



4TH SECTOR HEALTH YEAR FIVE: 1ST AND 2ND QUARTER ACTIVITY REPORT

OCTOBER 1, 2011 THROUGH MARCH 31, 2012

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Contact: Elizabeth Macgregor-Skinner
Abt Associates Inc.
301.347.5616
elizabeth_macgregor-skiner@abtassoc.com



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | P: 301.347.5000 | F: 301.913.9061
| www.abtassociates.com

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

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ACRONYMS

ALAP	Asociación Latinoamericana de Población
ANVISA	Brazilian Drug Regulatory Agency
BMS	Bristol-Myers Squibb
CONAES	Consortio Nacional Empresarial sobre el SIDA
CRS	Catholic Relief Services
CSR	Corporate Social Responsibility
DNDi	Drugs for Neglected Diseases Initiative
GMCR	Green Mountain Coffee Roasters
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT	Information and Communication Technology
IEC	Information, Education and Communication
J&J	Johnson & Johnson
KC	Kimberly Clark
LAC	Latin America and the Caribbean
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NGO	Nongovernmental Organization
P&G	Procter & Gamble
PAHO	Pan American Health Organization
PSA	Professional Service Agreement
RELAC SIS	<i>Red Latinoamericana y del Caribe de Sistemas de Información en Salud</i>
RFA	Request for Application
RH	Reproductive Health
RSD	Regional Sustainable Development
SHOPS	Strengthening Health Outcomes through the Private Sector
SSI	Sustainable Sciences Institute
STC	Save the Children
TB	Tuberculosis
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The 4th Sector Health Project (RLA-A-00-07-00048-00) contributes to improved health outcomes in Latin America and the Caribbean (LAC) by developing public-private partnerships in priority health areas. Using United States Agency for International Development (USAID) funding to leverage private sector funding for public health programs, the project brings partners together to work on HIV/AIDS, tuberculosis (TB), malaria, maternal and child health (MCH), and reproductive health (RH). Led by Abt Associates, 4th Sector Health's two main objectives are: 1) building public-private alliances in health and 2) facilitating South-to-South exchange activities of best practices throughout the region.

In its four-and-a-half years, 4th Sector Health has leveraged \$3.27M in resources for USAID's public health priority areas in 12 alliance agreements, and supported 10 activities that have reached more than 38,000 beneficiaries. Engaging more than 23 companies and organizations in partnerships, 4th Sector Health has strengthened 33 local and regional institutions through its alliances. The project has demonstrated the viability and efficiency of the regional alliance model, which allows for longer-term, strategic relationships between USAID and the private sector. 4th Sector Health's experience suggests that corporate partners are convinced of the effectiveness of regional alliances. During the life of this project, the field of corporate engagement in development has evolved and continues to evolve. Alongside this evolution, 4th Sector Health has continued to refine its partnership model, focusing more on alliances that represent business interests for its corporate partners—believing that these activities have a better chance of leveraging real corporate resources and interest. Core business interests are largely self-defined by companies, however, and as the issue of sustainability evolves within companies, it may be linked to intangible interests that serve corporate strategy, but not necessarily involve a company's core competency. Much of 4th Sector Health's success has been its ability to convene new partners to address important gaps in public health priority areas and to develop partnerships that reflect strategic issues for its partners.

We continue to see results from alliances developed by 4th Sector Health. In October 2011, heavy rains and flash floods in Central America caused widespread damage, killed 100 people – and affected water supply for 47,000 people. 4th Sector Health's alliance with P&G and Catholic Relief Services had prepositioned P&G Purifier of Water packets in vulnerable communities in Guatemala, Honduras, and Nicaragua. Due to the alliance's effort, communities in these countries were much more able to respond to the disaster and to prevent illness associated with unsafe drinking water.

In the first half of Year Five, we continue to implement the alliance activities developed by the project. We began implementation with Profamilia in an alliance with Kimberly-Clark in Colombia, to shape the company's engagement with young mothers and their children to improve maternal and child health. Through our alliance with RedEAmérica we are influencing the organization's corporate membership through a health programming framework, resulting in corporate engagement by companies that had not previously invested in health. Our alliance with Green Mountain Coffee Roasters (GMCR) increased the food security of rural coffee communities in Central America. Through this alliance, 4th Sector Health helped facilitate an expanded relationship between GMCR and USAID, which was announced at USAID's PPP Week. A pilot project supported by Claro and Ericsson to utilize mobile technologies to address maternal health in Nicaragua was carried out, and is set for expansion in the next semester. We celebrated the successful completion of the alliance with the Drugs for Neglected Diseases Initiative (DNDi), which announced the important launch and registration of a new pediatric dose of a Chagas drug in Brazil that will have regional implications. Finally, with USAID's Strengthening Health Outcomes through the Private Sector (SHOPS) Project and GBCHealth, we convened a meeting at the Caribbean HIV/AIDS conference to mobilize the corporate sector on HIV work. We continue to follow the

alliances whose funding has ended, to know if activities continue as well as how the companies involved continue to stay engaged in health.

As 4th Sector Health enters its final semester, we are reviewing the sustainability of the alliances we have developed. The word “sustainability” conjures numerous meanings, but the implication is that somehow the activities are contributing to the project’s goal of greater corporate engagement in health. Early in this project, sustainability was defined as: 1) the continued engagement or funding of the private sector partner in health activities that align with USAID; 2) the continuity of the activity without USAID or corporate funding (e.g. funding was used for catalytic purposes); and 3) increased capacity of the implementing partner as a result of the alliance activity. The project is tracking the overall sustainability of alliance activities—for both ongoing as well as completed alliances. Throughout this report we comment on the degree to which individual alliances are sustainable.

4th Sector Health’s exchanges component continues to advance the sharing of best practices, using online technologies and in-person visits to share experiences and innovative models in health research. The exchange component has become interwoven into the alliances component, and the more mature alliances feature programmatic exchanges to share lessons learned in future quarters. Representatives from Project HOPE and local governments in Mexico and Nicaragua have already exchanged lessons learned from the gestational diabetes screening project supported by 4th Sector Health and Bristol-Myers Squibb (BMS). This semester, we also continued efforts to find a way to continue the Red Encuestas site with another partner. We identified the Instituto Nacional de Salud Publica (INSP) as a possible candidate for this endeavor, and began discussions with the organization for how to effect a transition.

In addition to the alliance and exchange activities, we began planning for a regional alliances meeting to advance the discussion on partnerships for health between sectors, and developed a concept for a paper on the health economics of the LAC region for the LAC/RSD Bureau.

This semi-annual report covers 4th Sector Health’s activities from October 1, 2011 through March 31, 2012.

Table I provides a summary of the status of Year Five project outputs as of March 31, 2012.

TABLE I. 4TH SECTOR HEALTH YEAR FIVE WORKPLAN STATUS SUMMARY

Activity	Status 3/31/12
Task A: Alliance Building	
Successfully Manage Existing Alliance Activities	
<i>Procter and Gamble (P&G) – Improving Access to Clean and Safe Drinking Water during Emergencies (MCH)</i>	
Sign Memorandum of Understanding (MOU)	MOU signed in August 2008
Design activity	Received two proposals for activity design
Award grant	Grant awarded to Catholic Relief Services (CRS) in October 2009
Alliance activity implementation	Launch event in Nicaragua carried out in March 2010; activities/visits in Nicaragua, Guatemala, and Honduras in Quarter (Q) 3 2010 and 2012; no-cost extension through July 2011 to allow for Nicaragua implementation issues. Discussion to continue with P&G for engagement on disaster issues; grant activities ended successfully closed out July 2011.
Expand alliances	Alliance not expanded. This is mostly due to difficulty finding adequate implementing partners and incompatibility with USAID Missions' priorities. However, P&G remains committed to look for opportunities.
<i>Consejo Nacional Empresarial sobre el SIDA (CONAES) – Expanding Private Sector Participation in the Fight against HIV/AIDS (HIV)</i>	
Sign MOU	MOU signed in December 2008
Design activity	Received four proposals for activity design
Award grant	Grant awarded to Colectivo Sol in August 2009
Alliance activity implementation	Members assessed and key participating companies identified; Colectivo Sol unable to complete scope of work; Activity closed June 2011
<i>Johnson & Johnson (J&J) /J&J Medical de Mexico – Strengthening Reproductive Health among Youth and Rural Populations (RH)</i>	
Sign MOU	MOU signed in May 2009
Design activity	Received one proposal for activity design
Award grant	Grant awarded to Mexfam in August 2009
Alliance activity implementation	Activity implementation begun in August 2009; project visit July 2010; alliance successfully closed September 2010
<i>RedEAmérica – Increasing Health Programming among RedEAmérica Foundation Members (MCH)</i>	
Sign MOU	MOU signed in July 2009
Design activity	Scope of work developed September 2009
Award grant	Professional services agreement to RedEAmérica issued on February 10, 2010
Alliance activity implementation	Implementation March 2010; draft document presented March 2011; project visits: September 2010, April 2011; March 2012; framework posted on Internet and promoted to members; project period to be

Activity	Status 3/31/12
	extended through August 2012
Project HOPE & Bristol-Meyers Squibb (BMS) – Improving Reproductive Health Among Women with Diabetes in Nicaragua and Mexico (MCH)	
Sign MOU	MOU signed September 2009
Design activity	Received proposal May 2010
Award grant	Grant awarded to Project HOPE July 2010; cost extension granted April 2011
Alliance activity implementation	July 2010 activity commenced in Mexico and Nicaragua; project monitoring visit March-April 2011; Mexico-Nicaragua programmatic exchange October 2011; alliance activities ended in October, 2011
Dole/Fundación Dale – Strengthening Youth Reproductive Health (MCH)	
Sign MOU	MOU signed September 2010
Design activity	Proposal received February 2011
Award grant	Decision not to fund
Activity implementation	N/A
Green Mountain Coffee Roasters (GMCR) – Addressing Food Insecurity Among Coffee Growers in Latin America (MCH)	
Sign MOU	Letter of intent signed July 2010
Design activity	Proposal received September 2010; approved December 2010
Award grant	Grant awarded to Save the Children February 2011
Activity implementation	Begun February 2011; project visits to Nicaragua (February 2011) and Honduras (March 2012)
Kimberly Clark (KC) Andean Region – Improving Newborn Health Knowledge Among New and Expectant Mothers (MCH)	
Sign MOU	Signed MOU September 2010
Design activity	Proposal received from Profamilia December 2010
Award grant	Professional Services Agreement awarded December 2011
Activity implementation	Activity begun December 2012; visit in March 2012
Ericsson and Claro – ICT to Improve Maternal and Child Health in Nicaragua (MCH)	
Sign MOU	MOU signed October 2010
Design activity	Proposal received from Sustainable Sciences Institute December 2010
Award grant	Grant awarded to Sustainable Sciences Institute February 2011
Activity implementation	Activity began February 2011; visit March 2011; initial pilot phase complete February 2012
Drugs for Neglected Diseases Initiative (DNDi) – Increasing Access to a New Pediatric Formulation of Benznidazole to Prevent Chagas Disease (MCH)	

