times higher. The situational analysis also identified the need to review discriminatory laws and regulations against MARPs. Based on the findings of the situational analysis, AWARE II started working with focus countries on the necessity to revise the HIV law in order to remove discriminatory articles against MARPs. An abstract from this study was presented and accepted for presentation at the 16th International Conference on AIDS and STIs in Africa (ICASA).

Community Health Workers

USAID AWARE II signed MOUs with government authorities in all the four focus countries. In Togo, the MOU authorized, for the first time, the first provision of oral pills and injectables by community health workers. If successful, the AWARE II supported provision of oral and injectables contraceptives by CHWs in Togo will serve as a model for all of francophone West Africa.

Expected Result 3: Replicating best practices

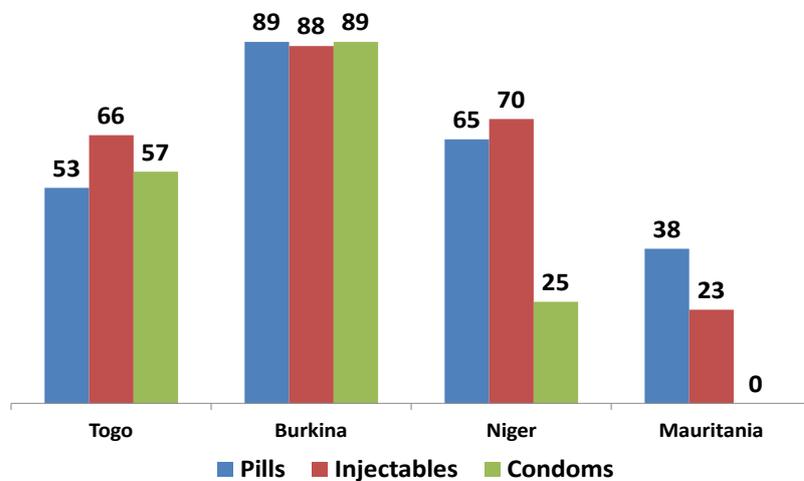
Upon a special request by USAID, AWARE II developed country fact sheets for the 14 USAID non-presence countries in West Africa in English and French. The fact sheets include the current health and demographic indicators, performance indicators of the health system, and a list of currently-operating donors. Seven additional fact sheets for the presence countries are currently being finalized.



Baseline Information

Baseline information on FP/MNCH in the Burkina Faso, Mauritania, Niger and Togo was collected, analyzed, and used to inform programming. The study included an assessment of the capacity of community health workers to provide clearly-defined services and the availability and use of family planning services by the target population in the project intervention areas.

Highlights of Key Findings from the Baseline Survey
Knowledge of surveyed women about contraceptives Pills, Injectables and condoms in the four selected districts in 2011

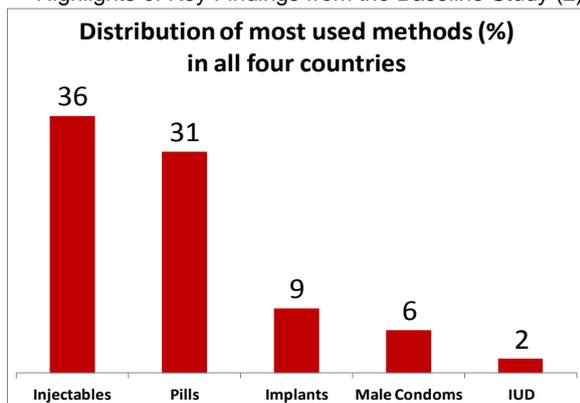


In all countries studied, the two highly predominant methods are the injectables and pills resulting in a “method skew”; yet the method mix requirement seems to be respected.

The key findings of the baseline survey include that the injectable method is the most used method.

Additionally, the contrast between governments’ ongoing reliance on oral

Highlights of Key Findings from the Baseline Study (2)



contraceptives, particularly when it comes to using community-based distributors and the rapid rise in the use and need of injectables, even in the remote rural areas where this survey took place, is a real challenge. The provision of injectables in such context appears to be an appropriate solution. There is not yet a systematic study of the real causes of the rapid rise of injectables in Africa but as Sarah H. et al. report that, there are characteristics of the method (such as freedom from daily

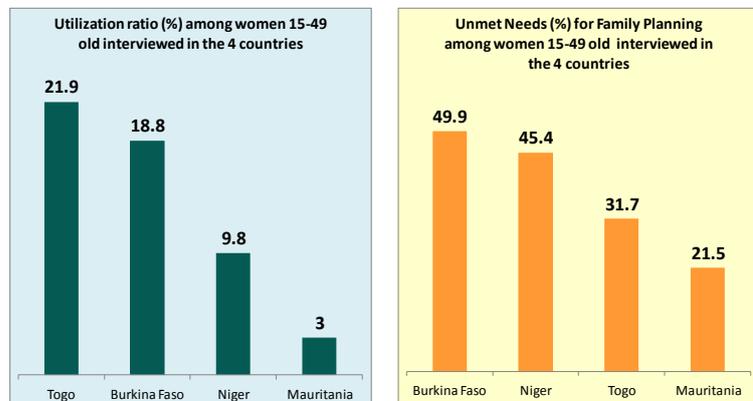
dosing, the potential for covert use, and the convenience of three months' supply) which could be attractive to potential users.¹ Access to facilities among rural women is far more difficult than among women in urban areas; therefore a method, like the injectable, requiring fewer visits to a facility would be expected to be popular.

These results support and could facilitate the projects agenda and commitment to promoting the use of injectables by community health workers.

Overall use of FP services is low but those who use modern contraceptives prefer injectables and are getting the information on family planning almost exclusively from the health facilities. The project will tailor its overall strategy to this context.

Highlights of Key Findings from the Baseline Survey (3)

Current utilization & Unmet need for family planning among women of reproductive age in the four selected countries



Thirdly, the survey highlighted commodity shortages especially of modern contraceptives and drugs necessary to treat malaria, diarrhea and acute respiratory infections. These baseline findings suggest the need for training and other management tools, already developed by AWARE II for implementation of the integrated package. For each of the four focus countries, AWARE II produced a detailed country-level baseline report the results of which will inform the actions to be taken for each selected district.

Integrated Package

USAID AWARE II will demonstrate the capacity of community agents to provide the initial prescription of oral contraceptives, to identify and correctly treat malaria, diarrhea, and pneumonia in children under five, to give appropriate advice on birth spacing, and demonstrate the kangaroo mother care (KMC) practice to mothers. Bringing family planning, the treatment of the common fatal childhood diseases and maternal and neonatal child health together is the cornerstone of USAID AWARE II's integrated package.

A total of 227 trainers have been trained in two districts in Togo (Blitta and Haho), Mauritania (Boghe and Bababe) and Niger (Boboye and Say) on the community-

¹ 2009, Contraceptive Choice and Discontinuation in Selected African Countries: A Focus on Injectables; Sarah Harbison Ph.D. and Jacob Adetunji, Ph.D. Office of Population and Reproductive Health Bureau for Global Health US Agency for International Development, Washington DC 20523

integrated management of childhood illnesses (C-IMCI). These trainers will train 250 CHWs per district. The trainers had never been trained in C-IMCI before AWARE II came in but now they are ready to train CHWs in case management of simple cases of malaria, diarrhea and pneumonia and refer severe cases to the nearest health facilities.

Table 1: # of C-IMCI trainings conducted in 4 focus countries by date and total trainers trained

Country	Date	Number trained by gender		Total
		Male	Female	
Togo	<ul style="list-style-type: none"> • May 23-27 • May 30-June 3 	40	7	47
Mauritania	<ul style="list-style-type: none"> • May 30 - June 3 	8	18	26
Niger	<ul style="list-style-type: none"> • June 13-17 • July 7-11 	32	18	50
Burkina Faso	<ul style="list-style-type: none"> • August 09-13 • August 16-20 	98	06	104
Total		178	49	227

In the Notse district of Togo, 250 Community Health Workers have completed the training on FP/MH service delivery and are now providing services to their community. Of these CHWs, 143 were men and 107 were female. The CHWs will also be trained in C-IMCI. The C-IMCI training will take place one month after the CHWs have been providing FP/MH services.



One of the trained CHWs counseling a mother on family planning.

Another expected outcome was the increased use of family planning methods (community and facility levels) and access to AMTSL and magnesium sulfate (facility level) in the intervention districts. Orientation sessions were conducted with district

stakeholders in the focus countries to obtain buy-in from local stakeholders and provide them with information about the planned interventions and their role in the implementation. The number of participants in the orientation sessions varied from country to country: Togo 62, Niger 14, Mauritania 55 and Burkina Faso 208.

Though the technical focus of the project is family planning, AWARE II also supports some activities and services related to maternal and child health since they constitute a great opportunity for reaching women of reproductive age who are the target for family planning services. The project has developed training materials and management tools to support these activities. With these materials, women who come to a center for emergency obstetric care leave with knowledge of family planning as well.

