



# WORK PLAN 2014



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## Strengthening Adolescent Reproductive Health in Honduras

September 9, 2013.

Cooperative Agreement No. AID 522- A- 13-00001

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## ACRONYMS

AJH	Alianza Joven Honduras
AHMF	Asociación Hondureña Mujer y Familia
ASHONPLAFA	Asociación Hondureña de Planificación Familiar
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communications
CARSI	Central America Regional Security Initiative
CCC	Communication for Behavior Change
CEB	Centro de Educación Básica
CESAMO	Centro de Salud con Médico y Odontólogo
DHS	Demographic Health Survey
ENAPREAH	Estrategia Nacional de Prevención de Embarazos en Honduras
FHIS	Fondo Hondureño de Inversión Social
FP	Family Planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHSS	Instituto Hondureño de Seguridad Social
INFOP	Instituto Nacional de Formación Profesional
IPC	Interpersonal Communications
MAP	Measuring Access and Performance
M&E	Monitoring and Evaluation
MOE	Ministry of Education
PMP	Performance Monitoring Plan
MOH	Ministry of Health
OC	Outreach Centers
PASMO	Pan American Social Marketing Organization
PERFORM	Performance Framework for Social Marketing and Communications
PAIA	Programa Nacional de Atención Integral al Adolescente
PSI	Population Services International
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SSSRAA	Servicios de Salud Sexual y Reproductiva Amigables para Adolescentes
STI	Sexually Transmitted Infections
TRAC	Tracking Results Continuously
UIC	Unique Identification Code
UNAH	Universidad Nacional Autónoma de Honduras
USAID	US Agency for International Development

## **I. EXECUTIVE SUMMARY**

Population Services International (PSI) and the Pan-American Social Marketing Organization (PASMO), develops the “Strengthening Adolescent Reproductive Health in Honduras (Healthy Youth) program, as part of the Central America Regional Security Initiative (CARSI), with technical and financial assistance from the US Agency for International Development (USAID).

The Jóvenes Saludables project is part of the Estrategia Nacional de Prevención de Embarazos en Honduras (ENAPREAH 2012-2017) of the Ministry of Health, coordinating its actions with CARSI partners like Alianza Joven Honduras (AJH), through Outreach centers, project Impactos, national and international NGOs, which are important allies to increase youth participation and improve access to SRH services, making it friendly for teenagers.

PSI/PASMO aims to improve SRH among Honduras teenagers (10-24 years old), through the increase in sexual education and modern contraceptive methods (among sexually active teenagers), to reduce unplanned pregnancies, in areas prioritized by the Jóvenes Saludables project.

The target population for the Jóvenes Saludables project is about 38,000 teenagers, between the ages of 10-24, both genders, In-School and not-in-school, of the Central District, SPS, Villanueva, La Lima, Choloma, Tela and La Ceiba.

This work plan outlines the key objectives and expected results of the Jóvenes Saludables project, for the October 1<sup>st</sup> – September 30<sup>th</sup>, 2014 period. During the 2014 fiscal year, PSI/PASMO will implement actions to:

- Increase SRH knowledge of teenagers, through Interpersonal Communication activities (IPC) to achieve a change in behavior; campaigns through mass media and social networks and references to SRH to adolescent friendly health clinics.
- Increase use of modern contraceptive methods in teenagers, by assuring availability of products and services, through alliance strengthening with the outreach Centers of Alianza Joven Honduras (AJH), which provide recreational and vocational services for endangered youth, the MOH and other youth-oriented service providers.
- Lower pregnancy rates and delaying the starting age for sexual activity among teenagers that are not sexually active, through the strengthening of reference systems for teenagers to sexual, reproductive health services, including counseling services.

## **II. TECHNICAL SUMMARY**

### **a. Target Focus and Geographical Focus.**

The target population of the project is teenagers between ages of 10-24 years old, including teenagers in and out of the formal school system. The program will be directed to areas of greatest social vulnerability of the Central District (Tegucigalpa and Comayagüela), Valle de Sula (San Pedro Sula, Choloma, La Lima, Villanueva); Tela and La Ceiba.

PSI/PASMO selected those districts and/or neighborhoods of each municipality, which are being intervened by CARSI, through other projects, to contribute with the comprehensive care process towards beneficiary teenagers, through inclusion of the subject matter of teenage pregnancy prevention; these communities are characterized generally by presenting:

- High rates of violent incidents.
- High rates of poverty.
- High rates of teenage pregnancy.
- Lack of intervention from other organizations with similar effort programs in teenage pregnancy.

From this second year of execution of the project, PSI/PASMO will expand the geographical areas of implementation with the purpose of achieving greater impact, especially with the not-in-school population; so that in addition to making the educational processes with the outreach centers (AJH), Project METAS and youth networks, it will open participation possibilities to teenagers that work in factories, frequent and/or work in markets, supply centers, INFOP beneficiaries and other similar spaces.

### **b. General Description of the Strategy.**

#### **1. Build on Existing Brand Recognition to Expand Club en Conexión.**

PSI/PASMO has its program on SRH aimed to young people and adolescents which are recognized in Tegucigalpa and SPS, the knowledge and experience will be used to address youth at-risk. The program will promote and expand the outreach of its campaign of behavior change based on evidence to integrate activities of communication for behavior change (CCC) and increase the scale of the campaign in the regions of interest in Honduras.

Club Conexión is trying to reach out to young people with the correct information through education in Servicios de Salud Sexual y Reproductiva Amigables para Adolescentes (SSSRAA). Including activities of interpersonal communication (IPC) through the staff of educators from the program and volunteers peer educators (Agents of Change), mass media (radio and TV), social networking (web page of the program and Facebook) and social mobilization (relays, theater festivals, music concerts).

Research on youth will be conducted, especially in the category of young people between 15-24 years, updating the training manuals for the young people. Currently PSI/PASMO has two manuals:

- Manual aimed for adolescents of 12 to 15 years old that includes 11 training modules (self-esteem, adolescence, STIs, HIV, contraceptives, courtship, caring for my sexuality, new responsibilities, drug prevention, and prevention of gender-based violence, discrimination and human rights).
- Manual aimed for adolescents of 16 to 19 years old that includes 11 training modules (self-esteem, healthy behaviors, STIs, HIV, contraceptives, courtship, caring for my sexuality, new responsibilities, and drug prevention, prevention of gender-based violence and discrimination and human rights).
- Due to the inclusion of the age of 10 and 11 years old, the manuals will be reviewed and redesigned (and its methodologies) for each age group (10 to 14 years, 15 to 19 years and 20 to 24 years). Each manual will have specified the differentiated methodologies for “in school” and “out of school” (if the results of the research show that the archetypes of the population in and out school are too different).

