

Advance Africa Project Annual Report: FY2004

Advance Africa Team (collaborative work)

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**Advance Africa
Annual Report
FY2004**

**November 2004
Arlington, Virginia**

EXECUTIVE SUMMARY

During the past fiscal year (1 July 2003 – 30 June 2004), Advance Africa has made significant strides in achieving its strategic objective to increase the availability and use of sustainable, quality family planning and reproductive health (FP/RH) services in sub-Saharan Africa. The project has accomplished this through two main approaches: 1) continued progress on the Advance Africa Repositioning Family Planning Strategy, which involves the integration of family planning with other health and non-health sectors, and the development of advocacy tools for policy makers and program managers that underscore the importance of family planning as a health and development intervention, and 2) working closely with African ministries of health (MOHs) and other partners to deliver effective FP/RH services on the ground.

In FY2004, Advance Africa worked closely with country counterparts in Angola, Democratic Republic of the Congo (DRC), Mozambique, Senegal, and Zimbabwe to strengthen FP/RH service delivery. Advance Africa made progress in developing models for FP/RH service delivery under special circumstances, such as for internally displaced persons (IDPs) in the DRC and in postconflict settings in Angola.

An important achievement of the Advance Africa Repositioning Family Planning Strategy is the planning and execution of national advocacy conferences in Mozambique and DRC. These conferences succeeded in bringing together government decision makers, CAs, international organizations, and other stakeholders to advance family planning policy within each country. During FY2004, Advance Africa also began planning for FY2005 activities, including a national advocacy conference in Angola and a regional advocacy conference in West Africa.

To improve availability and use of family planning services through demonstration projects, Advance Africa was able to initiate integration of family planning and prevention of mother-to-child transmission (PMTCT) into selected sites in Mozambique, Zambia, and Zimbabwe. The family planning clinics of the Population Services of Zimbabwe (PSZ) integrated voluntary counseling and testing (VCT) into their programs and the Zimbabwe National Family Planning Council (ZNFPC) expanded its community-based distribution (CBD) program to include VCT. The project continues its repositioning agenda in collaboration with the Forum of African Women Educationalists (FAWE) and has successfully integrated FP/RH education and gender education into three of FAWE's national chapters.

FY2004 was a year of change for the Advance Africa project. A new deputy director and a new project coordinator for the Angola country program were brought on in January of 2004. To ensure the success of the Angola program, local staff was hired, including a senior clinical advisor. The project has raised over \$4 million in field support funds in the past year. In fact, total FY2004 new funding was from field support and underscores USAID Missions' support for Advance Africa to increase the availability and use of sustainable, quality FP/RH services in sub-Saharan Africa.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	ii
I. REPOSITIONING FAMILY PLANNING	1
I.A. Participation in Regional Conferences and Meetings on Repositioning Family Planning	1
Activity I.A.1. <i>National Advocacy Conference on Repositioning Family Planning</i>	1
Activity I.A.2. <i>The 2003 WHO/AFRO Task Force and Partners Meeting on Reproductive Health in West Africa</i>	3
Activity I.A.3. <i>Technical Assistance to WHO/AFRO for the Preparation of the 2004 State Members' Annual Meeting on Repositioning Family Planning in Africa</i>	3
Activity I.A.4. <i>Regional Advocacy Conference for Repositioning Family Planning</i>	4
Activity I.A.5. <i>Participation of Advance Africa in the African Meeting on Implementing Best Practices as a Strategy to Promote Repositioning Family Planning</i>	5
I.B. Implementation of Demonstration and Operations Research Projects in Selected Countries as a Strategy for Repositioning Family Planning	6
Activity I.B.1. <i>Integration of Family Planning and HIV/AIDS Interventions</i>	6
I.B.2. <i>Promotion of FP/RH within Life Skills Education Among Adolescents</i>	7
I.B.3. <i>Implementation of a Birth Spacing Service Delivery Pilot in Two Countries (Mozambique and Angola)</i>	11
II. COUNTRY PROGRAMS	13
II.A. Development of Implementation Tools and Strategies for Country Programs	13
II.A.1. <i>Strategic Mapping</i>	13
II.A.2. <i>Best Practices</i>	13
II.A.3. <i>Performance Monitoring Plus</i>	16
II.B. Democratic Republic of the Congo	17
II.B.1. <i>Collaboration with SANRU III in Strengthening Family Planning</i>	17
II.B.2. <i>Jane Goodall Institute Collaboration</i>	20
II.C. Angola	21
II.D. Senegal	24
II.D.1. <i>Performance Monitoring and Improvement Initiative</i>	24
II.D.1. <i>Senegal – Postabortion Care (PAC)</i>	25
II.E. Benin	25
II.F. Mozambique	26
II.G. Zimbabwe	28
II.H. Ethiopia	31
III. PROGRAM SUPPORT	32
III.A. Project Dissemination	32
III.B. Monitoring and Evaluation	34
III.C. General Project Management	37