Another important outcome is the replication of high-impact best practices by countries, African institutions, and donor agencies.

Family Planning and Maternal Health

A study tour to Malawi was organized for West African country representatives to learn more about the community-based distribution of injectables program. The delegation included 11 representatives from three countries made up of the following:

- Togo: the Director General of the Ministry of Health (MoH) and three other program managers from the Division Santé Familial (DSF)
- Burkina Faso: the National Director from the Ministry of Health (MoH) and one representatives from the division santé familial and one from Koudougou (one of the project focus districts at the time)
- Sierra Leone: the director of the Reproductive Health Division and three other representatives from MoH

This study tour was beneficial for the Togolese, in that the CBD program has been successfully implemented in Togo. In Burkina Faso and Sierra Leone, the representatives shared the study tour findings with their colleagues from the MoH who seemed responsive to the first prescription of oral contraceptives.

Thirteen facility-based service providers (12 females and 1 male) were trained as trainers in contraceptive technology and on the preparatory phase for the implementation of the CBD program in Aleg, Mauritania. The trainers then trained 51 providers (20 Males and 31 females) to offer family planning services. Most of the trainees were midwives and nurses and had not received any update since they left school and some had never been trained in FP but this training offered them the opportunity to offer FP services in their respective places of work.

In collaboration with the Ministry of Health, two districts were selected in each focus country for the implementation of the CBD program. They were selected because of their low level of contraceptive prevalence and high level of maternal and neonatal mortality. A training of trainers program was conducted for providers and supervisors for the CBD program Burkina Faso and Togo. In Burkina Faso, 72 providers were trained. In Togo, 42 providers were trained. The participants included medical doctors, midwives, nurses, medical assistants and midwife assistants. At the end of the training, 90% were certified trainers.

To ensure collaboration between the Respond Project and AWARE II, a joint planning meeting was organized in Togo and Burkina Faso. The objective was to align and coordinate activities including the training of providers in contraceptive technology and the development of IEC and BCC materials.

Training in HIV/FP integration, quality assurance and facilitative supervision was conducted in Cameroon and Sierra Leone as indicated in the table below.

COUNTRY	INSTITUTIONS	TRAINING	# OF PARTICIPANTS
Cameroon	CHP CBCHB	TOT HIV/FP Integration	20
		TOT Quality Assurance	18
	Atetougbe Baptist Health Centre (ABHC)	Practical COPE	29
Sierra Leone	PPASL Marie Stopes	TOT Quality Assurance	23
		TOT Facilitative Supervision	21
	Princess Christian Maternity Hospital (PCMH)	Practical COPE	20

A training of trainers (TOT) workshop in quality improvement was conducted in Togo by EngenderHealth. The thirty participants included trainers from Burkina Faso, Mauritania, Niger, and Togo. Participants were those responsible for training and assessing the competency and skills of other trainers and supervisors in their respective countries, and supporting the implementation of a TOT in each country.

Child Health

AWARE II conducted an in-depth assessment of newborn health services in Sierra Leone with the overall aim to describe the type and quality of health care available to newborns and identify the unmet needs for newborn health care at health facility level in Sierra Leone. The study was carried out in 8 randomly selected health districts out of the 14 health districts of the country. In each district, the study addressed every level of the health system and included the PHUs, namely the

maternal and child health posts (MCHPs), community health posts (CHPs), community health centers (CHCs), the district hospitals, as well as some private and quasi-government facilities. Overall, 56 health facilities of various types (hospitals and PHU such as CHCs, s, and MCHPs-both public and private) were assessed. Thus far, four qualitative interviews and two observations have been completed. Additionally, 74 women who just delivered in these facilities were also interviewed. Results were disseminated during a national meeting that included more than 30 participants from districts, provincial level and MOH central and stakeholders and health development partners (UNICEF, UNFPA, UNAIDS and WHO) and local NGOs.

Results of the assessment showed that 90% of the causes of newborn mortality are from asphyxia, preterm birth and infections and many of these are preventable with known interventions. It also showed that Sierra Leone has no specific policy for newborn care. Furthermore, guidelines for interventions and activities within the districts are not well developed and the many international organizations, including United Nations agencies, are poorly coordinated.

The most experienced providers within the health system are based in the district hospitals whereas inexperienced providers tend to be the first points of contact with the health system. Promptness of referral depends on the clinical acumen of these least trained MCHAs who are supported by the TBAs at the MCHP; and these two do not always have the best of working relations. This further accentuates the first delay in care seeking which is the inability to recognize or poor recognition of illness in these vulnerable groups, especially the newborn baby.

The Community-Integrated Management of Newborn and Childhood Infections/Community Case Management (C-IMNCI/CCM) tools for Togo were revised and validated by the Togolese MOH in conjunction with main health stakeholders. These tools are being used to manage newborn and childhood infections at community level especially in the project districts.

HIV/AIDS

USAID AWARE II conducted an assessment of the PMTCT program in Togo and identified the following:

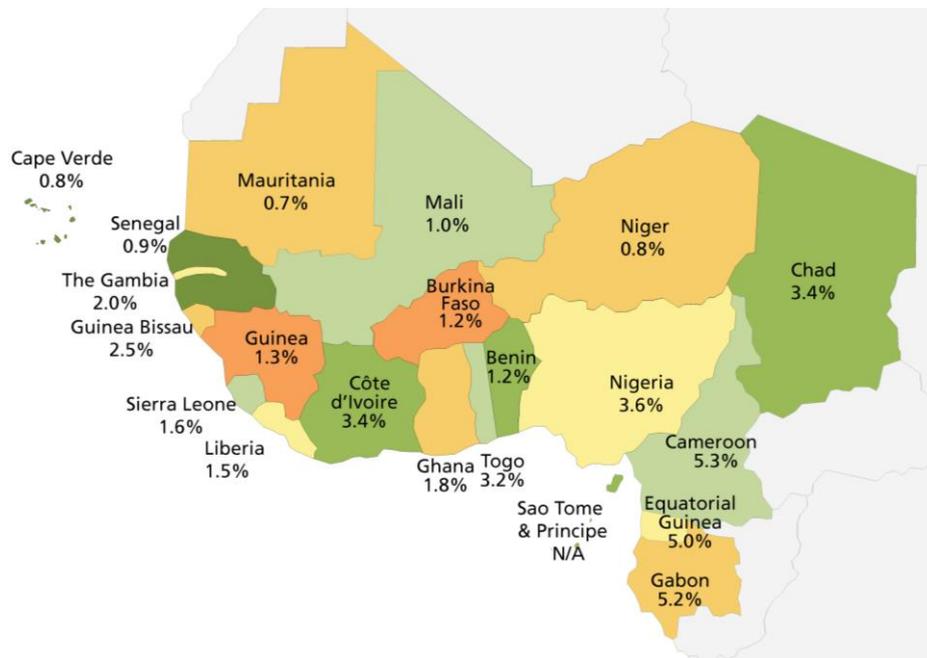
- An increase in the percentage of pregnant women tested from 70.5% in 2006 to 74.2% in 2007, 90% in 2008 and 93.5% in 2009 and the decrease of the proportion of who tested positive from 7.2% in 2006 to 6.1% in 2009;
- An increase in the number of pregnant women tested HIV positive receiving prophylactic ARV therapy from 56 in 2002 to 1,451 in 2009;
- The main weaknesses were the lack of integration of family planning as a key component of the PMTCT strategy and the need to scale up the program and improve coverage.

In collaboration with the MOH, the project revised, updated and printed the PMTCT guidelines incorporating WHO recommendations and supported the dissemination in the country. In Mauritania, the PMTCT training manuals were updated and validated by the Ministry of Health and stakeholders with support from AWARE II. AWARE II trained 24 national PMTCT trainers to enable them train service providers from identified health facilities.

Two HIV treatment centers, in addition to the two already existing facilities in Mauritania, were created by the AWARE II Project after a needs assessment was conducted in four hospitals to prepare for the decentralization of ART service provision. Thirty-six health staff, made up of medical doctors, nurses and midwives from 4 hospitals and 3 health centers in Nouakchott, were trained to man the ARV centers and PMTCT sites. Supervision activities, conducted after a few months of implementation, indicated that there were stock outs on reagents, discussions were therefore held with the Ministry of Health, which promised to follow up to ensure steady supplies.