## **2. Strengthen communication linkages to SRH products and services.**

The behavior change communication (BCC) must be linked to access to quality products and services of SRH. This program will establish an approach for ensuring links to products and services available in public clinics and other clinics of the non-governmental sector. Club en Conexión will focus on young people to ensure that the products and services are appropriate and aligned with their needs. For example:

Condoms *Vive*, is the brand of condoms that PASMO markets under a social marketing approach (prices are affordable to the populations of lower income greater vulnerability). PSI/PASMO will ensure that the condoms *Vive* are available at various sites in the private sector in the communities intervened by CARSÍ partners to ensure that they are accessible to young people. The TRaC study will acquire data on which is the price that young people can pay for a condom and on the basis of this information a strategic action will be taken so the price is not a barrier to purchase condoms. Among the sites established for the distribution will included pharmacies, convenience stores, grocery stores and other types of outlets and meeting points of activities of BCC and other events.

PSI will use its experience in conducting similar campaigns. For example, the campaign *Got it? Get it (Tienes? Pídelo)*, implemented by PSI in countries of Latin America and the Caribbean. The approach is to reduce the stigma attached to the condoms so young people feel comfortable buying them. This campaign actually has been expanded in the Caribbean to include references to SRH services in public and private clinics. It will be used as a model to expand communications and links in Honduras.

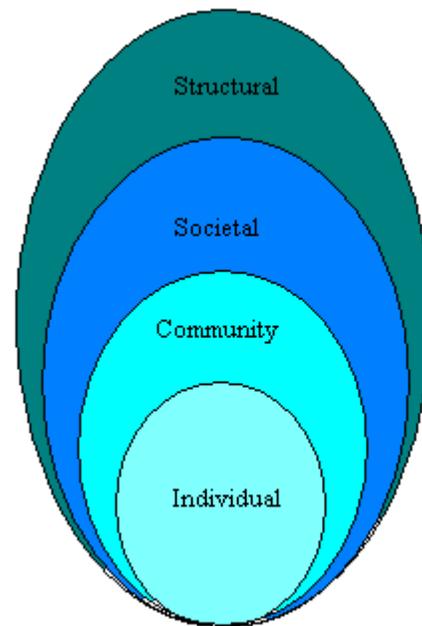
Activities of IPC and messages by other means will motivate sexually active young people to use modern methods of family planning, as well as to help improve the access for young people. PASMO educators, teachers of public education centers and coordinators of OCs will refer promote SRH services and refer young people to the closest or most accessible SRH services in adolescent friendly clinics of the MOH and other NGOs such as the Asociación Hondureña Mujer

y Familia (AHMF) (Please refer to Table 1 for a detailed list of SSAA clinics that PASMO will refer young people to when needed). The promotion of these referrals will be made through coupons, leaflets with names and addresses of places, using the web page, radio programs, and staff of educators and agents of change of the program. Staff from PASMO can monitor through the coupons and the unique identification code (UIC) young people who are using these services to determine the effectiveness of the referral system.

### 3. BCC Grounded in Behavioral Theory:

PSI/PASMO will use two key theoretical frameworks in relation to behavioral change to design and implement this program:

The social ecological model and the Performance Framework for Social Marketing and Communications (PERForM).



Social Ecological Model

Social Ecologic Model: The social ecologic model, outlined in the graphic at the right, emphasizes the importance of issuing an integrated package of interventions that work at different levels to handle the adoption of healthier behaviors. This model recognizes that there are not only individual barriers to achieve a behavior change, but there are also pressures in the community, social stigma and inconvenience influencing the structural behavior. Based on this model, PSI/PASMO will generate an integrated package of interventions that will work in different levels to improve the adoption of healthy behaviors among young people.

The activities in the inner core will work mainly on an interpersonal level to focus on the individual and his/her partner. The activities at the community level will focus on healthcare providers, youth centers and education systems. Activities at society level will focus on attacking the contextual barriers such as the stigma of the products and services of SRH. Finally, the interventions at the structural level will focus on the alignment with the youth policies and SRH of the nation.

Work frame PERForM. To develop interventions that are segmented according to youth profiles (for example, school status, age group), PSI/PASMO will use PERForM. On the basis of modeling frameworks of international behavior change, PERForM was created to allow the research to report to programs, as well as to track the exposure of the programs and monitor changes in desired behaviors over time. PERForM conducts this approach by defining the target, identifying why they are at risk and focusing interventions on the risk factors that can be overcome by BCC. PERForM follows a process of three steps to ensure the programming based on evidence. This includes:

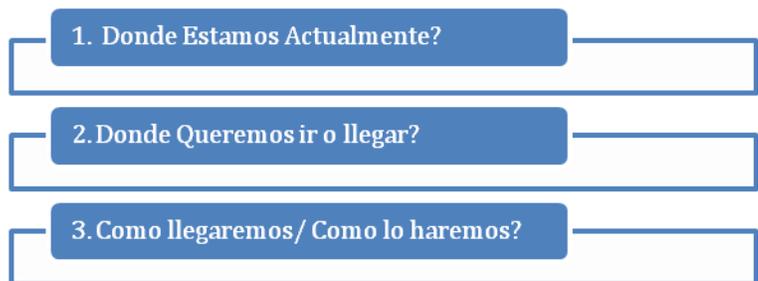
- *Segmentation*: Target populations are divided in two groups– those whose behaviors need to be change (“non-behavers”), and those who already follow the desired behavior (“behavers”).

- *Identification of the Significant Behavioral Factors:* Both groups are profiled through surveys that examine the underlying factors that may be motivating the desired behavior. Individuals are influenced to adopt safer behavior through a number of factors, which can be summarized by the motivation (they want), capacity (they are able), and opportunity (there is external support for this). The profiles of behaviors versus non-behavers are then compared. Only those factors, identified as significantly different between “behavers” and “non-behavers” become the focus of the communication interventions.
- *From Research to Action:* The last step involves changing the research into action, and developing activities which are likely to modify the key motivators of the behavior revealed in step two.

This analysis generated using the framework of behavioral change PERForM directly feeds the marketing and communications strategies. PSI will make use of this planning tool of marketing, DELTA, to develop projects in the areas of marketing and communication using the notions of the audience, epidemiological context and brand positioning to achieve the target populations.