I. REPOSITIONING FAMILY PLANNING

I.A. Participation in Regional Conferences and Meetings on Repositioning Family Planning

Activity I.A.1. National Advocacy Conference on Repositioning Family Planning

Activity Summary

Advance Africa has played a leadership role in facilitating and supporting advocacy conferences in Mozambique, the DRC, and Angola, where planning activities began in FY2004.

Mozambique was the first country to hold a national advocacy conference on 17-18 March 2004, which focused on the revision of the National Reproductive Health Policy and brought together government decision makers, CAs, the United Nations (UN), and others working in FP/RH, HIV/AIDS, and maternal and child health (MCH) communication. Advance Africa deputy director, Advance Africa country staff, and 34 participants from MOH, the US Agency for International Development (USAID), and the United Nations Population Fund (UNFPA) were present at the Mozambique conference. Four task teams were organized to develop components of the updated reproductive health strategy. Advance Africa will follow up by compiling task team outputs into the first draft of the revised National Reproductive Health Policy which will be reviewed at the next national reproductive health meeting.

The DRC country team launched several successful advocacy activities culminating in the national advocacy conference on repositioning family planning, which took place 13-14 May 2004. A pre-conference journalist workshop prepared 25 journalists to understand and effectively cover the conference and repositioning activities. The conference was a successful event that brought together a wide array of over 150 participants including policy makers, church leaders, media representatives from throughout the country, and program managers from NGOs, UN, and private sectors. The focus of the conference was birth spacing, integration of family planning, the socioeconomic benefits of family planning, historical and cultural perspectives, and financing. Day two of the conference included group work, group presentations, and final recommendations and action plans for advancing the repositioning agenda.

The Congolese Minister of Health highlighted the importance of repositioning family planning and demonstrated the government's commitment through his participation in the conference and in both opening and closing ceremonies. The conference was closed jointly by the Minister of Health, Minister of Women's Affairs, Programme de Santé Rurale (SANRU), USAID, Advance Africa, and the National Reproductive Health Program (PNSR). Coverage of the conference and family planning and birth spacing messages were transmitted throughout the country by way of various media outlets, such as newspaper articles, radio messages, and television spots.

Follow-up includes (through FY2005):

- 1) implementation of a national action plan based on conference recommendations (PNSR)
- 2) regional planning efforts
- 3) implementation of an action plan for media advocacy efforts at national and provincial workshops

- 4) sub-provincial meetings in nine provinces
- 5) a second annual conference to review activities, results, and plans for May 2005

A conference was previously scheduled to take place in Senegal, but negotiations with country partners and USAID/Senegal resulted in its cancellation.

Products:

- Action plans were developed in each country to emphasize family planning as a key health intervention and highlight the role of optimal birth spacing (OBS) in national health strategies.
- A CD-ROM with country-specific data, reference materials, and repositioning presentations were disseminated to all participants.
- Presentation of birth spacing preferences and socio-cultural determinants was produced.
- Proceedings of the conferences were completed.

Results

The results of this activity have reached and surpassed indicators outlined in the 2004 workplan. The process and outputs are listed below.

- Advance Africa, World Health Organization/Regional Office for Africa (WHO/AFRO), and USAID worked together to put forth a strong, cohesive, and consistent message for policy makers, CAs, government institutions, the private sector, and the people of sub-Saharan Africa. Collaboration is also being replicated in other arenas which will be discussed later in this report.
- National advocacy conferences were successfully carried out and reached over 300 African policy makers, leaders, program managers, and civil society members.
- Best Practice Compendium CD-ROMs were disseminated to over 300 African policy makers, leaders, program managers, and civil society members.
- Two countries took steps to integrate birth spacing into their national family planning strategies (the DRC and Mozambique).
- Action plans were developed in each country to emphasize family planning as a health intervention and highlight the role of OBS in national health strategies. Fifty-five organizations were involved in action planning.
- Two countries with strong repositioning interests and experience will present and serve as resources for other African nationals at the regional conference (February 2005).
- The DRC developed a comprehensive one-year workplan to take repositioning to provincial levels including plans for a 2nd annual repositioning conference. Seven organizations lead in efforts to implement the action plan.
- Advance Africa is supporting a proposed implementation plan by PNSR to continue promoting FP/RH as national health priority.
- Advocacy pieces from media sources include nine articles, numerous television spots, radio broadcasts, and a documentary on the DRC journalist workshop.
- Twenty-five members of the media were sensitized to the activities & importance of FP/RH.
- A trip report was completed on national advocacy conference activities in May 2004.