Most at Risk Populations for HIV/AIDS

HIV Prevalence in the 21 AWARE II Countries, 2009 (UNAIDS)

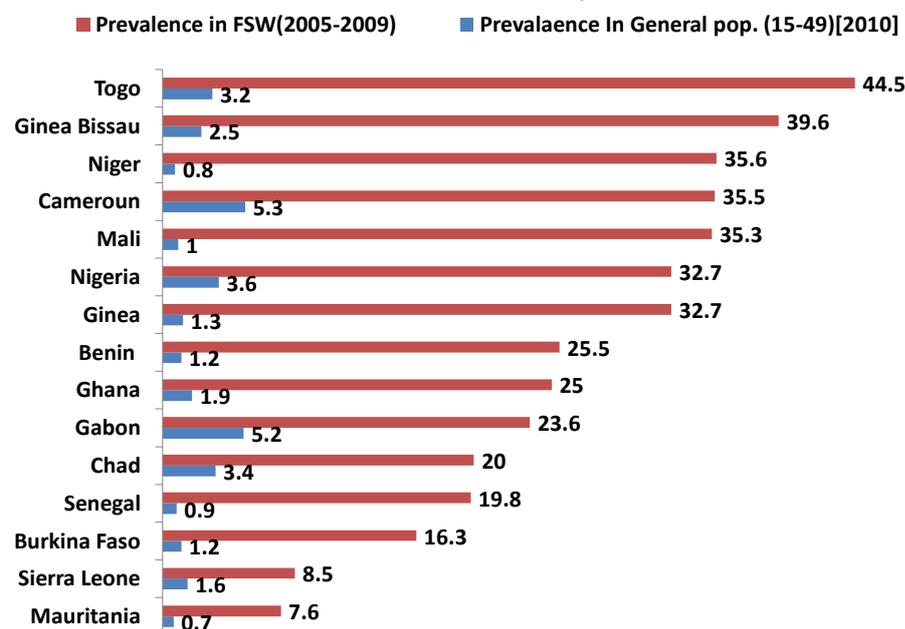


A situational analysis of MARPs was done for 21 West African countries (categories, number, geographical repartition, policies, HIV prevalence, HIV awareness, MARPs

networks/organizations, etc.) including programmatic gaps analysis on cross borders AIDS. An online desk review was done to assess the profile of the most at risk populations (MARPs) in each country. Initial findings showed that the majority of research and policy activities were conducted on small, convenient samples, and do not answer pertinent questions. HIV prevalence rates in MARPs populations have not changed appreciably over the years in most countries studied and HIV prevention interventions aimed specifically at MARPs remain sporadic.

In 20 out of the 21 project countries, interviews were conducted with donors and organizations implementing MARPs activities. Findings indicated that funding for HIV programs for the general population is high but low for the MARPs group. The study also showed that, out of the 21 countries, only six countries have programs in place targeting the MARPs, with most funding coming from the Global Fund. In Côte d'Ivoire, however, MARPs also receive assistance through Clinique de Confiance, Abidjan (FHI) (Vuylsteke, Sika et al. 2009).

Summary of HIV prevalence among the general population and among Female Sex Workers (FSW) in selected 15/21 West African Countries covered by USAID AWARE II



HIV treatment and care services for the MARPs include training for STI clinic staff to make them MARP-friendly, linkages for ART, and STI treatment for men who have sex with men and female sex workers and their clients. According to

the desk review, only four countries have comprehensive interventions for MSM and CSW - Cote d'Ivoire, Ghana, Nigeria and Senegal. The estimated contribution of sex workers to new infections in the general male population is as high as 84% in Accra and 32% in Lome (Wilson and Fraser 2011).

Almost all countries are in the process of developing or implementing new national HIV & AIDS strategic plans and these plans increasingly mention MARPs as a priority group. However, only a few countries have comprehensive activities targeting MARPs and those that do focus primarily on FSWs and to a lesser degree on MSMs; projects targeting IDUs are practically non-existent.

Regional conference with Civil Society Organizations (CSOs)

The CSO conference, *Engaging Civil Society for Repositioning Family Planning in Francophone West Africa*, was held in Mbour from 26-28 September, 2011. With renewed energy and enthusiasm, over 120 participants from 8 countries and 80 CSOs gathered to discuss social franchising, adolescents needs and challenges in RH/FP, integration of services, task shifting, constructive male engagement and gender empowerment.

Participants built upon what the Ouagadougou Conference started by revising each country workplan to include civil society’s concerns about the implementation. In order to keep this momentum, a Civil Society representative was chosen among each country delegation to serve as a focal point to monitor and coordinate the implementation of the action plans with their government counterparts and donor representatives. At the regional level, the CSO focal points will be part of a network with a mandate to push forward the family planning agenda in coordination with WAHO. Together, the focal points have created a regional network of CSOs, capable of mobilizing quickly and acting together to achieve results. The USAID AWARE II project and the organizing committee of the Dakar conference will share their experiences and best practices regarding this initiative.

Expected Results 4: Using Strengthened African Capacity: Selected number of West African institutions and networks strengthened.



The US Ambassador for Equatorial Guinea, Ambassador Alberto Fernandez congratulating Mme. Luisa Etede Pasiolo, Executive Director for CAMINO for successfully winning the bid to work on the WAAF. The Deputy Minister of Health is also pictured.

Twenty three potential organizations were identified in the four focus countries to implement the integrated package as outlined in the table below:

Country	Area of interventions		
	Integrated package	MARPs	WAAF
Burkina Faso	7	3	1
Mauritania	1	3	
Niger	1	2	2
Togo	2	2	3
TOTAL	11	10	5
NB: 3 organizations will work in more than one intervention area			

The organizational capacities of thirteen (13) NGOs in the four (4) focus countries were assessed using the management and organizational sustainability tool (MOST) and 169 participants, 71 women and 98 men, were involved. Among the 13

organizations assessed, 10 were NGOs that are intended to implement the integrated package and 3 were WAAF grantees.

Based on the assessment, action plans were developed by the organizations, to be used to support them to reach at least 80% of their desired performance.

- Three (3) strategic plans have been completed for 3 NGOs (2 for WAAF and 1 for integrated package grantees).
- Four (4) drafts of strategic plans developed (1 for WAAF and 3 for integrated package grantee)
- One (1) draft Human resource procedure manual has been developed for a WAAF Grantee and
- One (1) draft of financial & Human resource developed for WAAF Grantee

Orientation sessions on the Integrated Package and a financial management workshop were conducted for three NGOs: Sante Sans Frontieres (SSF) of Mauritania, Association Togolaise de Bien Etre Familial (ATBEF) of Togo and Association Nigerienne pour le Bien Etre Familial (ANBEF) of Niger. Another session was held in Burkina Faso for four CBOs (Zood Nooma [AZND], Association des jeunes pour la protect [AJPEE], Bam Yam La Tuuma Association (AYTB) and Association Jeunesse Taanyama pour le Développement de la Tapoa (AJTD/TAPOA) to enable the team to work with them to review their technical and financial proposals. A total of twenty two participants were oriented and trained in Accra on cost principle, grant agreement and procurement procedures.



Location of WAAF NGOs

Over 208 stakeholders were oriented to the integrated package to be implemented in the three focus districts of Koudougou, Kongoussi and Diapaga in Burkina Faso. The stakeholders included personnel from the MOH at central, regional and district level, and providers at the health center

level.

One key achievement in Year 2 is the signing of 12 WAAF grants between April and June 2011. The West African Ambassadors Funds (WAAF) grant mechanism is a small grant scheme designed to support smaller grassroots organizations in replicating and scaling up - in an innovative way - the best practices in family planning, HIV/AIDS, maternal, new born and child health that have been regionally identified and adopted through the USAID AWARE II project technical leadership. Eight of the twelve WAAF grantees work in HIV/AIDS, the others focus on the areas of family planning and maternal and child health. A summary chart of all 12 grants can be found in Annex 3. In general, the more experienced grantees, such as the IPPF affiliates and faith-based organizations, are achieving the best results.

For instance, within the last five months, Codas-Caritas, a faith-based organization of Yaoundé, Cameroon one of the WAAF Grantees providing treatment, care and support to 500 PLHIV, has achieved more than 50% of its target indicators for the grant period. For instance, it has exceeded the target for the indicator related to the number of PLHIVs recruited during the year. CODAS does not do HIV counseling and testing and so it recruits (or identifies) the PLHIVs from health centers and hospitals within the Yagoua Diocese of Cameroun where CODAS works and provides them with treatment, care and support. The target was 500 and they have already recruited 629 (126%).

ATBEF, an IPPF affiliated organization, targeted 220 returning contraceptive users for the year and has already reached 288 (131%) returning contraceptive users and 1120 new users.

Expected Results 5: Leveraging Funding - New funds mobilized for USAID WA health programs

A roundtable meeting to engage the private sector in reproductive health and family planning was held in Accra to create a Regional Health Alliance of the private sector for RH/FP. The meeting was attended by 20 participants and was conducted after an inventory and mapping of available private sector institutions involved in health through their corporate social responsibility activities. This activity was removed in the re-scoping of the project. USAID/West Africa has determined that it has a comparative advantage in pursuing leveraged funds and it will take the lead in future years, the project will however provide assistance where needed.

UNFPA was one of the project's most engaged partners in this collaboration and cost sharing partnership. In Mauritania, UNFPA invested more than 17,000 USD into supporting the Programme National de Santé de la Reproduction (PNSR) with the monitoring of the availability of contraceptives and the presentation of advocacy tool to all 13 regions of Mauritania.