PSI created the process DELTA to optimize insights on populations to be intervened and use this knowledge of the population during the planning of the program activities, thereby implementing strategies to address the population considering epidemiological aspects and the profile of the audience through archetypes that will help to create messages appropriately and with a greater margin of success in the adoption by the target population of the program. The DELTA process helps the program’s staff and participants to think about what motivates young people to acquire the desired behavior (consistent condom use and use of modern methods of planning).

DELTA starts with a situation analysis and identification of strategic priorities to create “archetypes” of the investigated audience. This analysis brings together all the quantitative and qualitative information available to all investors summarizing it in an archetype of the member of the investigated audience. The process of the DELTA plan is shown in the graphic at the right.



The team subsequently identifies the most important and unique benefit that the product, service or desired behavior represents in the minds of the audience investigated. This is the emotional “hook” on which one can focus the communication strategy. The next step is to develop goals that will ensure that the plan would keep focused. Then, the team addresses the four P product, price (even when it's free), plaza and promotion and identifies strategies to achieve these goals of communication which is then formalized in a marketing communication plan.

PSI/PASMO will invite all investors and potential partners to harmonize efforts to improve the results of SRH in the youth. The implementation plan will detail and coordinate the priorities of communication, specifying the activities and their schedules, to outline the roles of all investors

and create an approach to the communication and marketing of health for the public and private sectors.

While the DELTA process has its roots in the theory of marketing, PSI uses it to develop a consistent and complementary management, not only to increase the use of products and services of SRH, but also to promote healthy behavior change in adolescents.

### III. COORDINATION WITH PARTNERS

PSI/PASMO has established a good relationship with the MOH; Programa Nacional de Atención Integral al Adolescente (PAIA), departmental health regions and health centers, hospitals located in the specific Jóvenes Saludables project areas. In its second year it will consolidate strengthening actions to health providers, improvement and/or creation of these services to contribute to the attention of beneficiary teenagers as part of the Jóvenes Saludables project.

Given that most health centers that are located in the intervention zones of Jóvenes Saludables project don't have sexual and reproductive health services that are friendly to teenagers, PSI/PASMO's advocacy work will continue to ensure that the MOH establishes clinics with friendly adolescent services in priority places where there are none currently. It'll also expand and revitalize the reference system to such services.

Table 1: **Health services will be coordinated with reference to adolescents and young:**

<b>Municipality</b>	<b>Adolescent Friendly Sexual and Reproductive Health Services</b>
Tegucigalpa	CESAMO: San Miguel, Flor del Campo, Nueva Suyapa, Tres de Mayo, Sagrada Familia, Carrizal, San Francisco, Las Crucitas, Villanueva, Los Pinos, San Benito, and others.
	ASHONPLAFA
San Pedro Sula	Hospital: Leonardo Martínez, Mario Catarino Rivas. CESAMO: Miguel Paz Barahona, Lomas del Carmen, Calpules, Rivera Hernández, Chamelecón, Cofradía.
	Asociación Hondureña Mujer y Familia
	ASHONPLAFA
Choloma	CESAMO: Choloma
Villanueva	CESAMO: Villanueva
La Lima	CESAMO: La Lima
Tela	Hospital Tela Integrado
	Asociación Hondureña Mujer y Familia

La Ceiba	CESAMO Colonia Pizzatty, El Confite
	Asociación Hondureña Mujer y Familia
	ASHONPLAFA

Based on achievements with the Ministry of Education (Student Services Department, Youth Unit, Population and Health, District and departmental Education Committee and Educational Centers) in the first year of the project, PSI/PASMO will continue to take monitoring and collaborative actions towards educational centers in order to ensure the implementation of “Caring for my Health and Life” Methodological Guidelines.

Continue to strengthen mutual cooperation relations with CARSI strategy partners (AJH, project Impactos, project METAS), organizations which are members of the Teenager Technical Officers, government institutions, civil society organizations, private companies, and other local partners in the geographical areas of the Project. In particular with whom they work directly with in not-in-school youth programs. We’ll continue coordination to intervene young men/women who attend outreach centers, AJH and we’ll ensure the collaborative agreements compliance with (memorandum of signed understanding) each strategic partner, respecting the philosophy of each to intervene populations.

In the second year, PSI/PASMO will seek coordination mechanisms with the project METAS to address youth beneficiaries with the Sexual and Reproductive Health (SRH) subject matter, remaining in the Jóvenes Saludables project geographical areas.

Coordination with the Fondo Hondureño de Inversión Social (FHIS) will take place to identify collaborative opportunities to improve the infrastructure of schools and/or health centers in prioritized neighborhoods, which facilitate quality improvement of educational services and/or health for adolescents and youth.

#### IV. RESULTS/ACTIVITIES

- a. **Goal of the Project:** Improve SRH of Honduran youth (10-24 years old), through increase in sexual education and the modern contraceptive methods promotion (among sexually active youth) to reduce unplanned pregnancies in prioritized areas by the Jóvenes Saludables project.

**Table 2:** Number of target population by municipality.

Municipality	Neighborhoods	Intervention Index	Project Total	FY 2013	FY 2014	FY 2015
DC (Tegucigalpa and Comayagüela)	Nueva Capital, Rosalinda, Villafranca, Buenas Nuevas, Flor del campo, Nueva Suyapa, San Martin, San Miguel. Brisas del Valle,	35%	13,198	3,325	6,021	3,852

	Morazán, Villa Olímpica, La Laguna, Iberia, and others with similar sociocultural characteristics.					
Valle de Sula (San Pedro Sula, Lima, Choloma and Villanueva)	SPS: San Vicente de Paul, Lempira, Morales, Los Ángeles, San José, San Juan, San Isidro, Rivera Hernández, Padre Claret, Suazo Córdova, Cofradía, Casa Quemada, Arenales, La Pradera, Calpules, Cabañas. Lima: La Planeta, San Cristóbal Choloma: Las Pilas, López Arellano, Japón, Victoria, and others with similar sociocultural characteristics.	40%	15,084	3,800	6,881	4,403
Tela	15 de septiembre, Grant, Tornabé, Triunfo de la Cruz, La Ensenada, San Juan, and others with similar sociocultural characteristics.	10%	3,771	950	1,720	1,101
La Ceiba	San José, Iero de Mayo, Armenia Bonito, Búfalo, Melgar, Nueva Suyapa, and others with similar sociocultural characteristics.	15%	5,656	1,425	2,580	1,651
Total		100%	37,709	9,500	17,202	11,007