Activity	Status 3/31/12
Sign MOU	Verbal agreement; no MOU signed since DNDi would be recipient
Design activity	Proposal received from DNDi October 2010
Award grant	Grant awarded to DNDi February 2011
Activity implementation	Activity commenced in March 2011; toolkit launched December 2011; activity completed December 2011
GBCHealth – Partnering with the business community to fight HIV/AIDS in the Caribbean	
Sign MOU	Letter of Intent signed April 2011
Design Activity	Proposals received and reviewed May–September 2011
Award Grant	Collaboration with SHOPS project (from USAID/Caribbean) to fund private sector convening at LAC HIV/AIDS conference with 4 th Sector Health November 2011
Activity Implementation	Private sector reception and convening held in Nassau, Bahamas, at Caribbean HIV conference (November 2011); GBC meetings for follow-on work held in January 2012
Develop and Issue Grants for Four Partnership Activities	In Year Five, funding awards have been issued to Profamilia, and to GBCHealth (through the SHOPS project)
Expand/Sustain Existing Alliances	<ul style="list-style-type: none"> • Discussions to sustain activities with P&G in Central America • GMCR alliance activity expanded to regional level with USAID for Food Security/Climate Change • Facilitated meetings with the Pan American Health Organization (PAHO), DNDi, and USAID to expand the regional scope of the Chagas treatment • Developed activity sustainability framework
Develop New Alliances	<ul style="list-style-type: none"> • No new alliances in development for Year Five
Conference Visibility	Attended Caribbean HIV/AIDS conference November 2012
Determine and Demonstrate Sustainability of 4th Sector Health's Alliance Activities	Monitoring and evaluation of alliance activities and documentation of alliance activities with sustainability lens
Convene Regional Consultative Meeting with Private Sector Representatives	Meeting concept developed; meeting date set for June 5-6 in Guatemala City; Save the date sent

Task B: Fostering South-to-South Exchanges

Cultivate Red Encuestas Community	
Identify a partner to assume Red Encuestas	Met with Instituto Nacional de Salud Publica (INSP) in Mexico and Measure Evaluation to discuss potential merge with Red Latinoamericana y del Caribe de Sistemas de Información en Salud (RELAC SIS) network (January 2012); follow-up meetings held in Washington, DC (February 2012)
Integrate Exchange opportunities into Alliances	Save the Children activity with GMCR Alliance contains exchange to learn from implementation of integrated food security in four countries planned for April 2012; RedEAmérica exchange planned for May 2012

Activity	Status 3/31/12
Task C: Other Activities	
Identifying Economic Value of Healthcare Ecosystem in LAC	Developed paper concept and outline; reviewed with USAID; conducted desk research
Providing support to USAID and regional organizations to convene the private sector on health	Engagement of PAHO, Inter-American Development Bank, World Bank to participate in regional meeting on business engagement in health and alliances
Task D: Project Management	
Hold project planning meeting	Held October 2011
Develop Year Four Workplan	Submitted in February 2012
Monitoring and evaluation (M&E) activities	M&E indicators monitored; Indicators cleaned through TDY with Save the Children (March 2012)
Document alliances success stories/lessons learned	Newsletter and website contain alliance updates (more information pending); three alliance briefs developed
Develop and distribute alliance newsletter	Semi-annual newsletter distributed in electronic form December 2011
Website update	Website updated quarterly
Increase project recognition	<ul style="list-style-type: none"> • Attended and co-hosted private sector convening event at HIV/AIDS conference in the Bahamas (November 2012) • Presented 4th Sector Health's Exchanges Component at INSP in Guadalajara, Mexico to students and members of RELACISIS; January 2012 • Met with USAID Missions regarding project in Honduras, Colombia (March 2012) • Presented 4th Sector Health alliances with corporate partners: Kimberly Clark in Colombia; Save the Children and Catholic Relief Services in Honduras
Submit quarterly financial reports	Submitted quarterly
Submit Global Development Alliance database	Forthcoming
Submit semi-annual and annual activity reports	Semi-Annual Report: July 2012
Develop Year Five Workplan	Submitted in February 2012
Project Extension	Requested and received a no-cost extension through December 2012 to complete project activities.

PLANNED ACTIVITIES AND STATUS REPORT

INTRODUCTION

The objective of the 4th Sector Health Project is to contribute to improved health outcomes in Latin America and the Caribbean (LAC) by 1) building public-private alliances in health and 2) facilitating South-to-South exchange activities of best practices throughout the region.

This Year Five, Quarters 1 and 2 Activity Report covers the period of October 1, 2011 through March 31, 2012. It follows the Workplan format and is organized by the three major tasks associated with the implementation of the 4th Sector Health Cooperative Agreement: 1) alliance activities, 2) fostering South-to-South exchanges, and 3) managing the Project. Issues or changes in planned activities are highlighted. The Project's quarterly financial reports have been submitted to the Agreement Officer's Representative (AOR) and Agreement Officer.

TASK A: ALLIANCE BUILDING

4th Sector Health's main activity is to develop alliances between the USAID, corporations working in LAC, and implementing partners, that generate funding for and strengthen delivery of priority health services. The project has negotiated 12 alliances formalized in memoranda of understanding (MOUs) or letters of intent. From these agreements, 10 activities have been developed and are supported through Project funding. The alliances leverage the resources of USAID and the corporations to advance the health care development issues of interest to both parties. Thirty-three local and regional institutions have been strengthened by serving as implementers of the alliance activities. More than 38,000 individuals have been reached with through the Project's alliance efforts.

Of the 10 alliance activities developed, the funding period had ended for five of them. In the first half of Year Five, we issued a grant agreement to Profamilia and launched activities for our alliance with KC. We also leveraged support from USAID's SHOPS Project with our resources to support activities with GBCHealth to mobilize the corporate sector for HIV in the Caribbean; we continued to monitor activities with other alliances that have not ended.

Subtasks and outputs planned for Year Five are to:

1. Successfully manage existing alliance activities;
2. Hold a regional meeting to discuss lessons learned and share opportunities for building alliances in health with members of USAID and the private sector.
Complete at least nine separate alliance activities, documented in end-of-activity reports;
3. Explore and contribute to increasing USAID's partnership in the regions with multilateral partners and other regional institutions;
4. Document lessons learned from alliance activities;
5. Increase visibility for alliance activities; and
6. Leverage additional private/corporate funds.

This report details the progress made toward the outputs in Quarters 1 and 2.

Tables I-10 summarize the status of the alliances which have signed MOUs and activities. For reporting on the alliances' monitoring and evaluation (M&E) plans, see Annexes I and II

TABLE I PROCTER AND GAMBLE'S (P&G'S) CHILDREN'S SAFE DRINKING WATER PROGRAM – IMPROVING ACCESS TO CLEAN AND SAFE DRINKING WATER DURING EMERGENCIES

Partners	P&G, Catholic Relief Services (CRS) (implementing partner)
Proposed activity	Develop and carry out pre-positioning workshops and organize logistics system to deliver P&G Purifier of Water during emergencies in Honduras, Guatemala, and Nicaragua. Expansion planned for up to four countries (Colombia, Costa Rica, Ecuador, and Panama).
Funding	<ul style="list-style-type: none"> • P&G: \$305,000 in grants (\$150,000 from the original memorandum of understanding (MOU); \$30,000 additional for Central America; and \$100,000 in-kind • 4th Sector Health/USAID: \$130,000 (maternal and child health, or MCH) (\$50,000 from the original MOU)
Milestones	<ul style="list-style-type: none"> • MOU signed in August 2008. • \$50,000 grant awarded to CRS in October 2009. • Activities launched in March 2010. • P&G provided an additional \$30,000 contribution in the first half of Year Three. • MOU addendum signed in September 2010 to expand in up to four countries. • Alliance activities completed in June 2011.
Key M&E indicators	<ul style="list-style-type: none"> • Number of families that received information on negative effects of consuming unsafe water; appropriate water treatment, usage, and storage; and related hygiene-promotion topics, such as hand washing: 7,118 • Number of disaster-affected families that received sufficient water treatment supplies (2–3 boxes of P&G Purifier of Water sachets) to treat 12.5 gallons of water per day for an average of four months: 7,118 • Number of national-level government agencies that have coordinated the pre-positioning of 13,500 boxes of P&G Purifier of Water: 9 • Number of governments that have strengthened the safe drinking water components of their disaster preparedness plans: 5
Status	Activities successfully completed in all three countries. 4 th Sector Health is supporting P&G and local partners in institutionalizing P&G's Purifier of Water in future emergency efforts.
Sustainability	P&G and local implementing partner, CRS, continue to promote the importance of clean drinking water in disaster preparedness—and advocating for local procurement of P&G's Purifier of Water.

Note: M&E=monitoring and evaluation

Year Five - Quarter I and II Activities

4th Sector Health updated each of the USAID missions in Honduras, Guatemala, and Nicaragua via email of the status of alliance activities, major results achieved in each country, and possible next steps. Overall, 7,118 disaster-affected families were reached through this alliance, receiving training and supplies of P&G Purifier of Water packets. Ms. Jacobson traveled to Honduras to meet with CRS and its local implementing partner, CARITAS (see Jacobson Trip Report, March 2012 for details). During the trip, Ms. Jacobson verified alliance activities in Honduras, both in terms of acceptance of P&G Purifier of Water on the part of the beneficiaries, as well as the improved coordination and cooperation that this activity fostered between different agencies involved in local emergency response. Ms. Jacobson also identified interest from local partners (especially CRS) in obtaining additional supplies of P&G Purifier of Water to pre-position for the next hurricane season. The project updated USAID/Honduras on the accomplishments of this alliance in the country and discussed the possibility of including P&G Purifier of Water in the emergency-response kit supported by USAID. 4th Sector Health is currently following up with CRS, P&G, and USAID/Honduras to help facilitate communication and perhaps future procurements of the product. In Guatemala, 4th Sector Health plans to meet with CRS in June to discuss project results and next steps. In Nicaragua, 4th Sector Health will follow up by phone with CRS. An alliance brief detailing the activities and outcomes of this alliance are attached in Annex 5.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
Update Missions by email (completed)	X			
Travel to Cincinnati to meet with P&G (discussed by phone instead)		X		
Communicate with CRS on suggested next steps (completed)		X		
Meet with local agencies on next steps (completed in Honduras/June in Guatemala)		X	X	
Facilitate discussion between P&G and local agencies		X	X	
Document final alliance achievements and lessons learned			X	

TABLE 2: CONSEJO NACIONAL EMPRESARIAL SOBRE EL VIH/SIDA (CONAES) – EXPANDING PRIVATE SECTOR PARTICIPATION IN THE FIGHT AGAINST HIV/AIDS

Partners	CONAES, a membership organization of large multinationals based in Mexico, <i>Colectivo Sol</i> (implementing partner)
Proposed activity	Support CONAES members to enact HIV/AIDS corporate policies by funding an HIV/AIDS programming organization to work directly with companies to strengthen and expand HIV/AIDS activities in workplaces or in communities.
Funding	<ul style="list-style-type: none"> • CONAES: up to \$30,000 cash and up to \$100,000 in kind from CONAES' members • 4th Sector Health/USAID: \$15,000 (HIV)
Milestones	<ul style="list-style-type: none"> • MOU signed December 2008. • Alliance presented to CONAES members in February 2009. • Call for proposal issued in April 2009. • Grant awarded to <i>Colectivo Sol</i> in August 2009. • Activities launched in September 2009. • Alliance suspended in March 2011.
Key M&E indicators	<ul style="list-style-type: none"> • Number of organizations that receive technical assistance to develop HIV/AIDS workplace policies • Number of companies that implement new HIV/AIDS workplace programs • Number of employees covered by new HIV/AIDS workplace programs • Eight companies filled out questionnaires about programming; due to change in activities, other indicators could not be completed
Status	Due to funding limitations experienced by 4 th Sector Health during Year Four and management challenges experienced by CONAES, 4 th Sector Health suspended this alliance activity in March 2011.
Sustainability	CONAES is facing organizational sustainability issues and their ability to engage their members on HIV/AIDS is limited.