Cross Cutting Results: Performance Monitoring and Evaluation

An assessment of the M&E capacity of participating local NGOs, WAAF grantees and health facilities was conducted using an assessment checklist adapted from a similar tool that the Global Fund had developed. The tool has a total of 13 items falling under four sections that focus on the following areas of each organization:

- M&E Structure, Functions and Capabilities
- Data-collection and Reporting Forms/Tools
- Data Management Processes
- Internet Access



The USAID AWARE II M&E advisor making a presentation at the Sierra Leone workshop.

This tool was used to assess the M&E capacity needs of 27 local NGOs, WAAF grantees and Health Facilities in Togo, Burkina, Mauritania and Niger. Feedback obtained showed that:

- All the NGOs have at least one member of staff dedicated to M&E or data management functions and this person (or persons) have had training in M&E (with the exception of - ONG-AVO in Burkina Faso);
- All the NGOs have at least one functional computer that the organization uses for data management;
- All the NGOs have access to the Internet.

Three separate 3-day orientation workshops were organized in Togo, Cameroon and Sierra Leone for the WAAF grantees from eight countries. A total of 49 participants, 18 women and 31 men, ranging from executive directors, NGO coordinators, medical doctors, administrative to finance managers, accountants, sociologists, midwives, M&E officers, general secretaries and technical assistants participated in the orientations.

A pocket guide (in French and English) regarding access to the USAID AWARE II online database was delivered and shared as part of the training materials used. Tools for routine data collection and reporting have also been modified to facilitate data collection from the field to feed the USAID AWARE II online database. This will reduce the likelihood of data reporting errors and thus ensure the overall quality of data to be reported from the NGOs on the field.

Routine data from a few of the WAAF grantees who were able to start work on schedule have been entered into the online database. This data has been compiled

and analyzed to generate indicator reports in the dashboard to be shared with partners.

Cross Cutting Results: Communications and Knowledge Exchange

Different approaches were used to share project information among staff, partners and stakeholders and to ensure effective communication about the project had been facilitated. Some of these approaches included the under listed:

1. Knowledge exchange meetings

Meetings are conducted on a weekly basis to keep staff members informed of program activities. During the last year, meetings were held to educate staff about:

- Performance based financing
- Procurement – MSH key guiding rules and principles and steps to incur costs.
- Reality Check – for sexual and reproductive health programming
- CHPS – the Navrongo Community Based experience – strategies, major achievements and lessons learned

2. eNews:

Three issues covering the months of January, February and March 2011 were developed and shared with partners and stakeholders during the period under review.

3. Fact sheets/Technical Briefs

Two issues on consensus building and the USAID AWARE II online database were produced and shared. An HIV integration fact sheet was developed and shared with USAID. Feedback concluded that it was process focused so we should implement some activities, get results, and finalize the fact sheet

4. Success story

Three stories have been completed and shared with USAID: one on essential newborn care in Niger, another on family planning service delivery in rural Togo, and the last one on activities of religious leaders in Mauritania.

5. MSH Blog:

Two articles, one on the Spotlight on Global Health Initiative Plus Countries: Mali and the other on Essential Newborn Care services in Niger, were shared on the MSH Blog.

6. Project brochure:

Copies of the project brochures in French and English were developed and distributed. With the change in focus of the project a new brochure was started and will be completed during the next quarter.

The annual report for August 2009 – June 2010 was also printed and shared with stakeholders and partners.

Challenges

Managing activity preparations from afar continued to be one of the challenges of the project, mostly because the project did not have local representatives to assist with follow ups in each country while its regional focus of working with regional institutions such as WAHO had been turned down. The country implementation challenge was resolved with the recruitment of country representative as consultants and with the signing of MOUs with the government in each of the four focus countries. This did ease coordination of activities in-country and enhance communication between the project and the respective country's Ministries of Health. Thus, the project has succeeded in establishing its presence at country level.

Conclusion

In spite of challenges faced during the reporting period, significant results were achieved in the different key intervention areas including successful TOTs on C-IMCI and FP/MH service delivery, engaging CSOs in advancing the FP/RH agenda, and progress towards the replication of best practices. Most of the activities conducted during the year centered on ensuring that the bits and pieces necessary for a smooth take-off of implementation of the integrated service delivery package in the four focus countries were in place.

Family planning and C-IMCI providers, stakeholders and administrative persons at district level all received orientation on the content, the process, the follow up of activities, as well as the responsibility of each actor in the general framework of the integrated package.

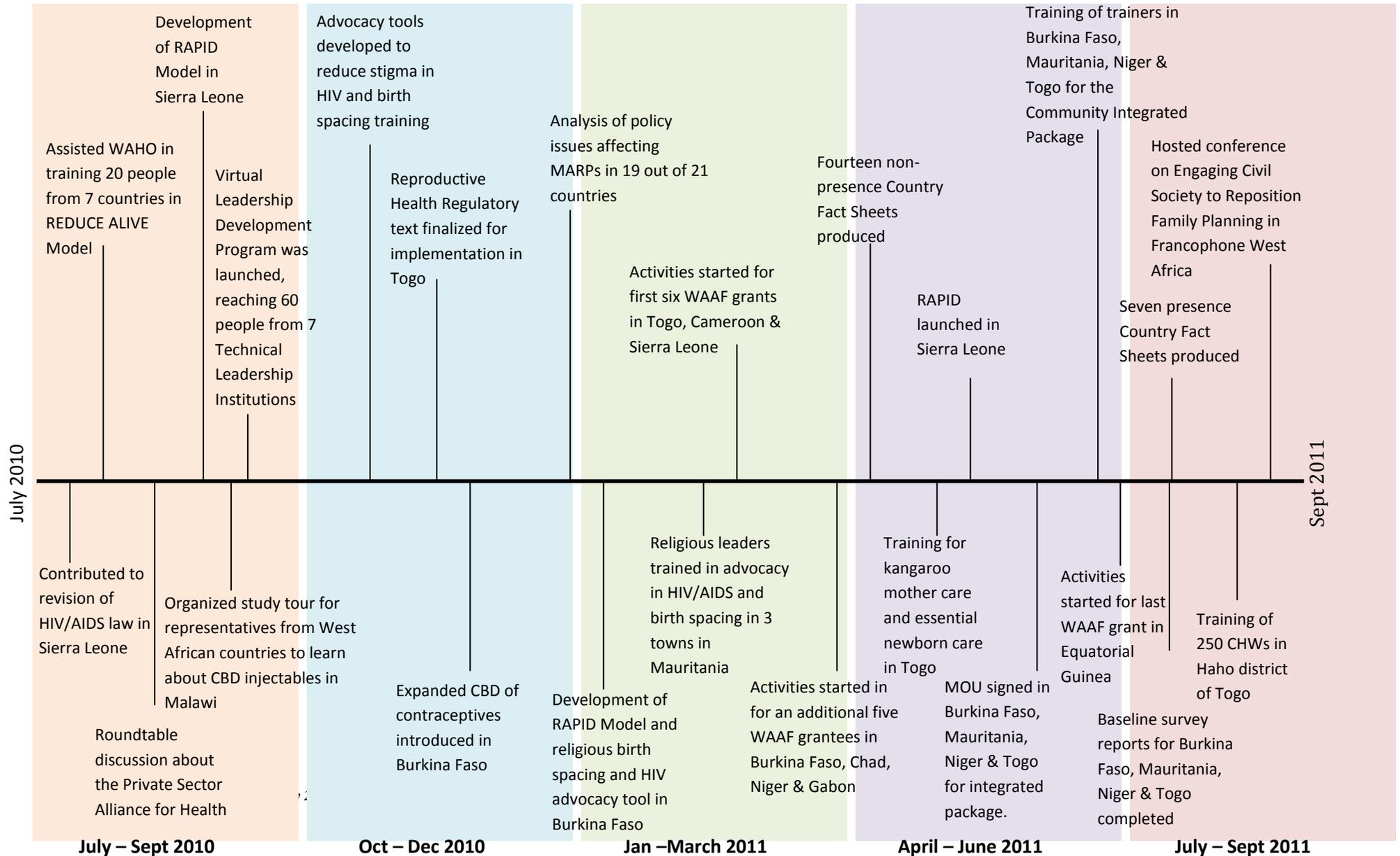
The regulatory texts for the RH law for Togo were validated after a lot of follow up. The religious leaders' advocacy tools, as well as the RAPID Models, were completed and the dissemination initiated in all four countries. Numerous religious leaders were trained in the four countries and commenced advocacy for FP, mainly for birth spacing and the prevention of HIV, reaching hundreds of people. The religious leaders were trained as champions in advocacy and shown documented techniques for the dissemination of advocacy tools for religious leaders in Mauritania, Togo, Niger, and Burkina Faso. Due to these trainings, there now exist religious leaders who speak openly about birth spacing and human rights and who have been able to reach their constituencies with messages on stigma and discrimination associated with HIV and the promotion of birth spacing.