**Table 3:** Outreach, In-School Ratio/ not-in-school /age group. (Project Total)

Municipalities	General Goal	Out of School (60%)				In school (40%)				Grand Total
		10-14	15- 18	19-24	Total	10-14	15-18	19-24	Total	
		50%	35%	15%	100%	55%	45%	0%	100%	
DC	13,198	3,959	2,772	1,188	7,919	2,904	2,376	0	5,279	13,198
Valle de Sula	15,084	4,525	3,168	1,358	9,050	3,318	2,715	0	6,033	15,084
Tela	3,771	1,131	792	339	2,263	830	679	0	1,508	3,771
La Ceiba	5,656	1,697	1,188	509	3,394	1,244	1,018	0	2,263	5,656
Total	37,709	11,313	7,919	3,394	22,625	8,296	6,788	0	15,084	37,709

**Table 4:** Outreach, In-School Ratio/ not-in-school /age group. (Fiscal Year 2013)

Municipalities	Goal FY 2013	Out of School (60%)				In School (40%)				Grand Total
		10-14	15-18	19-24	Total	10-14	15-18	19-24	Total	
		50%	35%	15%	100%	55%	45%	0%	100%	
DC	3,325	998	698	299	1,995	732	599	0	1,330	3,325
Valle de Sula	3,800	1,140	798	342	2,280	836	684	0	1,520	3,800
Tela	950	285	200	86	570	209	171	0	380	950
La Ceiba	1,425	428	299	128	855	314	257	0	570	1,425
Total	9,500	2,850	1,995	855	5,700	2,090	1,710	0	3,800	9,500

**Table 5:** Outreach, In-School Ratio/ not-in-school/age group. (Fiscal Year 2014)

Municipios	Goal FY 2014	Out of School (60%)				In School (40%)				Grand Total
		10-14	15-18	19-24	Total	10-14	15-18	19-24	Total	
		0%	50%	50%	100%	60%	40%	0%	100%	
DC	6,574	0	1,972	1,972	3,944	1,578	1,052	0	2,630	6,574
Valle de Sula	7,513	0	2,254	2,254	4,508	1,803	1,202	0	3,005	7,513
Tela	1,878	0	563	564	1,127	451	300	0	751	1,878
La Ceiba	2,817	0	845	845	1,690	676	451	0	1,127	2,817
Total	18,782	0	5,634	5,635	11,269	4,508	3,005	0	7,513	18,782

**b. Results:**

**Result 1:** Reduce the rate of teen pregnancies.

Indicators:

- Percentage of adolescents who delay their first intercourse.
- Percentage of teens who've had sex in the last year
- Number of pregnant women under 19 years old in the last year.

**Result 2:** Increased knowledge about SRH of youth.

Indicators:

- Percentage of youths who reported personal risk perception of pregnancy.
- Number of teenagers that are educated in SRH in a comprehensive manner.
- Number of teenagers in and out of school, trained as change agents.
- Percentage of teenagers who have negative attitudes towards the perpetration of intimate partner violence (or that consider partner violence a less acceptable act).

**Result 3:** Increased use of modern contraceptive methods.

Indicators:

- Percentage of teenagers who used a modern contraceptive method during their last intercourse.
- Percentage of teenagers who suggested condom use to their partners in their last sexual encounter.
- Number of teenagers who received SRH services in the SSAA and/or NGOs.
- Number of condom distribution points that remain active in the geographical areas prioritized by the Program.
- Number of condoms distributed.
- Percentage of teenagers who mentioned at least two, accessible, condom distribution points.
- Percentage of teenagers who mentioned the benefits of dual protection (condoms and hormonal contraceptives).

**c. Activities:**

The activities of this Work Plan are organized into five lines of action: A) Overall project activities, B) Activities for teenagers outside the school system C) Activities for young people in the school system, D) Activities for teenagers, both in and outside the school system and E) Monitoring and evaluation. (See Annex 1: Implementation Activities Plan, 2014).

**1. GENERAL ACTIVITIES PROJECT**

**1.1. Development and/or recruitment of the Jóvenes Saludables project human resource:**

In the project's second year of execution, PSI/PASMO will carry out a plan of training and professional development with the project's staff. The goal is to build the capacity and skills related to their work, so that workshops are carried out on adolescent sexuality, pregnancy prevention, gender, security and policy and family planning requirements, with technical support from the Regional Office of PASMO and/or specialized Consultants.

At the end of October, all of PASMO staff will participate in the organization's annual retreat. The retreat provides an opportunity for PASMO administrative and educational staff to become familiar with the work plan for the year, yearly goals, strategies, and the project's monitoring and evaluation process. Program results, success and failures from the previous year will also be reviewed.

In addition, staff will have access to participate in virtual conferences (PSI Online University Programs), reading material assignments and participation in trainings convened by strategic partners. Human resources for the Project will be recruited based on the evolving needs of the project.

Because of the risk in the zones to be intervened, the safety plan that PASMO has developed will be implemented to mitigate the impact of potential incidents in the performance of normal duties. It will also evaluate staff performance and according to individual results, will define a professional improvement plan with each of the PASMO employees.

## **1.2. Development of the Jóvenes Saludables project planning for the third year of implementation:**

PSI/PASMO has included the work plan development for the project's third year, which will be based on the specified guidelines in the Cooperative Agreement, to ensure compliance of the outcomes and indicators.

PASMO/PSI will carry out the revision and technical adjustments to the DELTA Plan, at the same time ensuring the implementation of the brand plan and monitoring and evaluation plan.

## **1.3. Creating Strategic Alliances:**

The synergy with which different CARSÍ partners, government institutions, civil society organizations, such as coordination with UNICEF, COMVIDA, UNFPA, y el Departamento de Género de la Secretaría de Salud, that Jóvenes Saludables project has achieved in its first year of implementation, is critical for achieving results and goals.

PSI/PASMO will continue to strengthen these partnerships and implementing joint plans according to their commitments. Also, continue to open up coordination spaces to expand its interventions with teenagers, particularly in relation to the outreach of the not-in-school population. Will undertake advocacy work with FHS for support that allows improvement in some health centers and/or educational facilities and make more attractive the physical spaces that are used by teenagers. With health providers, a technical support package will be designed, to strengthen their skills and abilities for improvement in the quality of SRH services for teenagers.