Year Five - Quarter I and II Activities

During these two quarters, there were no activities on this alliance. 4th Sector Health continued efforts to contact CONAES, both through USAID/Washington as well as former USAID/Mexico contacts. However, no information was available on new management of the organization. 4th Sector Health completed its write-up of the CONAES alliance, summarizing key lessons learned. No further activities are planned.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
Meet with CONAES to review alliance close-out and document lessons learned (travel to Mexico) (cancelled due to CONAES' unavailability)		X		
Finalize alliance write-up (completed)		X		

TABLE 3: JOHNSON & JOHNSON (J&J) – STRENGTHENING REPRODUCTIVE HEALTH AMONG YOUTH AND RURAL POPULATIONS

Partners	J&J USA, J&J Mexico, and Mexfam (implementing partner)
Proposed activity	Fund an expansion of Mexfam’s <i>Gente Joven</i> Program into two new communities in two states in Mexico: Oaxaca and Michoacán.
Funding	<ul style="list-style-type: none"> J&J: \$50,000; Mexfam: \$50,000 (in-kind) 4th Sector Health/USAID \$50,000 (reproductive health, or RH)
Milestones	<ul style="list-style-type: none"> MOU signed in May 2009. Grant awarded to Mexfam in August 2009. Activities launched in September 2009. Monitoring visit conducted in July 2010. Activities concluded in August 2010. Alliance write-up concluded in May 2011.
Key M&E indicators	<ul style="list-style-type: none"> 30 health workers trained on sexual and reproductive health 16,427 youth reached with information on safe sex 2,215 referrals to health services at Mexfam’s clinics 5,826 sexual and reproductive health consultations provided to youth in targeted health clinics
Status	Activities successfully completed. Alliance brief completed and shared with USAID/Mexico.
Sustainability	MEXFAM is expanding its <i>Gente Joven</i> program to all clinic centers. J&J is no longer supporting MEXFAM.

Year Five - Quarter I and II Activities

During these two quarters, there were no major activities on this alliance. However, 4th Sector Health did follow up with J&J to check whether they had provided additional support to MEXFAM. Since this alliance with 4th Sector Health, and following previous support to MEXFAM, J&J has focused its efforts in Mexico on smaller NGOs and has not provided any additional support to MEXFAM. Lessons learned from this alliance are attached in the Alliance Brief, Annex 4.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmark	Q1	Q2	Q3	Q4
Correspond with J&J to track future corporate contributions for MEXFAM (completed)	X			

TABLE 4: BRISTOL-MYERS SQUIBB (BMS) FOUNDATION AND PROJECT HOPE – INTEGRATING DIABETES CARE AND REPRODUCTIVE HEALTH IN MEXICO AND NICARAGUA

Partners	BMS Foundation and Project HOPE (implementing partner)
Proposed activity	Expand Project HOPE’s existing diabetes education program in Mexico and Nicaragua to include a module that addresses RH, gestational diabetes, and high-risk pregnancy.
Funding	<ul style="list-style-type: none"> • BMS: \$70,000 • Project HOPE: \$100,000 (in-kind) • 4th Sector Health/USAID: \$50,000 (RH)
Milestones	<ul style="list-style-type: none"> • MOU signed in September 2009. • Proposal received from Project HOPE in November 2009. • Revised proposal received in April 2010. • Grant to Project HOPE issued in July 2010. • Alliance activities finalized September 2011.
Key M&E indicators	<ul style="list-style-type: none"> • Number of facilities adopting the two new modules: 8 in Mexico and Nicaragua • Number of at-risk women trained: 186 • Estimated number of participants to be exposed to the two new modules per year: 400 • Number of women screened by participating partners : 186
Status	Alliance activities successfully completed in Mexico and Nicaragua.
Sustainability	<ul style="list-style-type: none"> • Health centers in the project areas continue to offer diabetes screening and regional authorities are seeking to expand the screening program. • Mexico MOH and Project HOPE travelled to Nicaragua to exchange experiences and share recommendations for scale up. • Project Hope is exploring application of the model to South Africa—and looking for other countries in Latin America to replicate.

Year Five - Quarter I and II Activities

Funding for this alliance ended in September 2011. Upon conclusion, this alliance activity trained 57 health workers, eight facilities adopted the new modules, and 186 women were screened in the pilot sessions. Project HOPE expects to reach up to 400 women per year with the new module through these eight health facilities. Representatives from Project HOPE and local governments in Mexico travelled to Nicaragua to exchanged lessons learned, and discussed how the activity might be scaled up in each country. Project HOPE has carried out activities with public health authorities, who express interest in continuing the activities and sharing results with national-level policymakers in hope of contributing to a national guideline for gestational diabetes screening. An alliance brief summarizing the achievements of this alliance has been developed and included in Annex 6.

Implementation Timeline and Performance Benchmarks

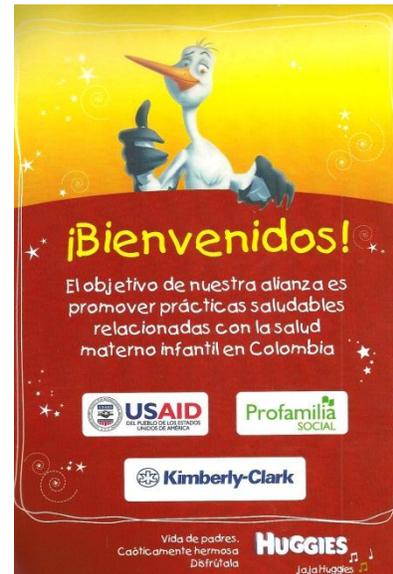
Tasks and Benchmarks	Q1	Q2	Q3	Q4
Finalize alliance write-up and lessons learned (draft completed)	X			
Meet with USAID/Mexico and USAID/Nicaragua to review alliance status (travel in Nicaragua) (not carried out due to lack of interest from USAID/Nicaragua and no USAID health office in Mexico)		X		
Facilitate meetings between Project Hope and other partners to explore opportunities for scale-up			X	

TABLE 5: KIMBERLY CLARK (KC) – IMPROVING NEWBORN AND MATERNAL HEALTH

Partners	Kimberly Clark (Andean region) Colombia and Ecuador
Proposed activity	Build on KC’s existing outreach to new mothers through their existing brand promotion programs; add health component to “baby showers” held with new mothers at health centers in Colombia and Ecuador.
Funding	<ul style="list-style-type: none"> KC: \$150,000 4th Sector Health/USAID: \$60,000 (MCH)
Milestones	<ul style="list-style-type: none"> MOU signed November 2010. RFA distributed in December 2010. Final proposal received and approved by Profamilia/Colombia in August 2011. Professional Service Agreement (PSA) negotiated and signed in December 2011.
Key M&E indicators	<ul style="list-style-type: none"> Number of hospital staff trained Number of KC’s direct contact “cigueñas” trained Number of pregnant women and new mothers exposed to the two marketing protocol Number of KC countries scaling-up new “Plan Hospitales” protocol
Status	Alliance activities initiated in December 2011. Implementation is on track and the pilot introduction is to be completed in September 2012.
Sustainability	KC will scale-up a revamped Plan Hospitales model that includes key maternal and child health information to more than 600,000 women throughout the region.

Year Five - Quarter I and II Activities

4th Sector Health finalized the PSA for Profamilia Colombia to support implementation of the KC alliance. Ms. Cisek travelled to Colombia in December 2011 to conduct a kick-off meeting for alliance activities. Profamilia completed development for a maternal and infant care booklet that will be featured as a give-away during KC’s contacts with new mothers. The approximately 30-page booklet will contain key information on newborn care, breastfeeding, respiratory infections, diarrhea, nutrition, immunization, family planning and reproductive health. KC distributes approximately 200,000 booklets per year during its contact with new and pregnant mothers—and will incorporate this information piece into its regular marketing contacts. In March, Profamilia held a meeting with the Huggies brand marketing team. The meeting provided the team with information on reproductive health, maternal and infant health indicators for Colombia from the recent RHS. The purpose of the meeting was to build support for the revamping of KC’s Plan Hospitales program to focus on priority areas in MCH and family planning.



Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4	Q5
Convene introductory meeting with KC managers (completed)	X				
Development of new MCH materials for KC (ongoing)		X	X		
Hold orientation sessions with hospital personnel (managers and health professionals)			X		
Document alliance activities and lessons learned					X
Facilitate contacts with KC and USAID and other potential partners for scale-up and expansion				X	X

TABLE 6: REDEAMÉRICA: INCREASING HEALTH PROGRAMMING AMONG LATIN AMERICAN FOUNDATIONS

Partners	RedeAmérica, USAID
Proposed Activity	4 th Sector Health and RedeAmérica are partnering to promote increased health programming among RedeAmérica’s corporate foundation members. MOU signed July 2009; scope of work developed; professional services agreement issued January 2010.
Funding	<ul style="list-style-type: none"> RedeAmérica: \$40,000 in-kind and \$80,000 cash through member’s support to health programming 4th Sector Health/USAID: \$60,000 (MCH)
Milestones	<ul style="list-style-type: none"> MOU signed July 2009. PSA issued January 2010. Health framework developed and launched March 2011. Modified PSA to include health exchange to promote health programming among corporate members. Health exchange workshop May 2012.
Key M&E Indicators	<ul style="list-style-type: none"> Number of “Health and Grassroots Development Frameworks” developed: One Number of corporate foundations that report using the framework to design/invest in a health program: 3 Number of corporate foundations that participate in the health exchange - TBD Number of corporate foundations that report designing/investing in new or expanded health programs - TBD
Next steps	Develop exchange activities with members of RedeAmérica on health programming; create local linkages to technical partners. Focus on institutionalizing health as a priority area within RedeAmérica and its members.
Sustainability	RedeAmérica will continue to promote health programming for underserved populations as an integral part of grassroots development throughout the region.