The changes in the technical and geographical scope of the project during the second quarter of this second year significantly affected the implementation of all planned activities in the seven focus countries that became four countries and then two countries. As a result of the change in scope, the labor intensive key technical

areas such as the PBF, which was introduced later on in the project, and MARP, where activities were dropped after tremendous efforts, the overall work of the project was affected. Nevertheless the promotion of the best practices through the small grant mechanism with the WAAF grantees and the integrated community based package implemented in Togo and Niger are producing very encouraging results in FP, as well as in HIV prevention, treatment and care. These activities are expected to support an integrated and synergistic approach that is expected to improve the project's overall impact.

In addition, the numerous TOTs conducted in the focus countries in the areas of FP and EmONC, C-IMCI and essential newborn care including kangaroo mother care and the recent conference organized with the civil society organizations have prepared the ground for a smooth take-off of country activities by the community health workers, as well as providers at health facilities, when the Integrated Package is fully launched in the four districts of the two remaining countries.

Annex 1: USAID AWARE II Year 2 Timeline



Annex 2: Challenges identified and planned actions for implementing the integrated package

CHALLENGES	PLANNED ACTIONS
TOGO	
In collaboration with RESPOND, get facilities ready to provide family planning services before starting at community level.	<ul style="list-style-type: none"> - RESPOND finalized the needs assessment for training at district level - USAID AWARE II will start TOT of CHWs with the facilities that are already providing FP services, while RESPOND is upgrading the other facilities
NGOs are not based at district level. How will they coordinate with the District?	<ul style="list-style-type: none"> - An NGO member will be based at district level and at each facility level to coordinate with the District Health Management Team (DHMT) and monitor activities in collaboration with the facility - The NGO management team based at headquarters will coordinate with the MOH
NGOs ability to train the CHWs on the integrated package.	<ul style="list-style-type: none"> - USAID AWARE II trains DHMT, providers at facility level (primary care level) and qualified members of NGOs (NGOs have few nurses and midwives among their members) as trainers - DHMT, providers at facility level, plus some trained members of the NGOs train the CHWs and the NGOs representative at facility level
How to assure monthly supervision of each CHW, given the huge number of CHWs surrounding a health facility (average of 14).	<ul style="list-style-type: none"> - DHMT and NGO staff organize quarterly visits - Providers and NGOs representative at facility level organize monthly visits
Usually, the partner who initiated the intervention supplies CHWs with initial contraceptives and drugs stock. USAID AWARE II is not allowed to buy drugs and already supplies the country with contraceptives.	<ul style="list-style-type: none"> - MOH (Reproductive Health Division) agreed to supply CHWs with contraceptives - MOH (Community Health Division) agreed to supply CHWs with C-IMCI drugs - UNICEF agreed to supply CHWs with timers for ARI detection
Contraceptives are free of charge for the client, but IMCI drugs are not. How will the CHWs be resupplied?	<ul style="list-style-type: none"> - USAID AWARE II is operating according to national policies: CHWs will not charge FP clients, but will charge C-IMCI clients for the drugs. - NGOs members supply CHWs from the drug store at facility level during monthly supervision then bring back the report and funds to the facility
National community health strategy recommends to motivate CHWs.	<ul style="list-style-type: none"> - USAID AWARE II planned to motivate CHWs through the grant mechanism (fixed motivation) and the PBF mechanism (based on achievements)
NIGER	
Assure family planning services at facility level before starting at community level.	<ul style="list-style-type: none"> - MOH conducted contraceptive technology training need assessment. - USAID AWARE II will train providers at facilities where family planning services are not offered (planned for 16-21 May)
Coordination between NGOs, DHMT and MOH.	<ul style="list-style-type: none"> - An NGO member will be based at district level and at each facility level to coordinate with the DHMT and monitor activities in collaboration with the facility - The NGO management team based at headquarters will coordinate with the MOH - Quarterly meetings will be conducted at district level involving the MOH, DHMT, the NGOs and USAID AWARE II
Training of CHWs on the integrated	<ul style="list-style-type: none"> - USAID AWARE II trains District Health Management

CHALLENGES	PLANNED ACTIONS
package.	<p>Team (DHMT), providers at facility level (primary care level) and qualified members of NGOs (NGOs have few nurses and midwives among their members) as trainers</p> <ul style="list-style-type: none"> - DHMT, providers at facility level plus some trained members of the NGOs train the CHWs and the NGOs representative at facility level
Monthly supervision of the CHWs on the integrated package?	<ul style="list-style-type: none"> - DHMT and NGO staff conduct quarterly visits - Providers and NGO representative at facility level conduct monthly visits
Initial stock of contraceptives and drugs for CHWs.	<ul style="list-style-type: none"> - UNFPA agreed to supply CHWs with contraceptives - UNICEF agreed to supply CHWs with C-IMCI drugs, and supplementary food; and facilities with supplementary and therapeutic food - UNICEF agreed to supply CHWs with timers for ARI detection
How will the CHWs be resupplied?	<ul style="list-style-type: none"> - NGO members supply CHWs from the drug store at facility level during monthly supervision then bring back the report and funds to the facility
Mother and Child care is free of charge for clients in Niger. DHMT used to send the bill to the Government for reimbursement after delivering services and it takes time to get reimbursed leading to drugs stock out.	<ul style="list-style-type: none"> - DHMT to increase the level of stock alert to reflect the reimbursement delays
MAURITANIA	
Assure family planning services at facility level.	<ul style="list-style-type: none"> - All facilities have been trained by USAID AWARE II and are providing FP services
Who supervises the CHWs on the integrated package?	<ul style="list-style-type: none"> - DHMT: quarterly visit - Providers at facility level, trained members of NGOs: monthly visit
Coordination between NGOs, DHMT and MOH.	<ul style="list-style-type: none"> - An NGO member will be based at district level and at each facility level to coordinate with the DHMT and monitor activities in collaboration with the facility - The NGO management team based at headquarters will coordinate with the MOH - Quarterly meetings to be held at district level involving the MOH, DHMT, the NGOs and USAID AWARE II
Training of CHWs on the integrated package.	<ul style="list-style-type: none"> - USAID AWARE II trains District Health Management Team (DHMT), providers at facility level (primary care level) and qualified members of NGOs (NGOs have few nurses and midwives among their members) as trainers - DHMT, providers at facility level, plus some trained members of the NGOs train the CHWs and the NGOs representative at facility level
Monthly supervision of the CHWs on the integrated package?	<ul style="list-style-type: none"> - DHMT and NGO staff conduct quarterly visit - Providers and NGOs representative at facility level conduct monthly visit
Initial stock of contraceptives and drugs for CHWs.	<ul style="list-style-type: none"> - UNFPA agreed to supply CHWs with contraceptives - UNICEF agreed to supply CHWs with C-IMCI drugs, and supplementary food; and facilities with supplementary and therapeutic food - UNICEF agreed to supply CHWs with timers for ARI detection
How will the CHWs be resupplied?	<ul style="list-style-type: none"> - NGO members supply CHWs from the drug store at facility level during monthly supervision then bring back the report and funds to the facility
BURKINA	
In collaboration with RESPOND, get facilities ready to provide family planning services before starting at community level.	<ul style="list-style-type: none"> - RESPOND finalized the need assessment for training at district level - USAID AWARE II will start TOT of CHWs with the

CHALLENGES	PLANNED ACTIONS
	facilities that are already providing FP services while RESPOND is upgrading the other facilities
Training of CHWs on the integrated package?	<ul style="list-style-type: none"> - USAID AWARE II trains District Health Management Team (DHMT) and providers at facility level (primary care level) as trainers and supervisors - DHMT and providers at facility level train the CHWs and the CBOs representative at facility level
Coordination between CBOs, DHMT and MOH.	<ul style="list-style-type: none"> - A CBO member will be based at each facility level to coordinate and monitor activities in collaboration with the facility - The NGO management team based at district level will coordinate with the DHMT - Quarterly meeting at district level involving the MOH, DHMT, the CBOs and USAID AWARE II
Monthly supervision of the CHWs on the integrated package?	<ul style="list-style-type: none"> - DHMT and CBO staff at district level will conduct quarterly visit - Providers and CBOs representative at facility level will conduct monthly visit
Initial stock of contraceptives and drugs for CHWs.	<ul style="list-style-type: none"> - To be determined with MOH and partners
How will the CHWs be resupplied?	<ul style="list-style-type: none"> - CBOs members supply CHWs from the drug store at facility level during monthly supervision then bring back the report and funds to the facility

Annex 3: Summary of policy barriers in AWARE II focus countries and actions to be taken