Activity I.A.2. The 2003 WHO/AFRO Task Force and Partners Meeting on Reproductive Health in West Africa

Activity Summary

In 2004, Advance Africa deepened its collaboration with WHO/AFRO. In October 2003, Advance Africa was requested to participate in the Second Regional Reproductive Health Task Force Meeting, coordinated by WHO/AFRO, in Senegal and was represented by project director Issakha Diallo. The meeting was held to discuss the implementation of recommendations from the first Regional Reproductive Health Taskforce Meeting, which focused on sharing best practices and research experiences in reproductive health. Outcomes of the meeting included a compilation of reproductive health best practices and lessons learned, and the identification of a mechanism for the operationalization of the evidence-based approach.

The Advance Africa project also participated in the Anglophone Second Regional Meeting of Reproductive Health Managers in Harare, Zimbabwe. At the conference, Advance Africa shared their best practices approach and demonstrated the use of the Best Practices Compendium. Participants from 18 countries were provided with sessions where they were able to learn about and search the Compendium database. As a result, representatives from three countries—Zambia, Uganda, and Namibia—began documentation of their best practices for Compendium submission. This meeting was also an opportunity for Advance Africa to join the planning meeting of the WHO-UNFPA partnership to promote the use of the new family planning and sexually transmitted infection (STI) guidelines in a number of countries, including Mozambique. WHO is planning a meeting in September to launch this initiative. Advance Africa will actively participate in the task force meeting (Harare, Zimbabwe, October 2004) to update members on project activities relevant to the recommendations made at the 2003 meeting.

Advance Africa will also provide technical assistance for the preparation of the 2004 State Members Annual Meeting on Repositioning Family Planning in Africa.

Products:

- Presentations on repositioning family planning, optimal birth spacing, and best practices
- “General Recommendations” document, including five recommendations for repositioning family planning, OBS, and best practices

Results:

- Increased awareness of the health benefits of family planning among 58 participants
- Recommendations for a task force on repositioning family planning, OBS, and best practices

Activity I.A.3. Technical Assistance to WHO/AFRO for the Preparation of the 2004 State Members’ Annual Meeting on Repositioning Family Planning in Africa

Activity Summary

Advance Africa has been working closely with WHO/AFRO on advocacy activities for repositioning family planning. Dr. Issakha Diallo worked with Dr. Doyin Oluwole and Dr. Therese Lesikel of WHO/AFRO to increase support for the repositioning agenda and prepare working documents for the 54th Session of the WHO Regional Committee for Africa Meeting in September 2004. During FY2004, *Repositioning Family Planning in Reproductive Health Services: Framework for Accelerated Action – 2005-2010* was finalized. The ten-year framework for accelerated action provides guidance on how to revitalize the family planning component of reproductive health programs in the context of millennium development goals (MDGs) and the Health for All Policy. Highlighted in the document is the fact that, at present, very little attention is given to family planning programs by governments, policy makers, and donors, which justifies the need for repositioning family planning strategies within reproductive health services. This document will be presented at the Regional Committee for Africa Meeting and is anticipated to be endorsed by all 46 African member states in August 2004. Dr. Diallo also attended the WHO/AFRO meeting to discuss the Road Map for Attaining MDGs related to maternal and neonatal health in Harare, Zimbabwe, in January 2004. Dr. Diallo's attendance and review of the road map document reinforced the importance of family planning and optimal birth spacing for maternal and child health programming.

Products:

- *Repositioning Family Planning in Reproductive Health Services: Framework for Accelerated Action – 2005-2010*

Results:

- Subcommittee approval of the framework complete
- Anticipated endorsement of framework by all members of the Regional Committee for Africa (46 MOHs)

Activity I.A.4. Regional Advocacy Conference for Repositioning Family Planning

Activity Summary

In FY2004, planning activities for a regional repositioning family planning conference were launched. Advance Africa is working closely with WHO/AFRO, USAID/West Africa Regional Program (USAID/WARP), the Action for West Africa Region Reproductive Health Project (AWARE-RH), and POLICY to plan this conference, which is to be held in Accra, Ghana on 15-18 February 2005. Meetings with partners bolstered support and increased commitment to the regional conference and the repositioning family planning agenda in general. Nina Pruyn traveled to Ghana in Q4 to confirm collaboration and attain approvals for moving the conference forward.