Year Five - Quarter I and II Activities

During this period, RedeAmérica conducted a survey among its corporate members to receive their feedback on the Framework and assess their current health programming levels. Twenty-five members participated in the survey—demonstrating high awareness of the framework and providing positive feedback on its suitability—as well as demonstrating interest in funding new health programs. So far, three foundations have reported using the framework for investing in health programs (in Mexico, Guatemala, and Venezuela). Ms. Cisek met with RedeAmérica in December 2011 to review survey results and outline key next steps. In order to continue promoting investments in health in priority areas, RedeAmérica will conduct a health programming exchange among its members in May 2012.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4	Q5
Travel to Colombia for meeting with RedeAmérica (completed)	X				
Regional health exchange in Venezuela (moved from April to May due to participant availability)			X		
Collect RedeAmérica’s final alliance report & M&E indicators				X	
Document alliance activities and lessons learned					X

**TABLE 7: GREEN MOUNTAIN COFFEE ROASTERS: ADDRESSING FOOD INSECURITY
AMONG COFFEE GROWERS IN LATIN AMERICA**

Partners	Green Mountain Coffee Roasters (GMCR), Save the Children (implementer)
Proposed Activity	Add a health and nutrition component to GMCR’s food security activities targeting communities in coffee-growing regions; share lessons learned between four countries regarding health and food security programs.
Funding	GMCR: \$1,500,000; USAID: \$400,000
Milestones	<ul style="list-style-type: none"> • Letter of intent signed July 2010. • Proposal received September 2010. • Proposal approved December 2010. • Grant issued December 2010.
Key M&E indicators¹	<ul style="list-style-type: none"> • Number/percentage of children < 5 years old treated for pneumonia/diarrhea • Percent of children < 2 years who receive primary health care • Percent of infants < 6 months that are exclusively breastfed • Percent of infants 6-12 months who receive complementary foods • DATA TO BE MEASURED AT ENDLINE
Next Steps	Regional lessons learned exchange; continue activities until close-out; carry out endline evaluation survey.
Sustainability	4 th Sector’s Alliance with GMCR contributed to USAID signing a regional MOU with GMCR, linking the U.S. Government’s Feed the Future and Global Climate Change Initiatives to GMCR’s support for the rural communities along its coffee supply chain. Health staff and volunteers trained with support from this alliance will continue their work in their communities.

Year Five – Quarter I and II Activities

Activities in Honduras and Nicaragua are progressing; baseline research on nutrition was carried out in both countries. More than 2,000 children under five years old are being reached in Honduras and Nicaragua with primary health care and nutrition services. In the benefiting communities in Honduras, increases have been observed in the percentage of children under 2 years old who participate in monthly growth-monitoring sessions (66% to 79%) and infants under 6 months old who are exclusively breastfed (45% to 78%). Eighty household have increased their ability to apply better practices to the production of small animals, and 142 households have incorporated at least three new crops into their gardens. Coordination with the Ministry of Health (MOH) has been strengthened through training of community health workers to implement the integrated strategy for nutrition and MCH in the project’s regions; additionally health fairs have been integrated with nutrition and agricultural themes—attracting a larger audience including target audiences.

In Nicaragua, 1,403 children under 5 years of age have been treated by project-trained health workers for pneumonia; 881 for diarrhea; and 225 for dysentery. Save the Children (STC) is collaborating with local ministry staff and community volunteers to strengthen community case management of childhood disease, as well as improve family planning practices and early childhood nutrition practices. Community case management is not an MOH strategy and is proving successful where it has been introduced. 4th Sector Health representative Ms. Jacobson visited STC’s program in Honduras, and met with the Mission to brief them on activities with GMCR there. 4th Sector Health plans to visit activities in Nicaragua with GMCR representatives in April. At this time, STC plans to convene a regional workshop to exchange experiences with programs in other countries.

Implementation Timeline and Performance Benchmarks

¹ Indicators described in general terms so as to include both Honduras and Nicaragua and accommodate slight differences among them.

Tasks and Benchmarks	Q1	Q2	Q3	Q4	Q5
Travel to region (Nicaragua, Honduras) completed in Honduras		X	X		
Regional workshop			X		
Alliance brief					X

TABLE 8: CLARO & ERICSSON: TESTING AND EXPANDING USE OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) TOOLS FOR MCH IN NICARAGUA

Partners	Claro (America Movil), Ericsson, and Sustainable Sciences Institute (SSI) (implementer) with collaboration from the MOH of Nicaragua and CRS, Nicaragua
Proposed Activity	Expand mobile reach in rural areas in Jinotega and Matagalpa, Nicaragua, and test mhealth applications to improve tracking of MCH. The activity will study and improve how ICT tools can strengthen public health programs that target maternal and infant care.
Funding	Claro: \$106,800; Ericsson: \$70,000; USAID: \$65,000
Milestones	<ul style="list-style-type: none"> • MOU signed November 2010 • Proposal received December 2010 • Proposal approved March 2011 • Grant issued March 2011
Key M&E indicators	<ul style="list-style-type: none"> • Number of mHealth applications developed –Two • Number of mHealth applications piloted – One in Matagalpa with CRS • Number of health workers trained on mHealth application: 16
Next Steps	M&E; program monitoring visit; Implementation of phase two; full analysis of the pilot activities; engagement of partners.
Sustainability	Management changes at Ericsson has changed the corporate engagement in Nicaragua but Claro remains committed. Recommendations from the pilot will inform the MOH decisions to scale mhealth access.

Year Five: Quarter I and II Activities

SSI, continued to work with existing open source software applications for mobile phones in collaboration the two primary implementing partners working to improve maternal and child health in Nicaragua - CRS in the Department of Matagalpa, and the MOH in the Department of Jinotega.

During the first part of Year Five, the SSI Completed:

1. mHealth toolkit prototyping: multiple rounds of phone applications using “CommCare” were undertaken. SSI obtained the assistance of Dimagi, Inc, to help adapt the tool. **This represents additional in-kind support from another corporate partner to the alliance.**
2. Training of 14 CHWs and supervisors in the pilot area to use the new tools and equipment.
3. Pilot implementation in Matagalpa between December 2011 and March 2012. initial findings showed that:
4. Coordination with implementing partners. After monthly meetings with several departments within the central MOH offices, SSI clearly defined the project with Jinotega department in terms of scope, timelines, and contributions by each collaborator.

Alliance Issues:

Much of the Jinotega work was delayed due to changing



Training CHW workers to use mobile phone technology tool

political leads within the health departments. Given these delays, it is likely that SSI will request an extension of the activity during the next quarter.

Much of the commitment to these alliances remains driven by committed individuals empowered to make creative resourcing decisions. The alliance was initiated by a creative account manager at Ericsson, who had commitment at the headquarters level to engage the company’s business model in development partnerships. He brought in his client, a visionary executive at Claro. Both of these individuals have been recognized for their success, but transferred to a regional position in a different country. The individuals left to follow up on these activities do not fully understand the alliance, and are not at an executive level to advocate for resources that may be required to advance the activities further. The work required to reengage partners continues for 4th Sector Health and SSI, showing that partner engagement is an ongoing activity, and that the managerial depth remains shallow in many businesses.

mHealth technologies are a new and exciting tool that NGOs and government are eager to implement – and as a result many pilots have been implemented without consideration of scale. One of the lessons learned with the government of Nicaragua is that the use of cloud-based technology solutions (recommended by many in the mHealth community) is not permitted due to regulatory policies that could not have envisioned use of such technologies for information reporting. The use of cost-effective and new technologies will reach scale only if regulatory issues are addressed. Another problem is that often the offices responsible for dealing with information need, the technologies available, and the regulatory barriers are spread through several ministries, such as Health, Information, and Telecommunication as well as Commerce. These ministries often do not interact and may require a champion or neutral facilitator to convene the groups to identify solutions to regulatory barriers to IT development in the country.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4	Q5
Travel to region (Nicaragua) for alliance monitoring and Mission debrief (planned for April)			X		
Phase Two Implementation			X		
Documentation of mHealth activity results and recommendations for scale-up					X
Alliance brief					X

TABLE 9: DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDI) – IMPROVING ACCESS TO PEDIATRIC CHAGAS TREATMENT

Partners	DNDi
Proposed activity	DNDi is finalizing clinical trials of a pediatric formulation of Chagas drug benznidazole with Brazilian pharma company Lafepe. USAID will fund the development of an information, education and communication (IEC) toolkit procedures for the new formulation in Portuguese and Spanish targeting health care providers and caretakers of patients. The materials will be available and shared throughout the region and facilitate the distribution/export of the Brazilian manufactured formulation.
Funding	<ul style="list-style-type: none"> • DNDi: \$530,000 • 4th Sector Health/USAID: \$50,000 (MCH)
Milestones	<ul style="list-style-type: none"> • Discussions and agreement with USAID/Brazil and Washington in October 2010. • Proposal from DNDi November 2010. • Grant issued in February 2011. • Communications agency (Devolve) selected in March 2011. • Prototype developed, tested and finalized in August 2011. • Product launched at national level meeting December 2011 • Activities completed December 2011
Key M&E indicators	<ul style="list-style-type: none"> • # of copies of IEC toolbox materials distributed to health care professionals: 18,000 • # of patient associations that receive IEC toolkit (soft or hard copies) • # of countries that receive information about the IEC toolbox prototype • # of institutions that receive information about the IEC toolbox prototype
Status	Activities successfully completed in Brazil in December 2011. Regional expansion now being supported.
Sustainability	The pediatric tablets for Chagas are expected to be available for procurement in May 2012. DNDi will begin broad distribution of the digital version of all IEC materials. In the meantime, DNDi has presented the toolkit to key partners such as Brazilian Drug Regulatory Agency (ANVISA), Pan American Health Organization (PAHO), Médecins Sans Frontières (MSF), and Mundo Sano Foundation in Argentina for regional expansion.

Year Five - Quarter I and II Activities

The activities covered under the grant with DNDi were completed in December 2011, with the IEC toolkit fully developed and produced. When pediatric tablets are available for procurement (expected in May 2012), broad distribution will begin and the digital version of all IEC materials will be made available for download on DNDi's websites. In the meantime, DNDi has presented the toolkit to key partners such as ANVISA, PAHO, MSF, and Mundo Sano Foundation in Argentina. These partners showed great interest in the materials and Mundo Sano Foundation has established a partnership with DNDi for the development of IEC materials (health professionals' and patients' brochures, drug administration chart) for the generic 100mg and 50 mg tablets they are producing, using the IEC Toolbox concept as a model. Digital versions in Spanish and Portuguese of all IEC materials, except the Flip Chart, were made available for download in the Chagas Clinical Research Platform Web forum, which includes participation of 115 members from 63 institutions in 20 different countries.