DOMAIN	FOCUS COUNTRIES				PERIOD
	Burkina Faso	Mauritania	Niger	Togo	
Family planning	Challenge: The community health workers are not allowed to give the initial pills much less injectables at the community level according to standards.			Togo signed the MOU with AWARE II for operational research.	May - June 2011 and continuous
	Actions to be taken: AWARE II will conduct a literature review to collect data and information on the successes in using CHW to provide pills and injectables. <ul style="list-style-type: none"> - Based on the information collected, AWARE II will develop and use data and information on successes in using CHW to provide pills and injectables. - AWARE II will develop and use, based on the information collected, an evidence-based advocacy tool (PowerPoint Presentation) on injectables to convince decision makers on the effective use of pills and injectables by CHW in the four focus countries. - AWARE II will use the results of the operational research (evidence-based) to advocate for policy change (first provision of pills and injectables by CHW in the PNPs). 				
Use of Antibiotics to scale-up policy reform	Challenge : Community workers are not allowed to give antibiotics for the management of ARI for children under 5 years			Already included in the policies	May 2011 and continuous
	Actions to be taken: Advocacy activities will also be intensified to integrate, in the PNPs, the administration of antibiotics by the community health workers for the treatment of acute respiratory infections and malaria in children under 5 years.			Action to be taken: Document the success of the Togo experience and share with the other focus countries	
Use ACT to scale-up policy reform	Challenge : Community workers are not allowed to give ACT for the treatment of malaria for children under 5 years			Already included in the Policies in Togo	May 2011 and continuous
	Action: Advocacy activities will also be intensified to integrate, in the PNPs, the administration of ACT by the community health workers for the treatment of malaria in children under 5 years in Mauritania.				
	NB : ACT are in the policies in Burkina Faso and Niger				
Reinvigorating / re-establishing	Challenge : The multisectoral committees RH are not very functional in the countries and have no mandate and clear agenda.				June 2011 and continuous

DOMAIN	FOCUS COUNTRIES				PERIOD
	Burkina Faso	Mauritania	Niger	Togo	
multisectoral committee to address outstanding policy issues:	<p>Actions to be taken: AWARE II will help strengthen multisectoral committees RH / FP to ensure: Effective resource allocation for family planning, mainly for commodities. Burkina is the model in the region. It has allocated over 300 million FCFA per year for the purchase of contraceptives on the state's own funds and some years it has even spent double; followed by Niger who has allocated 55 million FCFA to contraceptive security; then Togo whose allocation is minimal. Mauritania does not yet have a budget line for the purchase of contraceptive commodities.</p> <p>Effective availability of oxytocin and magnesium sulfate in accordance with the PNP: In Togo, for example, the PNP has made provision to authorize task shifting of health personnel that could inspire other focus countries.</p> <p>Advocacy activities towards health professional in favor of task shifting.</p> <p>Dissemination of the RH law and its regulatory texts through debates on TV and radio in Burkina, Niger and Togo.</p> <p>Contribute to the vote of the RH Law in Mauritania.</p>				
Contribute to the promotion of human rights related to HIV	<p>Challenge : Human rights component related to HIV in law is weak. Discrimination and stigmatization related to PLHIV exist and the HIV laws contain some controversial articles (need to be reviewed or to be supported by new regulatory texts more favorable to human rights and MARPs).</p> <p>Actions to be taken: AWARE II, in collaboration with CNLS/PNLS, will contribute to the development of regulatory texts of the HIV laws in order to strengthen the human rights component particularly concerning people living with HIV and MARPs in Togo.</p> <p>AWARE II, in synergy with UNAIDS, will establish a multisectoral committee on human rights related to HIV& AIDS in the four focus countries.</p>				July 2011 and continuous
Advocacy tools	<p>Challenges : Weak political will in favor of FP. Sociocultural factors such as the influence of some community religious leaders. Weak involvement of men in favor of FP.</p> <p>Actions : AWARE II will assist in the development and dissemination of advocacy tools such as RAPID Model, religious advocacy tools in the focus countries.</p> <p>AWARE II will assist countries on how to document advocacy results. AWARE II will encourage focus countries champions to use the RAPID Model to mobilize resources for family planning, and will use religious advocacy tools to address socio-cultural barriers in the area of family planning and the fight against stigma and discrimination related to HIV.</p>				May 2011 and continuous

Annex 4: Summary Table of WAAF Grants

Country	NGO	Start Date	End Date	Contract Amount	Activities
TOGO	Association Togolaise pour le Bien-Etre Familial (ATBEF)	11-Mar-11	10-Mar-12	\$ 53,478.00	<ul style="list-style-type: none"> - Family Planning services - Gynecological & Prenatal services - Tests for HIV - Care and support services for PLHIV - Information on RH/FP
	Force en Action pour le Mieux être de la Mère et de l'Enfant (FAMME)	11-Mar-11	10-Mar-12	\$ 52,365.00	<ul style="list-style-type: none"> - Distribution of condoms - Refer female sex workers to sexually transmitted infection services at clinics - Mobilize sex workers for HIV voluntary counseling and testing - Medical care services to PLHIV
CAMEROON	African Action on Aids (AAA)	17-Mar-11	16-Mar-12	\$ 52,191.00	<ul style="list-style-type: none"> - Sensitize pregnant women, and women of reproductive age, on maternal health and HIV/AIDS (especially on PMTCT) - Perform voluntary counseling and testing - Support pregnant women and their partners to access ANC services at district hospitals.
	Comité Diocésain pour les Activités Sociales et Caritatives du Diocèse de Yagoua, Région de l'Extrême-Nord Cameroun (CODAS-CARITAS)	17-Mar-11	16-Mar-12	\$ 52,191.00	<ul style="list-style-type: none"> - Place people living with HIV (PLHIV) on ARV - Provide Medical Care for PLHIV - Provide Psychological support to PLHIV - Provide Nutritional support to PLHIV - Conduct Project activity monitoring
SIERRA-LEONE	Agency for Community Empowerment, Participation and Transformation (ACEPT)	24-Mar-11	23-Mar-12	\$ 44,710.00	<ul style="list-style-type: none"> - Organize youth center activities (eg. provide information education and communication materials, counseling and testing, condoms, etc) - Community events and video shows - Monthly & quarterly supervision of Peer Educators
	Medical Research Centre (MRC)	24-Mar-11	23-Mar-12	\$ 49,764.00	<ul style="list-style-type: none"> - Educational information on RH/FP - Family planning services provided for new and returning clients - Community outreach - Prenatal care (ANC) visits - Individual and/or small group level HIV prevention activities - Counseling and testing services for HIV

Country	NGO	Start Date	End Date	Contract Amount	Activities
BURKINA-FASO	Association Espoir pour Demain (AED)	11-Apr-11	10-Apr-12	\$ 104,335.00	<ul style="list-style-type: none"> - Accommodate children in the transit shelter - Home visits to families - Psychological and social well being consultations - Organize medical consultations for mothers and children - Screen men for HIV using outreach campaigns - Sensitize women (mothers & pregnant women)
CHAD	Association pour le Marketing Social au Tchad (AMASOT)	12-Apr-11	11-Apr-12	\$ 104,383.00	<ul style="list-style-type: none"> - Reach out to the community through behavior change communication - Reach young people, aged 15-24, through peer education and entertainment - Tests of HIV - Distribute condoms - Provide PLHIV with home based care and support services
NIGER	Genre, Environnement, Pauvrete et Sante (GEPS)	17-Apr-11	20-Apr-12	\$ 65,692.00	<ul style="list-style-type: none"> - Sexually transmitted infection/HIV/SIDA - Targeting young girls in school - Peer educators - Information Education and Communication (IEC)/Behavior Change Communication
GABON	Groupe Conscience	22-Apr-11	21-Apr-12	\$ 52,184.00	<ul style="list-style-type: none"> - Distribution of condoms, t-shirts, leaflets and posters - Mobilize sex workers for HIV voluntary counseling and testing - Sensitization campaign on HIV with information on prevention of the transmission of HIV from mother to child
	Mouvement Gabonais pour le Bien-Etre Familial (MGBEF)	22-Apr-11	21-Apr-12	\$ 52,184.00	<ul style="list-style-type: none"> - Outreach campaign in high schools - Counseling and educational talks on SRH/FP IEC activities - Voluntary HIV counseling and testing for youth - Distribution of brochures and condoms
EQUATORIAL GUINEA	Camino	1-Aug-11	31-May-12	\$ 96,865.00	<ul style="list-style-type: none"> - Individual and/or small group level HIV prevention interventions - Testing and counseling services for HIV

Annex 5: Year 2 PMP

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
ER 1.0: Shared Regional Vision and Priorities: Regional common vision and priorities for improving the health status of West Africans - Result achieved in Year 1, as of 9/30/2010											
ER 2.0: Policy: Policies developed and implemented in the region to foster effective regional and national health programs.											
EO 2.1	Priority MH, CH, FP/RH (including contraceptive security), and HIV&AIDS policies advocated in 4 focus countries to remove barriers.	PL	1	Number of policies (MH, CH, FP/RH, contraceptive security, and HIV&AIDS) advocated removing barriers.	A count of the number of priority MH, CH, FP/RH, including contraceptive security, and HIV&AIDS policies advocated in the 4 focus countries. Policies include policies, norms and protocols (PNP) in reproductive health, RH law and HIV law.	Policy Change Documentation Tools	Semi-annual	0	4	4	100%
EO 2.2	FP/RH Law and HIV&AIDS Law and related regulatory texts signed and disseminated in 4 focus countries.	PL	2	Number of FP/RH Law and HIV&AIDS Law and related regulatory texts signed and disseminated.	A count of the number of FP/RH Law and HIV&AIDS Law and related regulatory texts signed and disseminated in 4 focus countries.	Policy Change Documentation Tools	Semi-annual	0	4	4	100%