## **1.4. Strategic information (research developments that provides scientifically collected information to make sound decisions in the Jóvenes Saludables project):**

With support from the Research Department of the Regional Office of PSI/PASMO, the Segmentation Focus qualitative study will be finalized (processing and analysis of focus groups), review of archetypes by age and sex and socialization of results with USAID, MOH, Ministry of Education and other key partners. Also, the quantitative research Tracking Results Continuously (TRaC) will be conducted, which is in the process. As well as the qualitative research with health care providers (consultation) to identify needs related to the role of health services providers, friendly to adolescents. Findings from these studies will help the Jóvenes Saludables Project better align the Project's educational messages, campaigns and radio program to the target population's needs and interests identified in the qualitative and quantitative investigations.

## **2. OUT-OF-SCHOOL YOUTH, ACTIVITIES**

The involvement of adolescents and youth outside the school system is complicated by the different factors that interact with one another around the target population, such as high levels of insecurity, difficult access to this population, the stigma that could generate the separation of the population under the not-in-school category and description of the same term. In order to have greater clarity regarding the concept, PASMO will use "NOT-IN-SCHOOL TEENAGERS" as a synonym for "non-academic" taking into account the following aspects:

- a) The term not-in-school could be considered ambiguous since it does not indicate that the teenager is illiterate but not attending the formal education system. That depends on factors such as school dropout, end of the academic period (a young man finished high school but has not entered college, or has completed the sixth grade and has migrated to the city to find work, etc).
- b) PASMO will focus its efforts in seeking teenagers not attending the formal education system, as these young people, not having this time devoted to academic training, spend more time in their communities exposed to risky situations and therefore will be a population which we are interested in dealing with project activities. The approach will take into account not segregating them in order to avoid reinforcement of the stigma and discrimination related to their situation. The main effort of PASMO in this category is intervening youth in their community environment or even in places of higher sexual risk (soccer fields, INFOP, factories, markets, bus stations, sports leagues, supply centers, etc).

### **2.1. Revision, adaptation and/or design of methodologies and intervention strategies of not-in-school teenagers:**

With the support of the regional office and a qualified team for the development of intervention methodologies, PASMO Honduras will review and adapt the curriculum (content and methodologies) for not-in-school teenagers (by age), according to results in the TRaC study/baseline and Qualitative Study (Focus Segmentation). A methodological handbook and educational tools will be elaborated for facilitators on the prevention of teenage pregnancy and not-in-school teenagers, segmented by age (10-14, 15-19 and 20-24 years old).

A methodological guide will also be elaborated for not-in-school youth on teen pregnancy prevention as an educational resource for the change agents to make replicas with peers. Also, PSI/PASMO will produce (revision and adaptation) educational materials, POP material (sales point), supporting educational activities that'll be performed, in which the issue of gender violence prevention will be implicit.

### **2.2. Implementation of educational activities with non-schooled youth:**

PSI/PASMO will develop educational interventions (workshops, meetings) for preventing pregnancy, with beneficiaries of Outreach Centers and AJH (AJH partners and project Impactos partners) in Tegucigalpa, Valle de Sula, Tela and La Ceiba.

With the goal of expanding the opportunities of educating in pregnancy prevention, HIV and STIs, PSI/PASMO will carry out educational approaches, such as face to face interventions in which the PASMO educators with the assistance of educational materials meets with small groups of youth and carries out educational chats which will include themes of HIV/AIDS, STIs, consistent and correct use of condoms, gender, and pregnancy prevention or small sexual and reproductive health fairs where youth visit a circuit of various stations and receive educational information on the themes mentioned above. These activities will be implemented with factory workers not-in-school and not-in-school population that move throughout markets, supply centers, soccer fields, etc., in the Central District Municipality (Tegucigalpa and Comayagüela), Valle de Sula, Tela and La Ceiba.

There will be an identification of young people who are interested in joining the Change Agents of Outreach Centers group, AJH and other community-based organizations, young men/women will participate in a training process of Change Agents covering communication skills development, peer management methodologies and organization skills and development of community mobilization activities. For the realization of educational activities, educational material to Change Agents will be provided.

The trained change agents will contribute to the objectives of the Jóvenes Saludables project, by conducting educational activities (replicas) and will be supported consistently and systematically by PASMO educators.

The activities will be monitored to ensure the quality of the intervention and to detect weaknesses of the process, to be corrected promptly.

### **2.3. Coordination with health centers for youth referrals to SSSRAA, and addressing support groups for pregnant teenagers and/or parents.**

There will be coordination and monitoring meetings with health centers staff to strengthen the referrals system to health services, friendly to adolescents, strengthen support groups of pregnant adolescents attending health centers in the areas prioritized by the Jóvenes Saludables project.

The objectives are: opening friendly spaces for teenagers to receive quality SRH attention, to help them protect themselves from pregnancy and prevent HIV and STIs; also emphasize prevention of second pregnancy in teenagers and a responsible parenthood promotion, content and methodologies to be applied will be similar to those defined in the methodological manual according to the age of the adolescents.

The priority topics will be: use of modern contraceptive methods, handling emotions, life planning, responsible parenthood and newborn care, where gender will be integrated explicitly. These approaches will be coordinated and support health providers of adolescent-friendly services and health centers in the areas of influence of the Jóvenes Saludables project.

## **3. IN-SCHOOL YOUTH-ORIENTED ACTIVITIES.**

### **3.1. Coordination with schools and strengthening of teacher capabilities for the implementation of “Caring for my Health and Life” Methodological Guidelines:**

PSI / PASMO initiated the process of training teachers for the implementation of "Taking Care of My Health and My Life" Methodological Guidelines from the Ministry of Education, during the first year of the Jóvenes Saludables project's implementation.

The Guidelines are addressed to students from Pre-Basic Education (pre-school), first cycle (1<sup>st</sup> to 3<sup>rd</sup> grade), second cycle (4<sup>th</sup>-6<sup>th</sup> grade) and third cycle (7th-9th grade) of education. The contents of the guidelines are part of the National Core Curriculum (CNB) and by Ministerial Agreement each school must meet the thematic development of sexuality, pregnancy prevention, HIV and STI prevention, through Spanish subjects, mathematics, natural sciences, social sciences and physical education.

Due to the beneficiary population of the Jóvenes Saludables project is comprised of 10 to 24 years old, PSI/PASMO trains all managers and teachers in each selected school, to ensure the sustainability of the processes over time as assigning grade-levels to teachers usually changes every year.

In the training (two days) each teacher/faculty is provided with the Methodological Guidelines and each school prepares an annual work plan for the implementation of these guides during the year. Following the training, PASMO tracks and supports schools to ensure that the guidelines are applied to students of the second and third cycles, the first cycle-related monitoring is made directly by the Ministry of Education.