4th Sector Health also facilitated a discussion between DNDi, USAID, PAHO, and the Inter-American Development Bank to evaluate possibilities to support DNDi's efforts to improve access to Chagas disease treatment in Central America, as well as coordination among the different organizations. The dialogue between organizations is ongoing, and a clear role or opportunity for USAID/LAC support has not been identified. In December 2011, 4th Sector Health attended DNDi's annual partner's meeting in Brazil, along with USAID/Brazil (see Jacobson Trip Report, December 2011 for details). The approval of

the pediatric dosage of benznidazole by ANVISA) was announced during the meeting, providing a great opportunity for visibility for this alliance. Although USAID’s support to this initiative represents a small fraction of the overall investment that has been made by different organizations, USAID was recognized by the inclusion of its logo among the supporting partners. 4th Sector Health also took the opportunity to meet with DNDi and discuss the activity indicators as well as next steps. Those included facilitating a dialogue between DNDi, USAID, PAHO and the IDB to determine whether there were any opportunities for collaboration or coordination on Chagas activities in Central America.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
Facilitate meeting between DNDi, USAID, and PAHO in Washington (completed)	X			
Attend DNDi’s partner meeting with USAID/Brazil (completed)	X			
Hold meetings/phone calls with DNDi, USAID/Central America and PAHO	X	X	X	X
Document final alliance achievements and lessons learned				X

TABLE 10: GBCHEALTH: ENGAGING MULTINATIONALS IN THE HIV/AIDS RESPONSE IN THE CARIBBEAN

Partners	GBCHealth
Proposed activity	To hold a series of convenings with private companies to engage them in the HIV/AIDS response in the Caribbean.
Funding	<ul style="list-style-type: none"> • GBCHealth (personnel and corporate members) • 4th Sector Health/USAI D • Strengthening Health Outcomes through the Private Sector (SHOPS) Project
Milestones	Letter of intent signed in April 2011
Next steps	Plan additional convening meetings
Key M&E indicators	One meeting held to convene private sector members in Nassau, Bahamas. The project plans to report on meetings held and corporate partners convened.
Sustainability	The goal of this alliance is to obtain formal commitment from GBCHealth members to initiating or growing the HIV activities in the Caribbean through they own funding.

Year Five - Quarter I and II Activities

The alliance partners convened a meeting during the Caribbean HIV/AIDS Conference in November, 2011 in Nassau, Bahamas. “Winning the Fight on HIV/AIDS in the Caribbean: How Partnering with Business Can Yield Significant Impact” sought to provide a deeper understanding of the role the private sector can play in reaching the health targets of the Caribbean. The session included an interactive discussion about the role of the private sector, with a focus on companies, in the regional HIV response. The panel, consisting of USAID, GBCHealth, the Pan-Caribbean Business Coalition on HIV/AIDS, Scotiabank, and the Joint United Nations Program on HIV/AIDS (UNAIDS) moderated a guided discussion among a diverse group of stakeholders that included MOH officials, National HIV/AIDS Program Managers, business and civil society organizations, and NGOs (e.g. Planned Parenthood, Caribbean HIV/AIDS Alliance). Several critical factors that are hindering the region’s ability to truly mobilize business emerged: a lack of a culture of Corporate Social Responsibility (CSR), lack of a policy framework to guide public-private partnerships; and narrow focus on corporate financing for health, ignoring companies’ skills and expertise that governments and NGOs could leverage to meet health needs. 4th Sector Health, SHOPS, and GBCHealth are currently adapting the initial concept of this alliance to carry out fewer, more focused convening meetings.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
First convening (completed)	X			
Second convening (cancelled)		X		
Third convening (postponed to Q4)			X	
Fourth convening/Development of commitment to action				X
Planning and follow-up	X	X	X	X

ALLIANCE AND EXCHANGE TRAVEL: Q I AND Q II

- November 2011: Elizabeth Macgregor-Skinner travelled to Nassau, Bahamas, to attend a private sector mobilization event at the Caribbean HIV/AIDS Meeting. This event was part of the activities planned under 4th Sector Health's alliance with GBCHealth to mobilize the business sector in the Caribbean on HIV/AIDS.
- December 2011: Cindi Cisek traveled to Bogota, Colombia, to kick off alliance activities with KC and Profamilia/Colombia and to meet with RedEAmérica to review key findings from the health survey conducted among members.
- December 2011: Denise Jacobson traveled to Rio de Janeiro, Brazil, to attend DNDi's Partners Meeting and launch event for the Pediatric Benznidazole product, meet with DNDi local staff to discuss alliance indicators and next steps, and review the impact of alliance activities for development and dissemination of the final alliance brief.
- January 2012: Elizabeth Macgregor-Skinner traveled to Mexico City to meet with INSP and Measure Evaluation to present the RedEncuestas Network to members of INSP and to explore merging of the RedEncuestas and Red Latinoamericana y del Caribe de Sistemas de Información en Salud (RELAC SIS) communities.
- March 2012: Denise Jacobson traveled to Honduras to assess results of the P&G/CRS alliance, monitor activities under the GMCR/STC alliance, and provide technical assistance to STC on M&E.
- March 2012: Cindi Cisek traveled to Colombia to participate in the orientation meeting on maternal child health for Kimberly-Clark's Huggies brand team. Meetings also included review of timeline and deliverables with Profamilia as well as a meeting with RedEAmérica to review logistics and planning for the health exchange.

REGIONAL MEETING PLANNING

During the first part of Year Five, planning continued for the Regional Alliances meeting planned for June 2012. The meeting will serve to advance dialogue on partnerships between sectors in the region among regional corporate, NGO, donor, and civil society representatives.

4th Sector Health received approval from USAID/Guatemala in February 2012 to host the regional meeting in Guatemala City. The Alianzas Project will also participate in the meeting, as will some of their corporate partners. 4th Sector Health finalized the concept note for the meeting, developed the participant list, and issued a "Save the Date" notice to both USAID as well as corporate participants.

Objectives

The overall goal of the regional meeting is to promote opportunities for future health partnerships in the LAC region and provide a forum for the exchange of successes and lessons learned. The specific meeting objectives are to:

- Share the successes and lessons learned of alliance-building in health within the LAC region
- Facilitate dialogue between the corporate sector, donors, and government on their perspectives and strategies for health alliances in the region, including identifying common interests
- Identify key health areas in the LAC region that are of common interest and that lend themselves to private sector engagement through alliances
- Identify parameters that will be critical to building and expanding health alliances in LAC in the future

TASK B: FOSTERING SOUTH-TO-SOUTH EXCHANGES

SOUTH TO SOUTH EXCHANGES

No in-person exchanged occurred during this reporting period. 4th Sector Health planned two exchanges related to alliance activities for the next quarter: The RedEAmérica exchange and the GMCR/STC exchange. Both of these activities will be funded with alliance subgrantees.

RED ENCUESTAS

Ms. Macgregor-Skinner travelled to INSP in Cuernavaca, Mexico, to represent 4th Sector Health’s Red Encuestas activity in meetings with INSP and Measure Evaluation. The PAHO regional representative participated by telephone. The visit coincided with INSP’s workshop: “Fortalecimiento de los sistemas de información en salud en América Latina y lanzamiento de la Biblioteca virtual de sistemas de información en salud” (BVSSIS). Ms. Macgregor-Skinner presented Red Encuestas, to an audience of about 149 students (both present and online). The meeting afforded the opportunity to agree to promote both RELACIS and the BVSSIS on the Red Encuestas network.

A later meeting, which included representatives from Measure Evaluation, El Centro de Información para Decisiones en Salud Pública of INSP (CENIDSP), and PAHO discussed how and if RELACIS and Red Encuestas could be integrated, and thus help to continue the sustainability of Red Encuestas. The projects are currently collaborating on a plan that will determine the specific steps that each will take to prepare for the merging, including any modifications that need to be made to RELACIS in order to accommodate Red Encuestas’ members.

In terms of Red Encuestas’ current activity, the community gained 40 new members and 526 unique visitors during the reporting period. One discussion was generated during this time.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
Contact Measure Evaluation (completed)	X			
Prepare for merging of communities (if applicable)/contact <i>Asociación Latinoamericana de Población (ALAP)</i> (completed)		X		
Transfer Red Encuestas to RELACIS or ALAP				X

TASK C: OTHER ACTIVITIES

IDENTIFYING THE ECONOMIC VALUE OF THE HEALTH CARE ECOSYSTEM IN LAC

USAID asked 4th Sector Health to write a paper exploring the economic value of the health care sector in LAC. The paper will be partially funded by LAC's Economic Growth technical office and will examine the roles of the health sector in the economies of the LAC countries. A draft concept was developed and presented for comment to LAC/RSD in February 2012. The writing of the paper has been delayed due to the time it took to identify the personnel with the right skills mix to work on the activity. The personnel were eventually identified and by end of March the research for the paper had begun. We anticipate that the paper will be finalized in July 2012.

Implementation Timeline and Performance Benchmarks

Tasks and Benchmarks	Q1	Q2	Q3	Q4
Develop concept paper	X			
Research and paper writing; paper delivered to USAID			X	X

PROVIDING SUPPORT TO USAID AND REGIONAL ORGANIZATIONS TO CONVENE THE PRIVATE SECTOR ON HEALTH

While 4th Sector Health has attempted to communicate several times with PAHO and USAID to facilitate greater collaboration on alliances between the organizations, opportunities have not presented themselves for development. Additionally, PAHO's Director of External Engagement announced his resignation, which has put efforts to further engage PAHO on hold. However, PAHO will participate in the Regional Meeting that 4th Sector Health has planned for June.

TASK D: PROJECT MANAGEMENT

ACTIVITIES

Hold Annual Project Planning Meetings

During the first quarter, we met with USAID and with key staff to discuss and review the Year Five Workplan.

Develop the Year Five Workplan

The approved Year Five Workplan was submitted in March 2012.

Website Updates

The project website continues to be updated with updated alliance reports and with the Project Newsletter, which is housed on the project website. During this reporting period, the website received 546 visits and 1,520 pages views. Of the 546 visits, 25 were directed from the project newsletter that was sent in December (see below).

Increase Project Recognition

The project has carried out the following activities to increase its recognition and share its lessons learned:

- Updated the project website as described above.
- Presented its work to USAID Missions in the Caribbean (Regional), Brazil, Colombia, and Honduras, as well as to USAID/Washington/LAC/RSD.
- The Project Director represented the activities of the 4th Sector Health Project in several short presentations in meetings: with Medtronic, a medical device manufacturer; with Dr. Anne Marie Slaughter (formerly Director of Policy Planning for the U.S. State Department); and with Accenture Development Partners
- In October 2011, press releases relating to 4th Sector Health's alliances for USAID with KC and with GMCR were featured during USAID's PPP Week Event, which celebrated USAID's 50th Anniversary. (<http://idea.usaid.gov/pppweek/news>)
- In December 2011, 4th Sector Health issued its e-newsletter, which included updates on 1) USAID's new regional partnership with GMRC, 2) advancements on the DNDi partnership and approval of the pediatric dose for Chagas disease, 3) results from the first convening meeting on HIV/AIDS for GBCHealth, 4) impact of the P&G alliance during the October floods in Central America, and 5) Project HOPE's completion of the "Prueba de Amor" pilot module in Mexico and Nicaragua.
- Ms. Macgregor-Skinner presented the Red Encuestas community, to an audience of about 149 students (both present and online) at INSP in Cuernavaca, Mexico. The meeting afforded the opportunity to promote the Red Encuestas community among public health students in Mexico.