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 2.3	Advocacy tools and methodologies developed and disseminated in 4 focus countries to increase decision-makers commitment for family planning.	PL	3	Number of advocacy tools developed or methodologies applied to improve commitment for FP.	A count of the number of tools developed or methodologies applied to improve commitment for family planning.	Policy Change Documentation Tools	Yearly	0	5	10	200%
EO 2.4	Stigma and discrimination tools and approaches developed and implemented in 4 focus countries in collaboration with MARPs and PLHIV networks.	PL	4	Number of tools developed or approaches applied to address stigma and discrimination related to HIV and AIDS.	A count of the number of tools created or approaches applied to address stigma and discrimination related to HIV and AIDS.	Policy Change Documentation Tools	Semi-annual	0	3	8	267%
		PL	5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of family planning and reproductive health services.	A count of number of policies or guidelines (policies, norms and protocols (PNP) in reproductive health, RH law, RH law regulatory text) developed or changed with USG assistance to improve access to and use of family planning and reproductive health services disaggregated by: policies, guidelines.	Policy Change Documentation Tools	Yearly	0	4	4	100%

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
		PL	6	Number of new Maternal and Child Health policies, laws and guidelines introduced.	A count of number of new Maternal and Child Health policies, laws and guidelines introduced (policies, norms and protocols (PNP) in reproductive health, RH law, RH law regulatory text).	Policy Change Documentation Tools	Yearly	0	4	4	100%
ER 3.0: Replicating Best Practices: Selected high impact best practices adopted and replicated.											
EO 3.1	Baseline information on FP/MNCH in 4 focus countries collected, analyzed, used to inform programming.	IP	7	Baseline report available by country.	A count of available baseline survey reports.	National and Regional consultants' reports on baseline survey.	End 1st quarter	0	4	4	100%
EO 3.2 A	Demonstrated capacity of Community Health Workers: to provide initial prescription of oral contraceptives; to identify and correctly treat malaria, diarrhea and pneumonia in children under five; to give appropriate advice on birth	FP	8	Proportion of trained Community Health Workers (CHWs) able to correctly identify eligible clients for oral contraceptives	Numerator: # of trained CHW able to correctly identify eligible clients for oral contraceptives using the checklist. Denominator: # of CHW trained by AWARE II to correctly identify eligible clients for oral contraceptives.	CHWs' Competency Assessment Report.	Quarterly	32%	70%	-	-
		FP	9	Proportion of trained CHWs able to correctly explain how to use oral contraceptives.	Numerator: # of trained CHW able to correctly explain how to use oral contraceptives. Denominator: # of CHW trained by AWARE II in the use of oral contraceptives.	CHWs' Competency Assessment Report.	Quarterly	64%	70%	-	-

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
	spacing; and to demonstrate the kangaroo mother care (KMC) practice to mothers.	FP	10	Proportion of trained CHW able to correctly identify clients who need referral.	<p>Numerator: # of trained CHW able to correctly identify clients who need referral using the checklist.</p> <p>Denominator: # of CHW trained by AWARE II to correctly identify clients who need referral.</p>	CHWs' Competency Assessment Report.	Quarterly	15%	70%	-	-
		CH	11	% of Community Health Workers able to identify and correctly treat malaria in children under 5.	<p>Numerator: # of Community Health Workers able to identify and correctly treat malaria in children under 5 using the checklist.</p> <p>Denominator: # of Community Health Workers trained by AWARE II to identify and correctly treat malaria in children under 5.</p>	CHWs' Competency Assessment Report.	Quarterly	41%	70%	-	-
		CH	12	% of Community Health Workers able to identify and correctly treat diarrhea in children under 5.	<p>Numerator: # of Community Health Workers able to identify and correctly treat diarrhea in children under 5 using the checklist.</p> <p>Denominator: # of Community Health Workers trained by AWARE II to identify and correctly treat diarrhea in children under 5.</p>	CHWs' Competency Assessment Report.	Quarterly	27%	70%	-	-

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
		CH	13	% of Community Health Workers able to identify and correctly treat pneumonia in children under 5.	Numerator: # of Community Health Workers able to identify and correctly treat pneumonia in children under 5 using the checklist. Denominator: # of Community Health Workers trained by AWARE II to identify and correctly treat pneumonia in children under 5.	CHWs' Competency Assessment Report.	Quarterly	27%	70%	-	-
		NH	14	% of Community Health Workers able to demonstrate the kangaroo mother care practice.	Numerator: # of Community Health Workers able to demonstrate the kangaroo mother care practice using the checklist. Denominator: # of Community Health Workers trained by AWARE II on the kangaroo mother care practice.	CHWs' Competency Assessment Report.	Quarterly	2%	80%	-	-
EO 3.2 B	Increased awareness of patients / clients of Healthy Timing and Spacing of Pregnancy (HTSP) and danger signs for mothers and newborns.	MH	15	Proportion of patients / clients who know the ideal interval of birth spacing disaggregated by facility and community levels.	Numerator: # of clients who used FP/MNCH services at facility or community level and can mention the ideal interval of birth to pregnancy (at least 2 years). Denominator: # of interviewed clients who used FP/MNCH services at facility or community level.	Project Evaluation Report	Yearly	28%	50%	-	-

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
		MH	16	Proportion of patients / clients who know at least 2 benefits of birth spacing disaggregated by facility and community levels.	Numerator: # of clients who used FP/MNCH services at facility or community level and can mention at least 2 benefits of birth spacing (AWARE II HTSP Ref. Doc). Denominator: # of interviewed clients who used FP/MNCH services at facility or community level.	Project Evaluation Report	Yearly	65%	75%	-	-
EO 3.2 C	Increased use of family planning methods (community and facility levels) and access to AMSTL and magnesium sulfate in the intervention districts (facility level).	FP	17	Number of community health workers trained in family planning.	A unit count of CHWs trained in family planning, disaggregated by sex and by facility within the AWARE II supported districts.	Training report (AWARE II/NGO)	Quarterly	17	450	250	56%
		FP	18	Number of providers trained in family planning.	A unit count of providers (i.e. health workers working at facility level) trained in family planning, disaggregated by sex and by facility within the AWARE II supported districts.	Training report (AWARE II / Consultant)	Quarterly		76	120	158%
		FP	19	Number of family planning methods users.	A count of family planning method acceptors (facility and community level, disaggregated by methods, new and old users).	1. CHWs' FP register 2. H. facility FP register	Quarterly	11%	1,844	1,770	96%
		MH	20	Number of health workers trained in the Active Management of Third Stage of Labor (AMTSL) process and the use of magnesium sulfate.	A count of health workers trained in the active management of third stage of labour process and the use of magnesium sulfate.	Training report (AWARE II / Consultant)	Quarterly	0%		133	

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
		NH	21	Number of health workers trained in newborn health.	A count of the number of health workers trained in newborn health.	Training report (AWARE II / Consultant)	Quarterly			123	
		CH	22	Number of community health workers trained in C-IMNCI.	A count of the number of community health workers trained in C-IMNCI.	Training report (AWARE II/NGO)	Quarterly		450	250	56%
		MH	23	Proportion of women who delivered at AWARE II supported facility who received AMTSL practice.	Numerator: # of women who delivered at the facility supported by AWARE II and received active management of third stage of labor. Denominator: # of women who delivered at the facility supported by AWARE II.	Health facility delivery register	Quarterly		60%	83%	138%
		MH	24	Proportion of women presenting at AWARE II supported hospital and suffering from pre-eclampsia or eclampsia who received magnesium sulfate treatment.	Numerator: # of pregnant women presenting at the hospital supported by AWARE II, suffering from pre-eclampsia or eclampsia who received magnesium sulfate. Denominator: # of pregnant women presenting at the hospital supported by AWARE II, who suffered from pre-eclampsia or eclampsia.	Health facility delivery register	Quarterly		60%	59%	98%
		NH	25	Number of Low Birth Weight (LBW) newborn who received KMC treatment.	Unit count of the number of low birth weight babies who received kangaroo mother care treatment at both facility and community levels.	Health facility post-natal ward register	Quarterly	0	40	30	75%