In 2014, PSI/PASMO will hold coordination meetings and follow-up activities to the implementation process of Methodological Guidelines (work plan of the school), with Departmental, District and trained Educational Centers' Directions, (Francisco Morazán, Cortés and Atlántida) and complete the teacher training in Tegucigalpa, SPS, Tela and La Ceiba. With the aim to share good practices related to the implementation of the Methodological Guidelines and to strengthen the commitment and skills of teachers, there will be two meetings involving teachers, whose origin cities are Tegucigalpa, SPS, Villanueva, La Lima, Choloma, Tela and La Ceiba.

PSI / PASMO will develop educational materials (flipcharts) for teachers, in support of the "Caring for my Health and Life" methodological guidelines implementation, and will establish an updating system for trained teachers by sending relevant information (quarterly) related to pregnancy prevention, emphasizing the gender. PSI/PASMO will monitor the schools work plan implementation.

### **3.2. Complementary educational activities in schools:**

The formation process of change agents will be boosted in the second year of the project. It'll strengthen communication skills for peer education and school and/or community mobilization actions, educational methodology-peer management, training in theater and/or puppets for the staging of plays according to the age of the audience, with specific messages and pregnancy prevention-related issues. The change agents will conduct educational activities within each school, supported by teachers and PASMO educators.

In order to spread the message of preventing pregnancy, there will be school and/or community mobilization events (students and parents) with Change Agents participation, such as fairs, festivals, civic hours, alluding parades, sciences fairs, cultural events, civic events, singing competitions, poetry, murals, drawing, alluding to the central theme, among others. There will also be competitions between schools (school districts) Tournaments related to the prevention of teenage pregnancy.

PSI/PASMO will provide support in training and sensitization activities of father/mother/tutor and in the conducting two internal campaigns in schools, framed in commemoration of special days like the National Youth Against AIDS Week, Student Week, etc...

#### **4. OUT-OF-SCHOOL AND IN-SCHOOL YOUTH-ORIENTED ACTIVITIES**

##### **4.1. Mass media campaigns and social networks (Including *En Conexión Radio* program):**

These activities aim to reach, both, In-School and not-in-school teenagers in or out of school, are geared to reinforce healthy behaviors for preventing pregnancy, HIV and STIs, which are promoted in the other interpersonal communication activities (IPC A) .

In conjunction with PSI, PASMO will plan and execute the “Got it? Get it” (Tienes? Pídelo) mass media campaign. This campaign has been implemented by PSI countries in Latin America and the Caribbean with to reduce the stigma attached to the condoms so young people feel comfortable buying them. This campaign will be expanded to this country it to promote condom use behavior in Honduran adolescents and young people. The campaign will include promotional materials for distributors such as t-shirts, water bottles, cups, as well as television and radio commercials.

PSI/PASMO began transmission of the *En Conexión Radio* program in July 2013, and will continue permanent transmission over the Project’s life. The program airs live every Saturday at noon, through *Radioemisora XY*, which has regional coverage (South, Centre-East and North-West).

Content and messages are based on PASMO’s educational program. The purpose is to disseminate key messages that strengthen the knowledge, attitudes and practices of teenagers in the prevention of teenage pregnancy, STI and HIV prevention. The program is led by an educator from the Project and a broadcaster from *Radioemisora XY* (free contribution). The scripts are produced weekly and are analyzed by the program’s team drivers to ensure quality in the handling.

The radio program’s content and messages will be evaluated through various focus groups with the target population, in which the groups will listen to several episodes of the program and provide the Project with comments, feedback, and ideas in response to what they heard in the program. Focus groups to evaluate the radio program will be conducted in March 2014.

PASMO – Jóvenes Saludables currently runs a Facebook account to maintain communication with teenagers interested in acquiring information on various related topics, related to the work of PASMO and especially related to SRH. It is a space of exchanging, open to the public, where young people express their ideas and needs on different subjects. It is managed by a cyber-educator from the Project. Jóvenes Saludables will also target teachers at intervened education centers and encourage them to connect to a facebook page created for teachers involved in the Project. The page will provide a space for these teachers to share both their positive and negative experiences with the implementation of “Caring for my health and my life” methodologies. This space will expand teachers’ community and supporting, providing them with an area to learn and grow from their peers’ experiences. In addition the Project will create a mailing list of teachers’ emails, this list will allow the project to send project updates and information to all teachers included on the list.

In order to strengthen the interventions that the project performs in different municipalities, PSI/PASMO will support the communications campaign for prevention of teenage pregnancies " Because I love myself, I take care of myself", produced by the Technical Committee of Teenagers/ MOH in the geographic areas of the Jóvenes Saludables project .

In addition, "Think about it" will be added to community activities (Second round of communication campaign) on pregnancy prevention, produced by Honduran AJH in the project's intervention areas, especially to reach beneficiary teenagers from the OC.

#### **4.2. Design and implementation of social mobilization actions (participation with other organizations in special days):**

PSI/PASMO will continue to participate in the technical committee meetings of the teenager who runs the PAIA the MOH, joining forces for the prevention of teenage pregnancy in the framework of the ENAPREAH.

In coordination and support with various organizations that make up the Technical Committee and other partners, PASMO will carry out social mobilization activities like educational health fairs/festivals for teen pregnancy prevention in Tegucigalpa, Villanueva, SPS, La Lima, Choloma, Tela and La Ceiba.

PASMO will participate in the commemoration of special days in partnership with other organizations. The activities could be hikes, marches, festivals, theater, puppets, etc... PASMO will strengthen the creation unpublished plays with issues related to pregnancy prevention and prevention of domestic violence. These works will be presented in locations accessible to the beneficiary population of the project, such as schools, sports fields, community centers, outreach centers, AJH, etc.

The following dates are special dates PASMO staff will support and participate alongside the Project's youth beneficiary populations:

- Day of the Honduran Woman- **January 25<sup>th</sup>**
- International Women's Day- **March 8<sup>th</sup>**
- Student Day-**June 11<sup>th</sup>**
- International Youth Day- **August 12<sup>th</sup>**
- Child's Day- **September 10<sup>th</sup>**
- International Day of Elimination of Violence against Women- **November 25<sup>th</sup>**
- World AID's Day- **December 1<sup>st</sup>**

#### **4.3. Condom Sale Points, friendly to teenagers:**

PSI/PASMO simultaneously to the communication change activities for behavior change related to the prevention of teen pregnancy will strengthen the network of condoms and lubricants distribution, to improve access for teenagers.