Strengthening the Alliance-Building Process and Documenting Lessons Learned

In additions to the meetings with USAID Missions, 4th Sector Health also began documenting its alliances in the form of alliance briefs. Annexed to this report are briefs for the alliances with CONAES, P&G, BMS Foundation. The project plans to have one brief per alliance by the end of the project.

Monitoring and Evaluation of Activities

The project continues to track both its project-level indicators (Annex 1) as well as its activity-level indicators (Annex 2). In some cases, 4th Sector Health team members have visited alliance activities to collect more information on progress and lessons learned (see Travel section), as well as provide any technical assistance to refine M&E indicators. Final documentation of finished alliances has begun.

Project Reporting

Periodic financial reports were submitted for Q1 in February 2012; and for Q2 in May 2012. The Semi-Annual Report was submitted in July 2012. We anticipate sending the final report by December 31, 2012, at the end of the Project. The Global Development Alliance report was not submitted and will be sent in the following semester.

Project Extension

In March 2012, the project received a no-cost extension, with three month's additional time, until December 31, 2012, in order to complete alliance activities.

Budget

Total expenditures during the period October 2011-March 2012 were \$369,247 or 31% percent of the \$1,194,294 budgeted for the year. We anticipate that spending will increase as the project's large subagreement (to STC) continues to bill and finalizes activities, as well as billing by other subgrantees. We also anticipate increased travel spending associated with the Project's Regional Alliances Meeting, scheduled for June 2012. Expenditures by project component were as follows:

- Alliances: \$227,545. The bulk of the project resources have been dedicated to managing alliances and the grants that fund the implementation of alliance activities.
- Exchanges: \$11,875. These expenses are related to staff time and travel to arrange for the Red Encuestas transition.
- Management: \$129,827. This expenditure is consistent with the previous semester's expenditures for this component.

ANNEX I: PROJECT INDICATORS

EXPECTED OUTCOME: Leveraging of Funds

Result 1.1: Significant resources leveraged for health system strengthening in areas of FP/RH, MCH, TB, Malaria and HIV/AIDS

Indicator	Tier 2 indicators link	Year 1				Year 2				Year 3				Year 4				Year 5				Total
		Target Year 1	Oct.-March	April-Sept.	Total Year 1	Target Year 2	Oct.-March	April-Sept.	Total Year 2	Target Year 3	Oct.-March	April-Sept.	Total Year 3	Target Year 4	Oct.-March	April-Sept.	Total Year 4	Target Year 5	Oct.-March	April-Sept.	Total Year 5	
1.1.1 Total funds leveraged (in \$US) from the private and commercial sector or NGOs			150,000	150,000	900,000	50,000	275,000	325,000	500,000	30,000	1,735,000	1,765,000	500,000	530,000	1,030,000						3,270,000	
Funds committed in grant agreements - TOTAL			0	0	0	0	80,000	80,000	100,000	50,000	150,000	265,000	528,545	528,545	60,000	60,000	60,000	60,000	60,000	60,000	818,545	
1.1.2 Total monetary equivalent (in \$US) of in-kind contributions			50,000	50,000	100,000	190,000	290,000	0	0	0	176,800	176,800	0	0	176,800	0	0	0	0	0	516,800	
1.1.3 Number of NGOs that improve their financial sustainability as a result of alliances or exchanges			0	2	2	4	5	4	9	4	2	4	6	3	0	3	1	1	1	1	21	

EXPECTED OUTCOME: Development of local and regional alliances

Result 2.1: Alliances Implemented

Indicator	Tier 2 indicators link	Year 1				Year 2				Year 3				Year 4				Year 5				Total
		Target Year 1	Oct.-March	April-Sept.	Total Year 1	Target Year 2	Oct.-March	April-Sept.	Total Year 2	Target Year 3	Oct.-March	April-Sept.	Total Year 3	Target Year 4	Oct.-March	April-Sept.	Total Year 4	Target Year 5	Oct.-March	April-Sept.	Total Year 5	
2.1.1 Number of alliances developed			0	0	0	3	0	2	2	5	2	1	3	4	3	0	3		2		2	10
2.1.2 Number of corporations and NGOs involved in partnerships	Col. Sol #7		0	1	1	6	1	8	9	10	2	3	5	6	0	6		2			2	23
2.1.3 Local and regional institutions strengthened through alliances	Col. Sol #8 CRS #4 Project HOPE #2 RedEAmérica #2		0	0	0	0	0	3	3	1	6	7	4	6	10	13	13	13	13	13	13	33

EXPECTED OUTCOME: Build health systems capacity

Result 3.1: Increased capacity of LAC organizations and regional networks in the areas of FP/RH, MCH, TB, Malaria and HIV/AIDS

Indicator	Tier 2 indicators link	Year 1				Year 2				Year 3				Year 4				Year 5				Total
		Target Year 1	Oct.-Mar ch	Apr il-Sep t.	Total Year 1	Target Year 2	Oct.-Mar ch	Apr il-Sep t.	Total Year 2	Target Year 3	Oct.-Mar ch	Apr il-Sep t.	Total Year 3	Target Year 4	Oct.-Mar ch	Apr il-Sep t.	Total Year 4	Target Year 5	Oct.-Mar ch	Apr il-Sep t.	Total Year 5	
3.1.1 Number of south to south exchanges			0	1	1	2	1	2	3	2	0	1	1		2	0	2		1		1	8
3.1.2 Number of tools, reports, presentations, and papers, that discuss lessons learned from alliance building in health	RedEAm erica #1		0	0	0		0		0		0	2	2		1	0	1		0		0	3
3.1.3 Number of instances where local/regional institutions formed alliances as a result of improved capacity	RedeAm erica #4		0	0	0		0	0	0		0	0	0		0	0	0		4		4	4
3.1.4 Number of NGOs, health service delivery facilities, and individuals that expand their reach as a result of newly formed alliances.	Mexfam #4-6 Col. Sol #9 CRS #2 Project HOPE #7 STC Hond (all <5's) STC Nica #5-7 Profamili a #8		0	0	0		0	0	0		7509	208 53	283 62		4531	286 6	739 7		2611		261 1	38,3 70

Result 3.2: Participation in Virtual Exchanges between stakeholders.

Indicator	Tier 2 indicators link	Year 1				Year 2				Year 3				Year 4				Year 5				Total
		Target Year 1	Oct.- March	April- Sept.	Total Year 1	Target Year 2	Oct.- March	April- Sept.	Total Year 2	Target Year 3	Oct.- March	April- Sept.	Total Year 3	Target Year 4	Oct.- March	April- Sept.	Total Year 4	Target Year 5	Oct.- March	April- Sept.	Total Year 5	
3.2.1 # of unique visitors to Virtual Exchanges			0	0	0		0	418	418		292	710	1002		487	372	859		526		526	2,805
3.2.2 # countries represented in virtual exchange forum			0	0	0		10	9	19		1	2	3		0	0	0		0		0	22
3.2.3 list of organic chat discussion generated			0	0	0		8	4	12		6	0	6		1	2	3		2		2	23
3.2.4 # documents downloaded from website			0	0	0				0				0				0				0	0
3.2.5 # email subscribers to list serve			0	0	0		18	85	103		19	40	59		49	30	79		40		40	281

ANNEX 2: ALLIANCE INDICATORS

DNDI - IMPROVING ACCESS TO PEDIATRIC CHAGAS DISEASE TREATMENT

Process & Output					
	Indicator	Source	Tier 1 indicator link	Target	Results
1	# of IEC toolbox prototypes developed	Project Records	none	2	
2	# of copies of IEC toolbox materials distributed to health care professionals	Project Records	none	18,000	
3	# of copies of IEC toolbox materials distributed to caretakers	Project Records	none		
4	# of copies of IEC toolbox materials distributed to children under treatment	Project Records	none		
5	# of patient associations that receive IEC toolkit (soft or hard copies)	Project Records	none	8	
6	# of websites where IEC toolbox prototype is posted	Project Records	none		
7	# of file downloads of IEC toolbox prototype in DNDi's homepage	DNDi web statistics	none		
8	# of countries that receive information about the IEC toolbox prototype	Project Records	none		
9	# of institutions that receive information about the IEC toolbox prototype	Project Records	2.1.3		
10	User's satisfaction on quality of materials in terms of format, presentation and content*	Survey	none		
11	Perception of information efficacy*	Survey	none		
Outcome					
12	Attitude changes caused by the informational products*	Survey	none		
13	Intent to use and adapt information*	Survey	none		
14	Perception of practice improvement*	Survey	none		

*These indicators will be defined upon survey design

P&G - IMPROVING ACCESS TO CLEAN AND SAFE DRINKING WATER DURING EMERGENCIES

SO: Increase access of families living in disaster-prone regions of Guatemala, Nicaragua and Honduras to an adequate quantity of safe drinking water in the immediate aftermath of natural disasters													
IR1: Disaster-affected families have received sufficient water treatment supplies to meet their minimum clean water needs for an average of 4 months													
	Indicator	Source	Tier 1 indicator link	Country	Target	Results						Total	
						Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sept 10	Oct-Dec 10	Jan-Mar 11		Apr-Jun 11
1	Number of disaster-affected families that received sufficient water treatment supplies (2-3 boxes of PUR sachets) to treat 12.5 gallons of water per day for an average of 4 months	Project records	none	Guatemala		0	0	0	0	200	1616	150	1966
				Honduras		0	0	0	1152	0	2715	0	3867
				Nicaragua		0	0	0	0	0	0	1285	1285
				TOTAL	3600	0	0	0	1152	200	4331	1435	7118
IR2: Families living in disaster-prone regions have developed appropriate water treatment and usage practices													
	Indicator	Source	Tier 1 indicator link	Country	Target	Results						Total	
						Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sept 10	Oct-Dec 10	Jan-Mar 11		Apr-Jun 11
2	Number of families that received information on negative effects of consuming unsafe water, appropriate water treatment, usage and storage and related hygiene promotion topics, such as hand washing	Project records	3.1.4	Guatemala		0	0	0	0	200	1616	150	1966
				Honduras		0	0	0	1152	0	2715	0	3867
				Nicaragua		0	0	0	0	0	0	1285	1285
				TOTAL	3600	0	0	0	1152	200	4331	1435	7118
3	% of families in selected communities trained in correct water treatment, usage and storage practices	Project records	none	Guatemala		0	0	0	0	100%	100%	0	0
				Honduras		0	0	0	100%	0	100%	0	0
				Nicaragua		0	0	0	0	0	0	71%	0
				TOTAL	70	na	na	na	na	na	na	na	na

IR3: National, departmental, and municipal government authorities have strengthened their capacity to coordinate and implement disaster preparedness plans which include safe drinking water components.