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
		CH	26	Number of Under 5 children treated for malaria by community workers.	Unit count of number of U5 children identified and treated for Malaria by the community health workers using ACT.	CHWs service delivery register	Quarterly	234	2,422	-	-
		CH	27	Number of Under 5 children treated for diarrhea by community workers.	Unit count of number of U5 children identified and treated for diarrhea with ORS low osmolarity & zinc by community health workers.	CHWs service delivery register	Quarterly	41	2,898	-	-
		CH	28	Number of Under 5 children treated for pneumonia by community workers	Unit count of cases of U5 child pneumonia identified and treated with antibiotics by community health workers.	CHWs service delivery register	Quarterly		2,697	-	-
		FP	29	Number of FP clients referred by CHW to facility.	Unit count of the number of Family Planning clients referred by the community based distribution agent to f	CHWs referrals register	Quarterly		TBD	-	-
		CH	30	Number of Under 5 children referred by Community Health Workers to facility.	# of U5 children brought to the community health worker and referred to facilities for advanced care. Denominator: # of sick Under 5 children brought to the Community Health Workers.	CHWs referrals register	Quarterly		80	-	-
Cross-Cutting Result: MARPS											

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 3.6	Increased access to HIV and AIDS prevention, care and treatment for MARPs (FSW, Truck drivers, MSM and others) based on the assessment in each of three focus countries and key transport corridors.	HV	31	Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.	Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (disagg. by MARP type: MSM, CSW, Other Vulnerable Populations)	MARPs NGO's service statistics register	Quarterly	-	TBD	-	-
		HV	32	Number of the targeted population reached with individual and or small group level HIV prevention interventions that are based on evidence and or meet standards required.	Number of the targeted population (Note that this indicator refers to the general population and not MARPs) reached with individual and or small group level HIV prevention interventions that are based on evidence and or meet standards required.	Local NGO's service statistics register	Quarterly	-	1,000	-	-
		HV	33	Number of Health Care workers who successfully completed in service training for HIV/AIDS related service delivery (training in counseling and	Number of Health Care workers who successfully completed in service training for HIV/AIDS related service delivery (training in counseling and testing of at least 2 weeks duration and received certificate).	Training report (AWARE II/Consultant)	Quarterly	-	50	100	-

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
				testing).							
		HV	34	Number of local organizations provided with technical assistance for HIV related capacity building.	Count of the number of local organizations (NGOs & CBOs) provided with technical assistance for HIV related capacity building.	Report of capacity building efforts (AWARE II/MARPs NGO)	Quarterly	-	4	5	-
		HV	35	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (disagg by Gender: male, female).	Count of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (disagg by Gender: male, female).	MARPs NGO's service statistics register	Quarterly	-	800	3,000	
Cross-Cutting Result: Commodity Security											

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 3.7	RH commodity supply chain systems strengthened and functional in 4 focus countries.	CS	31	Average percent of time out of stock over a period for tracer commodities at facility and community levels.	Provides a measure of the ability of the procurement and distribution system to maintain a constant supply of commodities, calculated as the number of days out of stock for a tracer commodity as a percentage of the number of days in 6 months multiplied by the number of facilities.	Mid-term Evaluation Report	Semi-annual		15%	-	-
EO 3.8	Functional stock monitoring and alert system covering 14 non-presence countries.	CS	32	Number of countries without stock-outs of contraceptives for more than 3 months.	Count of number of countries without stock-outs of contraceptives at the central level for more than 3 months.	Mid-term Evaluation Report	Semi-annual		3	-	-
		CS	33	Number of countries reporting stock-out of contraceptives receiving technical assistance on supply chain management.	Count of number of countries reporting stock-out of contraceptives at the central level	Mid-term Evaluation Report	Semi-annual	4	1	-	-
Cross-Cutting Result: Performance Monitoring and Evaluation											

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 3.9	Assessment of M&E capacity of participating local NGOs, WAAF grantees and health facilities conducted.	ME	34	Number of local organizations developing and successfully implementing a monitoring and evaluation plan.	Count of number of local organizations (local NGOs and CBOs) developing and successfully implementing a monitoring and evaluation plan (at minimum, a document describing indicators, indicator definition, numerators, denominators, data source, and frequency of collection and targets). Implementation status is updated frequently according to plan.	Report of M&E Capacity Assessment (USAID AWARE II)	Yearly	0	12	10	83%
		ME	35	% of local organizations (local NGOs and CBOs) with record-keeping systems, for monitoring FP/MNCH and HIV/AIDS services.	Numerator: # of local organizations (local NGOs and CBOs) with record-keeping systems (at least a list of service providers under their supervision, activity reports from the service providers) for monitoring FP/MNCH and HIV/AIDS services. Denominator: # of local organizations (local NGOs and CBOs) FP/MNCH and HIV/AIDS services assessed for M&E capacity.	Report of M&E Capacity Assessment (USAID AWARE II)	End 1st quarter	0	75%	60%	80%
EO 3.11	Orientation on data management including the use of the AWARE II online database for local NGOs, WAAF grantees and Health facilities conducted.	ME	36	Number of local NGOs, WAAF grantees and districts facilities provided with orientation on data management.	Personnel from two local NGOs, twelve WAAF grantees and nine districts trained in basic data management skills with the view to strengthening their capacity to use the AWARE II online database as well as the national HMIS.	Report of M&E Capacity Assessment (USAID AWARE II)	End 1st quarter	0	14	12	86%
Cross-Cutting Result: Communications & Knowledge Exchange (CKE)											

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 3.14	Effective communications about the project among its many stakeholders facilitated.	KE	37	Number of Project Success Stories written and shared.	A story showing that a change has occurred as a result of project activities.	USAID AWARE II Quarterly Report	Quarterly	0	8	3	38
ER 4.0: Using Strengthened African Capacity: Selected number of West African institutions and networks strengthened.											
EO 4.1	Local organizations and CBOs have successfully implemented selected interventions in their respective grants.	CB	38	Number of local organizations that meet USG financial reporting standards.	A count of local NGOs that have been trained in the rules and regulations in managing US Govt. funds and have evidence (e.g. Acc. No.) of a bank account for managing US Govt. funds, and submits regular financial reports. (12 WAAF grantees, 2 NGOs).	USAID AWARE II Quarterly Report	Quarterly	0	14	13	92%
		CB	39	Number of supported local NGOs and CBOs scoring at least 80% of the desired maximum level after the capacity building effort.	An assessment report of each Local NGO selected to work in collaboration with AWARE II project to support countries to implementing the integrated package. Number of the supported organizations scoring at least 80% or more as measured using the MOST tool.	USAID AWARE II Quarterly Report	Yearly	0	13	-	-
		CB	40	Number of local NGOs trained and providing quality family planning and reproductive health services.	A count of the number of local NGOs and CBOs trained and providing CBD of contraceptive in the project intervention areas.	USAID AWARE II Annual Report	Yearly	0	2	1	50%

EO#	Expected Outcomes	Cmp*	Ind	Indicator	Definition or Method of Measurement	Source of Data Collection	Report Freq.	Baseline	Year 2 Target	Result	%
EO 4.3	WAAF Grantees successfully implemented selected interventions.	CB	41	% WAAF grantees successfully managed WAAF grant.	<p>Numerator: Number of WAAF grantees achieving at least 75% of their set targets on all indicators.</p> <p>Denominator: Number of WAAF grantees who signed the WAAF grant contract with USAID AWARE II.</p>	USAID AWARE II Annual Report	Yearly	0	100%	-	-

ER 5.0: Leveraging Funding: New funds mobilized for health programs and existing donor, national resources effectively used - ER 5.0 eliminated by USAID.

Color	Code for	# of Indicators	%
Blue	USAID/WA regional indicators	13	32%
White	AWARE II - integrated package indicators	28	68%
TOTAL		41	100%

Annex 6: Success story

Using small grants as a mechanism for service delivery in hard to reach communities in Africa – The ATBEF mobile clinic, a burst of hope for the people



Mrs. Lonlonyo, a 42 year-old mother of five, had given up hope of ever receiving reproductive health services. She lives in a small village 150 km northeast of Lome, Togo and had the five-year Norplant implant inserted eleven years ago, but had not removed it because of lack of funds and accessibility to services.

But recently, the Association Togolaise pour Le Bien-Etre Familial (ATBEF), a local non-governmental organization, brought a mobile clinic to her area. At the mobile clinic, Mrs. Lonlonyo was able to have her implant removed, receive counseling, and had an IUD inserted which would last ten years.

“But for your visit to our village, I would have become pregnant again at my age or die with the Norplant capsules in my arm. Allow me to say thank you to all of you and to your partners who think of those of us in remote areas who need services of this nature,” said Mrs. Lonlonyo.

ATBEF’s village clinic is receiving support from the MSH-managed USAID AWARE II project, as part of the West Africa Ambassadors Fund, to offer reproductive health services to people in the remotest parts of Togo.

ATBEF, under this program, is working to increase the availability of sexual, reproductive health, and family planning services in 20 villages and hard to reach communities in the Maritime and Plateaux regions of Togo.

USAID AWARE II
Management Sciences for Health and partners
- EngenderHealth and Futures Group -
16 Ridge Road, Roman Ridge
Accra, Adjacent Akai House & Opposite Bernswett Pharmacy
P.O. Box CT 477. Cantonments, Accra, Ghana
Tel: +233 (0)302 771 720/26