In this sense, we develop activities with owners and/or managers of these businesses, to raise awareness about the situation of teenage pregnancy in the country and the importance of counting with products that are available for the adolescents to protect themselves, and that the young people are cared for in a friendly way, to achieve in teenagers increased confidence when seeking products (condoms, lubricants, birth control). Additionally, owners and/or business managers will

be informed about appropriate mechanisms for storing condoms and maintain quality while improving sales.

## **5. GENDER STRATEGY**

The Jóvenes Saludables Project will include gender perspectives and themes of gender equality in its Work Plan executed during the three year program.

The inclusion of gender perspective and themes of the prevention of gender based violence has been included in activities with male and female adolescents between the ages of 10 and 19 years, as well as with young adults of both sexes, 20-24 years old. These perspectives and themes have also been included in activities with mothers and father, teachers and community leaders.

## **6. MONITORING AND EVALUATION**

### **6.1. Monitoring and evaluation of the Jóvenes Saludables project:**

PSI/PASMO, during execution of the Jóvenes Saludables project, will participate in weekly meetings to monitor implementation of the Project with AOR / USAID, as well as quarterly meetings USAID partners. Also participate in the meetings convened by the Program CARSI.

PSI/PASMO will constantly ensure that the security plan is fulfilled by mitigating the risks outlined in staff work areas, due to high rates of violence and crime.

During this year, the monitoring and evaluation of the project plan will be implemented, according to the plan approved by USAID (indicators and targets from PASMO and the MOH). The Activity Monitoring System together with its specific tools represents a fundamental resource for tracking and monitoring.

All educational activities will be recorded in a form that the participant fills out and is created with a unique identification code (UIC).

In the same way, a number of educational activities will be quarterly monitored by staff supervisors, and/or Program Manager.

PASMO Honduras receives technical support from both, the regional office and the office of PSI-Washington, at the level of technical support and supervision to ensure proper implementation of the project.

ANNEX 1: Implementation Plan FY 2014

<b>STRENGTHENING ADOLESCENT REPRODUCTIVE HEALTH IN HONDURAS IMPLEMENTATION PLAN FOR FY 2014 (OCTOBER 2013 - SEPTEMBER 2014)</b>														
<b>Project Title:</b> Strengthening Adolescent Reproductive Health in Honduras (Jóvenes Saludables project).													<b>Prepare don:</b>	
<b>Planning Period:</b> October 2013-September 2014.													<b>September 2013</b>	
<b>Project Goal and Objectives</b>														
<b>Program Goal:</b> To improve health outcomes of adolescents (aged 10-24) in vulnerable urban and North Coast regions of Honduras, who are at-risk of unintended pregnancies STIs.														
<b>Program Results:</b> The program has three key results.														
<b>Result 1:</b> Reduce the rate of teen pregnancies.														
<b>Result 2:</b> Increased knowledge about SRH of youth.														
<b>Result 3:</b> Increased use of modern contraceptive methods.														
No.	MAIN ACTIVITIES	TIMEFRAME												Responsible
		Fiscal Year 2014												
		Q1			Q2			Q3			Q4			
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AGU	SEP	
<b>1. General Project Activities</b>														
1.1	Development and/or human resource recruitment for the Jóvenes Saludables project.													Country Manager and



<b>1.3</b>	<b>Creating Strategic Alliances</b>													
	<b>1.3.1</b>	Preparation and signing of agreements for mutual collaboration between PSI/PASMO, new CARSI partners, strategic partners (Factories, Sports Leagues, Associations, Markets, Supply Center, and others that bring school youth).												Country Manager and Healthy Youth Program Manager
	<b>1.3.2</b>	Two coordination and monitoring meetings (per city) with adolescent friendly health services from MOH and NGOs that provide services on issues related to SRH , to ensure the functioning of the referral system for adolescents and youth (Tegucigalpa, SPS, La Ceiba and Tela).												Country Manager and Healthy Youth Program Manager
	<b>1.3.3</b>	Design of a technical support package aimed at reproductive and sexual health service providers for adolescents, based on the results of consultation with health care providers.												Healthy Youth Program Manager
	<b>1.3.4</b>	Advocacy with strategic partners (UNFPA, mayors, etc) to make teen PAIA clinics established in places where there is no availability.												Country Manager and Healthy Youth Program Manager
	<b>1.3.5</b>	Labor advocacy with FHIS / CARSI in order to improve the infrastructure of some schools in areas prioritized by the Healthy Youth Project.												Country Manager

<b>1.4</b>	<b>Strategic information (development of research that will provide scientifically collected information to make the program's decisions successful).</b>													Research Regional Director / Country Manager / Monitoring and Evaluation Coordinator / Sales Manager
<b>1.4.1</b>	Qualitative Research with target population. Preparation of the report (information processing and analysis of focus groups), review of archetypes according to age and sex.													
<b>1.4.2</b>	Socialization of qualitative research findings with USAID, MOH, CARSI and other partners													
<b>1.4.3</b>	Quantitative Research with teenagers. Tracking Results Continuously (TRaC ): Information gathering, data processing.													
<b>1.4.4</b>	Development of the control panel (DDM) of quantitative results and the final report of TRAC results.													
<b>1.4.5</b>	Socialization of qualitative research findings with USAID, SESAL, CARSI and other partners.													
<b>1.4.6</b>	Qualitative research with health care providers : Conducting consultation with health care providers to identify needs related to the role of suppliers of the friendly health services for adolescents													
<b>1.4.7</b>	Design of archetypes of SRH service providers for teenagers, and development and implementation of technical building plan for these service providers.													
<b>1.4.8</b>	Mapping friendly outlets, places for referencing and youth support points on the issue of Sexual and Reproductive Health. (Google).													

2. Out-of-school youth, Activities															
2.1	<b>Review, adaptation and/or design methodologies and intervention strategies of non-schooled teenagers.</b>													Country Manager and Healthy Youth Program Manager	
	2.1.1	Reviewing and adapting the educational program (content and methodology) for non-schooled Youth (by age), according to TRaC study results/baseline and Qualitative Study (Focus Segmentation).													
	2.1.2	Elaboration of the methodological manual and educational tools for Educators for the implementation of activities with non-schooled youth and on teen pregnancy prevention, segmented by age (10-14, 15-19 and 20-24 years old).													
	2.1.3	Preparation of methodological guide on the prevention of teenage pregnancy and non-schooled youth for agents of change.													
	2.1.4	Preparation/design (revision and adaptation) of educational materials, POP material (Point of sales) and promotionals for educational activities.													
2.2	<b>Implementation of educational activities with non-schooled youth</b>													Healthy Youth Program Manager/PAS MO Team Facilitator	
	2.2.2	Conducting educational interventions (workshops, meetings) for pregnancy prevention with Outreach Centers and Youth Networks beneficiaries (AJH Partners and Project Impactos) in Tegucigalpa, Valle de Sula, Tela and La Ceiba.													
	2.2.3	Creation of pregnancy prevention educational interventions with factory workers (Non-schooled) in Tegucigalpa, Valle de Sula, Tela and La Ceiba .													