	Indicator	Source	Tier 1 indicator link	Country	Target	Results						Total	
						Oct-Dec 09	Jan-Mar 10	Apr-Jun 10	Jul-Sept 10	Oct-Dec 10	Jan-Mar 11		Apr-Jun 11
4	Number of national- departmental-level government agencies that have coordinated the pre-positioning of 13,500 boxes of PUR	Project records	2.1.3	Guatemala	13 (2 national & 11 department)	0	0	0	0	2	1	1	2
				Honduras		0	0	0	5	0	0	0	5
				Nicaragua		0	0	0	0	0	0	2	2
				TOTAL		0	0	0	5	2	1	3	9
5	Number of national- departmental-level government agencies that have coordinated the distribution of 13,500 boxes of PUR in the immediate aftermath of a natural disaster	Project records	none	Guatemala	13 (2 national & 11 department)	0	0	0	0	1	1	1	1
				Honduras		0	0	0	5	0	0	0	5
				Nicaragua		0	0	0	0	0	0	1	1
				TOTAL		0	0	0	5	1	1	2	7
6	Number of governments that have strengthened the safe drinking water components of their disaster preparedness plans	Project records	none	Guatemala	1	0	0	0	0	3	3	3	
				Honduras	1	0	0	0	1	0	0	1	
				Nicaragua	1	0	0	0	0	0	1	1	
				TOTAL	3	0	0	0	1	0	3	4	5

CONAES - EXPANDING PRIVATE SECTOR PARTICIPATION IN THE FIGHT AGAINST HIV/AIDS

OE1: Baseline study						
	Indicator	Source	Tier 1 indicator link	Target	Results	
					Baseline	Endline
1	Number of CONAES member companies in which at least one manager or staff completed the baseline questionnaire	Baseline survey	none	23	n/a	8
2	Number of CONAES members companies that report information about their HIV/AIDS programs to CONAES	Baseline survey/Communications with CONAES	none	23	8	
OE2: Workshop						
	Indicator	Source	Tier 1 indicator link	Target	Results	
3	Number of people that attend the workshop on the development of workplace prevention programs	Workshop registration list/ Project records	none	5		
4	Number of organizations that receive technical assistance to develop HIV policies (<i>PEPFAR indicator; here we would count the number of companies represented in the workshop</i>)	Workshop registration list/ Project records	none	5		
5	Number of companies that demonstrate interest and/or commitment to the creation of new workplace prevention programs	Commitment letters written and signed by companies participating in the workshop	none	3		
OE3: Assessment						
	Indicator	Source	Tier 1 indicator link	Target	Results	
6	Number of instruments or best practices on HIV/AIDS programs disseminated among CONAES member companies	Project records	none	2		
7	Number of member companies that participate in the assessment	Project records	2.1.2	3		

8	Number of member companies that develop new prevention programs	Communication with Colectivo Sol/CONAES with companies post-assessment	2.1.3	3	
9	Number of workers covered by new prevention programs implemented	Communication with Colectivo Sol/CONAES with companies post-assessment	3.1.4	n/a	
Financial indicators					
	Indicator	Source	Tier 1 indicator link	Target	Results
10	\$USD leveraged through the investment of the companies that participate in the assessment through new or improved programs (cash)	Communication with Colectivo Sol/CONAES with companies post-assessment	none	\$30,000-\$50,000	
11	\$USD leveraged through the investment of the companies that participate in the assessment through new or improved programs (in kind)	Communication with Colectivo Sol/CONAES with companies post-assessment	none	\$60,000-\$100,000	

BMS - INTEGRATING DIABETES CARE AND REPRODUCTIVE HEALTH IN MEXICO AND NICARAGUA

Objective 1: Develop, pilot test and transfer 2 new modules on Diabetes & Women to partners replicating HOPE's 5 Steps patient education course in Mexico (MOH) & Nicaragua (VHB NGO)					
	Indicator	Source	Tier I indicator link	Target	Results
1	Number of modules developed	Final modules submitted in final report to donor	none	2	2
2	Number of partners adopting the 2 new modules	Feedback letters from partner organizations	2.1.3	2	3 total - 2 Mexico Health districts (Neza/Iztapalapa) & 1 Nicaragua Health district (Boaco)
3	Number of facilities adopting the 2 new modules	Feedback letters from partner organizations	none	7	8 (5 Mex; 3 Nica)
Objective 2: Increase Health Worker/Educator knowledge of Gestational diabetes and link to increased diabetes risk for women and children					
4	Number of trainees participating in training	Attendance sheets	none	20	57
5	% of HW trainees scoring 80% or higher on post test	Post tests	none	95%	98%
6	Qualitative feedback from HW trainees	Trainee feedback surveys	none	n/a	Testimony in final report
Objective 3: Increase targeted at-risk women's knowledge about Gestational diabetes and its link to increased diabetes risk for women and children					
7	Number of women participating in pilot sessions	Attendance sheets	3.1.4	150	186
8	% of pilot participants scoring 80% or higher on post test	Post tests	none	90%	97% of those taking exam (not applied in all sites)
9	Qualitative feedback from pilot participants	Participant feedback surveys	none	n/a	Testimony in final report
10	Estimated number of participants to be exposed to the 2 new modules per month/quarter/year (based on average patient/client flow in adopting facilities)	Facility records	none	200+/year	up to 400/year

Objective 4: Increase willingness of targeted health authorities to screen for Gestational diabetes

11	Number of women screened by participating partners (MOH/Mexico & VHB NGO/Nicaragua)	Screening data	none	135	186
12	Number of MOH support letters asking HOPE to help launch screening initiative	Support letter from MOH	none	1	2 (1 Mex; 1 Nica)

GMCR - ADDRESSING FOOD INSECURITY AMONG COFFEE-GROWING POPULATIONS

HONDURAS

	Indicator	Source	Tier I indicator link	Target	Baseline							Total
						Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Aug 2012	
IR1: Increased access to maternal and child health and nutrition services												
1	% of children <5 years in target areas who received primary health care provided by community health volunteers during the past 3 months	MOH HIS	none	70%	48.4	46% (620/1347)	51% (682/1347)	53% (713/1347)	40% (532/1343)			
2	# of monthly women's and children's consultations with community health-care volunteers	CHW registry	none	30/month	25	0	51	71	76			
3	% of children <5 years with diarrhea who are cared by a health provider (volunteer, health service, individual in charge of the Fondo)	Project evaluation study	none	80	74	n/a	n/a	n/a	n/a	n/a	Endline	
4	% of children <5 years with pneumonia who are cared for by a health provider (volunteer, health service, individual in charge of the Fondo)	Project evaluation study	none	79	86.7	n/a	n/a	n/a	n/a	n/a	Endline	
5	% of children <5 years seen by a community health volunteer that were referred for severe diseases (serious: persistent diarrhea, intercostal retraction)	CHW registry	none	80	18	0	100% (28/28)	100% (21/21)	100% (44/44)			
6	# of cases cared for by individuals in charge of Fondos Comunes (referred or not referred by the community health volunteer)	CHW registry (for CHW with Fondo Comunal)	none		0	n/a	n/a	20	84			
7	% of children <2 years in target areas who participate in the monthly growth monitoring sessions	MOH HIS	none	TBD	49.1	66% (312/476)	79% (374/476)	71% (338/476)	79% (386/488)			

IR2: Improved knowledge and behaviors related to key health and nutrition practices for families with children aged <5 years												
8	% of infants <6 months who are exclusively breastfed	"AIN-C Monitor-Group Report"	none	10% increase from baseline	46.2	45%	45%	60%	78%			
9	% of children aged 6-23 months who received complementary foods according to national standards*	Project evaluation study	none	20% increase from baseline	12.5	n/a	n/a	n/a	n/a	n/a	Endline	
10	% of mothers or caregivers of children <5 years who can recognize the danger signs of Acute Respiratory Infections (ARI)	Project evaluation study	none	TBD	32.8	n/a	n/a	n/a	n/a	n/a	Endline	
11	% of mothers or caregivers of children <5 years who can recognize the danger signs of acute diarrhea	Project evaluation study	none	TBD	50.5	n/a	n/a	n/a	n/a	n/a	Endline	
12	% of pregnant women who recognize signs of danger in pregnancy, delivery and postpartum period	Project evaluation study	none	70	3.6	n/a	n/a	n/a	n/a	n/a	Endline	
13	# of participating households who have increased their capability to apply better practices in the production of small-animal *, **	Project evaluation study (Baseline) & Project Registry	none	135	40	0	35	5	0			80
14	# of participating households that have incorporated at least three (3) new crops into their household gardens**	Project evaluation study & Fichas familiares	none	30	30	40	70	2	0			142
15	% of participating households with children <5 years that have adopted best health practices**	Project evaluation study	none	60	28.8	n/a	n/a	n/a	n/a	n/a	Endline	
16	% of participating communities with trained community health volunteers**	Project evaluation study	none	100	4	0	98% (52/53)	98% (52/53)	100% (53/53)			

GMCR - ADDRESSING FOOD INSECURITY AMONG COFFEE-GROWING POPULATIONS

NICARAGUA

SO: Increased use of key maternal and child health and nutrition services and behaviors												
	Indicator	Source	Tier I indicator link	Target	Trimestre							
					Baseline	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Aug 2012	Total
IRI: Increased access to maternal and child health and nutrition services												
1	% of children <2 years in target areas who participate in the monthly growth monitoring sessions (PROCOSAN)*	MOH HIS	none		76.4	76.4	74.2	78.1	76,3			75.3
2	% of children aged 6-59 months who have received vitamin A and iron supplements	Census PROCOSAN	none		n/a	n/a	n/a	n/a	n/a	Endline		
3	% of women with unmet need for family planning	Project evaluation study	none		14	n/a	n/a	n/a	n/a	Endline		
4	# of children <5 years who are treated for pneumonia through CCM	MOH & Project Information System	3.1.4		n/a	271	394	542	196			1403
5	# of children <5 years who are treated for diarrhea through CCM	MOH & Project Information System	3.1.4		n/a	189	263	289	140			881
6	# of children <5 years who are treated for dysentery through CCM	MOH & Project Information System	3.1.4		n/a	63	65	74	23			225
7	% of children aged 0-11 months whose mothers were attended at birth by trained personnel	Census Plan Birth	none		69.4	n/a	n/a	n/a	n/a	Endline		
8	# of households with diversified production systems**	Project evaluation study Food Security	none		62.4	n/a	n/a	n/a	n/a	Endline		

IR2: Improved quality of community-level health and nutrition services												
9	# of MOH and STC technical staff trained in the implementation of PROCOSAN, CCM and Birth Plans	MOH & Project Information System	none		0	35	0	0	0			35
10	# of community health workers trained in the implementation of PROCOSAN, CCM and Birth Plans	MOH & Project Information System	none		0	78	0	0	0			78
IR3: Improved knowledge and behaviors related to key health and nutrition practices for families with children aged <5 years												
11	% of pregnant women who recognize signs of danger in pregnancy, delivery and postpartum period	PROCOSAN	none		n/a	n/a	n/a	n/a	n/a	Endline		
12	% of mothers with children aged 6-12 months giving complementary foods in addition to breastfeeding	Project evaluation study	none		81.29	n/a	n/a	n/a	n/a	Endline		
13	% of mothers of children aged 0-11 months who have attended at least 4 prenatal visits in the last pregnancy	Project evaluation study	none		74.9	n/a	n/a	n/a	n/a	Endline		
14	% of children <6 months living in target areas who are exclusively breastfed*	Census PROCOSAN	none		72.75	n/a	n/a	n/a	n/a	Endline		
15	Months with adequate household food provisioning**	Project evaluation study	none		9	n/a	n/a	n/a	n/a	Endline		
IR4: Increased knowledge and experience sharing about evidence-based good practices in health, nutrition and food security in LAC												
16	# of meetings between different health, nutrition and food security programs per country	Project records	none	12 (per country)	n/a	3	3	3	3			12
17	# of people attending the meetings	Project records	none	TBD	n/a	36	35	37	35			

18	# of meetings between different health, nutrition and food security programs per country (CSAN)	Project records	none		n/a	24	24	24	24			
19	# of people attending the meetings(CSAN/Quarterly)	Project records	none		n/a	110	114	112	109			
20	# of countries represented at the meetings	Project records	none	TBD	n/a	n/a	n/a	n/a	n/a			
21	# of programs represented at the meetings	Project records	none	TBD	n/a	n/a	n/a	n/a	n/a			

*Feed the Future indicators

**GMCR indicators

REDEAMÉRICA - INCREASING HEALTH PROGRAMMING AMONG LATIN AMERICA'S CORPORATE FOUNDATIONS

Indicator	Source	Tier I indicator link	Target	Results
# of frameworks developed demonstrating the link between health and grassroots development	Project Records	3.1.2	1	1
# of organizations involved in developing the framework	Project Records	2.1.3	4	10
# of downloads of framework from RedEAmérica's website	RedEAmérica website statistics	none		
# of corporate foundations that report using the framework to design or invest in a health program	RedEAmérica communication with foundations	3.1.3	3	3
# of corporate foundations that participate in the exchange focusing on health programming	RedEAmérica communication with foundations	none	10	
# of countries where corporate foundations implement health programs using the framework	RedEAmérica communication with foundations	none	3	3
\$ invested by corporate foundations on health programs guided by health framework	RedEAmérica communication with foundations	none	\$80,000	

ERICSSON/CLARO – TESTING AND EXPANDING USE OF ICT TOOLS FOR MCH IN NICARAGUA

SO: Improved maternal and child health outcomes in Nicaragua and LAC													
	Indicator	Source	Tier 1 indicator link	Target	Results								
					Mar-May 2011	Jun-Aug 2011	Sep-Nov 2011	Dec 2011 - Feb 2012	Mar-May 2012	Jun-Aug 2012	Sep-Nov 2012	Total	
Sub-SO 1: Improved coverage and quality of perinatal care in Nicaragua													
1	# of applications developed/adapted	Project Records	none	n/d	0	2	2	1	1	1		7	
2	# of beneficiaries covered in pilots	Project Records	3.1.4	n/d	0	0	0	20,000	0	0		20,000	
3	# of cases followed in pilots (pregnancies, newborns, kids <2)	Project Records	none	n/d	0	0	0	110	13	26		149	
Sub-SO 2: Improved collection, quality and use of health information													
4	# of applications piloted	Project Records	none	n/d	0	0	1	1	0	2		4	
5	# of health workers trained on eHealth/mHealth application	Project Records	none	n/d	0	14	2	4	0	0		20	
6	# of health workers using new eHealth/mHealth application	Project Records	none	n/d	0	0	10	4	2	0		16	
Sub-SO 3: Increased successful applications of ICT for maternal and child health in LAC													
7	# of meetings and forums and documentation (including online) where lessons learned in eHealth and mHealth are shared	Project Records	none	n/d	0	0	0	1	2	2		5	
8	# of countries represented at the meetings/forums	Project Records	none	n/d	0	0	0	20	21	16		57	
9	# of programs/institutions represented at the meetings/forums	Project Records	2.1.3	n/d	0	0	0	150	103	51		304	
10	# of people participating in the meetings/forums	Project Records	none	n/d	0	0	0	250	560	88		898	

KIMBERLY-CLARK - IMPROVING MATERNAL CHILD HEALTH IN THE ANDEAN REGION

Objective 1: Develop and pilot test new protocol for K-C's "Ciguenas" for direct contacts with Pregnant Women and New Mothers					
Indicator	Source	Tier I indicator link	Target	Results	
1	Number of new protocols for K-C's "ciguenas"	Bi-monthly reports from Profamilia	none	1	
2	Number of new training modules for K-Cs "ciguenas" team	Bi-monthly reports from Profamilia	none	1	
3	Number of new maternal and infant care leaflets designed and produced	Bi-monthly reports from Profamilia	none	50,000	
Objective 2: Increase Health Worker/Educator knowledge of Maternal Child and Reproductive Health					
4	Number of Hospital staff participating in training	Attendance sheets	none	375	
5	% of hospital staff scoring 80% or higher on post test	Post tests	none	80%	
6	Number of "ciguenas" participating in training	Attendance sheets			
7	% of ciguenas scoring 80% or higher on post test	Post tests	none	n/a	
Objective 3: Increase Pregnant Women's Knowledge of Maternal, Child, and Reproductive Health					
8	Number of women exposed to new protocol during pilot introduction	K-C records	3.1.4	10,000	
9	Follow-up phone surveys with pregnant women and new mothers	Follow-up phone surveys	none	200	
10	Qualitative feedback from pregnant women and new mothers in pilot initiative	Focus Groups	none	n/a	
Objective 4: Expand K-C's Plan Hospitales' Revised Protocol, Training Modules, and Print materials to other countries					
11	Number of K-C countries that initiate implementation of revised protocol (Colombia and Ecuador)	Interviews with K-C staff	none	2	
12	Number of Hospitals covered by the expansion of the implementation of the revised protocol	K-C records	none		
13	Number of women estimated to be exposed (per year) to new protocol after expansion	K-C records	3.1.4		

J&J - STRENGTHENING REPRODUCTIVE HEALTH AMONG YOUTH AND RURAL POPULATIONS

	Indicator	Source	Tier 1 indicator link	Geographic area	Target	Results				Total
						Sep-Nov 09	Dec 09-Feb 10	Mar-May 10	Jun-Ago 10	
1	Number of youth promoters trained	Project records	none	Morelia	30	35	0	0	0	35
				Ixtaltepec	30	0	0	0	20	20
				TOTAL	60	35	0	0	20	55
2	Number of health service providers trained on youth sexual and reproductive health	Project records	none	Morelia	30	30	0	0	0	30
				Ixtaltepec	30	0	0	0	41	41
				TOTAL	60	30	0	0	41	71
3	Number of pharmacists trained on youth sexual and reproductive health	Project records	none	Morelia	5	5	0	0	0	5
				Ixtaltepec	5	0	6	0	0	6
				TOTAL	10	5	6	0	0	11
4	Number of youth reached with appropriate information about safe sex	Project records	3.1.4	Morelia	1800	2048	1793	3909	2590	10340
				Ixtaltepec	2500	0	1142	0	4945	6087
				TOTAL	4300	2048	2935	3909	7535	16427
5	Number of participants in dissemination events	Project records	3.1.4	Morelia	1500	1763	1890	1491	1766	6910
				Ixtaltepec	1500	0	0	0	2800	2800
				TOTAL	3000	1763	1890	1491	4566	9710
6	Number of referrals to health services at MEXFAM clinics	Project records	3.1.4	Morelia	50	15	0	200	2000	2215
				Ixtaltepec	0	0	0	0	0	0
				TOTAL	50	15	0	200	2000	2215
7	Number of healthcare consultations provided to youth on reproductive health through public, private or MEXFAM facilities	Project records	none	Morelia	0	0	32	3344	2352	5728
				Ixtaltepec	100	0	38	0	60	98
				TOTAL	100	0	70	3344	2412	5826

ANNEX 3: 4TH SECTOR HEALTH ALLIANCE PARTNERSHIPS

Alliance Name	Private Sector Partners	Corporate Leverage	Implementing Partner	Status	Countries
Improving Access to Clean and Safe Drinking Water During Emergencies	P&G Children's Safe Drinking Water Program	\$200,000	Catholic Relief Services	Closed	Nicaragua, Guatemala, Honduras
Improving Nutrition and Food Security for Coffee Farmers in Latin America	Green Mountain Coffee Roasters	\$1,500,000	Save the Children	Active	Honduras, Nicaragua, Bolivia & Guatemala
Testing and expanding use of ICT tools for MCH in Nicaragua	Ericsson CLARO (America Móvil)	\$177,000	Sustainable Sciences Institute (SSI)	Active	Nicaragua
Increasing Health Programming Among Latin America's Corporate Foundations	Red Interamericana de Fundaciones y Acciones (RedEAmérica)	\$120,000	RedEAmérica	Active	Regional
Increasing Access to Chagas Treatment for Children	Drugs for Neglected Disease Initiative	\$530,000	DNDi	Closed	Regional
Strengthening Reproductive Health among Youth and Rural Populations	Johnson & Johnson,	\$100,000	Fundación Mexicana para la Planeación Familiar (MEXFAM)	Closed	Mexico
Integrating Diabetes Care and Reproductive Health in Mexico and Nicaragua	Bristol-Myers Squibb Foundation and J&J	\$100,000	Project HOPE	Closed	Mexico, Nicaragua
Expanding Private Sector Participation in the Fight Against HIV/AIDS	Consejo Nacional Empresarial sobre SIDA (CONAES)	\$50,000	Colectivo Sol	Closed	Mexico
Mobilizing Multinational Businesses in the Caribbean on HIV/AIDS Prevention	Global Business Coalition for Health	\$50,000	GBC (with SHOPS)	Active	Caribbean regional
Trachoma Elimination in Brazil	Lions Club International Foundation; Govt. of Brazil		LCIF	Stopped	Brazil
Improving Child Health Messages to New Mothers	Kimberly-Clark Colombia, Ecuador	\$150,000	Profamilia	Active	Colombia Ecuador
Youth Reproductive Health in Ecuador	Dole Foundation		TBD	Stopped	Ecuador

**ANNEX 4: ALLIANCE BRIEF:
PARTNERING WITH BUSINESS
COALITIONS: AN ALLIANCE TO
STRENGTHEN HIV PROGRAMMING
AMONG THE MEXICAN NATIONAL
BUSINESS COALITION FOR HIV
(CONAES)**

ANNEX 5: ALLIANCE BRIEF: AN ALLIANCE TO IMPROVE ACCESS TO CLEAN AND SAFE DRINKING WATER DURING EMERGENCIES

**ANNEX 6: ALLIANCE BRIEF:
BUILDING SYNERGIES AMONG
CORPORATE PARTNERS TO
ADDRESS CRITICAL GAPS IN
GESTATIONAL DIABETES
SCREENING**