	2.2.4	Creation of pregnancy prevention educational interventions with non-schooled population that transit through markets, supply centers, soccer fields, etc. In Tegucigalpa, Valle de Sula, Tela and La Ceiba.													
	2.2.5	Identification of Agents of Change in Outreach Centers, Youth Networks and other community-based organizations.													
	2.2.6	Training of Agents of Change in communication skills, educational methodologies with peers management and community mobilization actions.													
	2.2.7	Development of educational activities (replicas) for agents of change and / or Project Educators with the target population set on priority communities.													
2.3	<b>Coordination with health centers for youth referrals to SSSRAA, and addressing support groups for pregnant teenagers and/or parents.</b>														
	2.3.1	Coordination and follow up meetings with health center staff to strengthen the referral system to health services, friendly to adolescents.													Country Manager and Healthy Youth Program Manager/PAS MO Team Facilitator
	2.3.2	Strengthening Meetings of pregnant teenagers support groups that attend health centers of the areas prioritized by the Healthy Youth Project.													Healthy Youth Program Manager/PAS MO Team Facilitator

3. In-school youth, Activities														
3.1	<b>Coordination with schools and strengthening of the teacher capacities for the implementation of Caring for my Health and Life Methodological Guidelines.</b>													Program Manager/CCC + R33 Supervisors/Healthy Youth Educators
	3.1.1	Meetings to coordinate and monitor the implementation process of the Caring for my Health and Life Methodological Guidelines, with departmental education direction (Francisco Morazán, Cortes and Atlántida (two per year).												
	3.1.2	Meetings to coordinate and monitor the implementation process of Caring for my Health and Life Methodological Guidelines, with District Directorates and of trained Education Centres (Francisco Morazán, Cortes and Atlántida (one per quarter).												
	3.1.3	Training of teachers for the implementation of methodological guidelines Caring for my Health and Life, in Tegucigalpa, SPS, Villanueva, La Lima, Choloma, Tela and La Ceiba. (According to the requirements )												
	3.1.4	Elaboration and follow up of annual work plans with management and teaching staff of schools to implement the SRH Caring for my Health and Life Methodological Guidelines.												
	3.1.5	Labor monitoring of the implementation of work plans of teachers in schools.												



	3.2.6	Conducting school and/or community mobilization events (students and parents) with Agents of Change participation: educational and health fairs , festivals, civic hours, parades, Science fairs, cultural events (civic events) and singing competitions, poetry, murals, drawing, alluding to the central theme, among others													
	3.2.7	Realization of 7 tournament events related to the prevention of teenage pregnancy: Tegucigalpa, Villanueva, SPS, La Lima, Choloma, Tela and La Ceiba.													
	3.2.8	Support in training and awareness activities and of parents/mothers/ guardian.													
	3.2.9	Development of internal campaigns in schools.													
<b>4. Out-of-school and in-school youth</b>															
4.1	<b>Mass media and social networks campaign (Including En Conexión radio program)</b>														
	4.1.1	Planning and preparation of mass media campaign “Got it? Get it” (“¿Tienes? Pídelo”) to promote													Country Manager and Healthy Youth Program Manager
	4.1.2	Planning and preparation of mass media campaign “Got it? Get it” (“¿Tienes? Pídelo”) to promote													

	4.1.3	Broadcast of radio show. Saturday programs transmission themed with teen pregnancy prevention topics as part of the integrated campaign of social media (Facebook).													
	4.1.4	Development of scripts for the program and a series of spots for the prevention of teenage pregnancy.													
	4.1.5	Meetings between speakers prior to transmission of the show.													
	4.1.6	Support for the communication campaign in teen pregnancy prevention "Because I love myself, I care for myself", produced by the Technical Adolescent Committee/Ministry of Health, in the geographical areas of the Healthy Youth Project.													
	4.1.7	Participation in community activities "Think about it" in areas of Healthy Youth Project intervention (Second round of campaign communication in preventing pregnancies produced by Youth Alliance Honduras).													
4.2	<b>Design and implementation of social mobilization. Participation in special days with other organizations.</b>														
	4.2.1	Participation in the technical working groups for teenagers, joining forces to support the National Strategy for Teen Pregnancy Prevention's work for teen pregnancy prevention.													

	4.2.2	Organization and implementation of health and educational fairs/festivals for teen pregnancy prevention in the context of coordination with the Technical Adolescent Committee/Ministry of Health and CARSÍ partners (Tegucigalpa, Villanueva, SPS, La Lima, Choloma, Tela and La Ceiba).												
4.3	<b>Friendly, condom sales points.</b>													
	4.3.1	Opening of new friendly outlets in intervention areas of CARSÍ partners.												Country Manager/Sales Manager/Healthy Youth Program Manager
	4.3.2	Monitoring of sales points and strengthening the skills of business owners to ensure quality in the storage and availability of condoms to teenagers												
	4.3.3	Distribution of POP material to friendly outlets (Storage and condom sales promotion )												
<b>5. MONITORING AND EVALUATION</b>														
	5.1	Weekly meetings to monitor implementation of the Project with USAID AOR.												
	5.2	CARSÍ monthly reporting of implementation progress												
	5.3	Preparation of quarterly and annual progress of Project implementation.												
	5.4	Quarterly USAID Partner Meeting, socialization of quarterly implementation progresses.												

	<b>5.5</b>	Meetings with CARSI Program and USAID partners, depending on demand to socialize the progress of the project.												
	<b>5.6</b>	Execution of the monitoring and evaluation plan of the Project (monitoring of outcome indicators, process and compliance PASMO goals and Ministry of Health).												
	<b>5.6</b>	Labor and supervision of technical support from the regional office and PSI (includes staff travel to Honduras)												Country Manager
	<b>5.7</b>	Focus groups with youth beneficiaries to evaluate the Radio Program												

**ANNEX 2: Budget FY 2014**