In FY2005, Advance Africa will work with partners to hold the regional repositioning conference and provide the logistical and technical support necessary to create a technically sound, productive, and action-oriented meeting with the 18 WARP countries.

Products:

- Ghana trip report
- Draft of conference summary
- Draft of detailed workplan for conference planning
- Initial outline of conference objectives

Results:

- Commitment by partners for collaboration/co-sponsorship of conference
- Agreement on scope and participation for conference
- Confirmed venue
- Tentative date for conference

Activity I.A.5. Participation of Advance Africa in the African Meeting on Implementing Best Practices as a Strategy to Promote Repositioning Family Planning**Activity Summary**

The Implementing Best Practices (IBP) Initiative was launched in Africa with a meeting in Entebbe, Uganda, 20-25 June 2004, entitled Repositioning Reproductive Health in Africa: Linking Challenges with Best Practices. Participating countries included Ethiopia, Kenya, Tanzania, Uganda, and Zambia. Representatives from several other African countries were invited as observers with the hopes of the IBP expanding into these countries in the near future. Advance Africa sponsored participants from observer countries and facilitated group planning activities. Advance Africa also assisted with the coordination of partner dissemination stands, the Info Barazza, and the Technology Café.

After five months of intense planning with IBP partner organizations, three members of the Advance Africa team participated in advance planning team activities and meetings on site in Uganda. The following activities were conducted during these meetings:

- Elvira Beracochea was involved with the small group facilitation of Lusophone countries and is currently involved with the follow-up task team.
- Nina Pruyn assisted with the small group facilitation of all three small country teams and was involved with the partner dissemination stands and Info Barazza task team.
- Nina Pruyn worked together with WHO and USAID to launch the Repositioning Family Planning Ribbon Campaign where pins were distributed and participants were surveyed to determine the interest in such a campaign.
- Mercedes Torres was involved with the small group facilitation of Anglophone countries and was involved with the Technology Café and Electronic Communication System (ECS) task team.
- Advance Africa designed and produced the certificates of completion for the conference.

The small group facilitations focused on needs assessments of current FP/RH programming within participants' home countries, discussions about FP/RH best practices, and the development of a workplan to incorporate FP/RH evidence-based best practices into their country programs.

Products:

- With Advance Africa assistance, repositioning and best practices workplans and follow-up plans were created for Angola, Mozambique, and the DRC by participants at the Africa meeting.
- The Best Practices Compendium was incorporated into the IBP resource package.
- The IBP launch also provided an opportunity for Advance Africa to meet with a number of FP/RH partners. Some topics of discussion were:
 - IBP strategic planning: Advance Africa attended a follow-up strategic planning meeting for the IBP consortium. The group is working on finalizing the strategic plan for the coming two years of IBP activity.
 - Repositioning family planning: Advance Africa met with members of WHO/AFRO and USAID/Washington (USAID/W) to discuss the repositioning initiative and ways they can collaborate to help move the initiative forward.
 - FP/RH for Pan African parliamentarians: Advance Africa met with representatives from WHO, WHO/AFRO, USAID, IntraHealth, the Regional Center for Quality of Health Care (RCQHC), and JHPIEGO to propose that Ambassador Gertrude Mongella, President of the Pan African parliament, provide an information-sharing, advocacy meeting for the Pan African parliament. Advance Africa volunteered to participate in further discussions and negotiations for such a meeting.

Results:

Advance Africa provided IBP participant certificates, piloted the repositioning family planning ribbon campaign, and provided assistance on various activities during the conference.

The Best Practices Unit (BPU) has been actively collaborating with IBP partner organizations to promote and generate support for the best practices approach and the Best Practices Compendium. The BPU has also been working closely with Information and Knowledge for Optimal Health (INFO) on the IBP ECS. A total of 250 Compendium CD-ROMs were disseminated at the IBP meeting.

I.B. Implementation of Demonstration and Operations Research Projects in Selected Countries as a Strategy for Repositioning Family Planning

Activity I.B.1. Integration of Family Planning and HIV/AIDS Interventions

I.B.1.a. Columbia University MTCT+ Program

Activity Summary

Zambia

During the first three quarters of the fiscal year, an assessment of family planning and PMTCT practices was undertaken to aid in the development of a detailed implementation plan. The plan was used as the basis for a grant agreement with the Lusaka District Health Board, a governmental organization. The grant was finalized and signed in Q4, following the receipt of a waiver from USAID.

A consultant has been recruited to implement activities and plan the training of selected health care workers. Training has been tentatively scheduled for the week of 23 August or 30 August.

Mozambique

In the FY2004 workplan, Advance Africa initially planned to work with Health Alliance International (HAI) in Mozambique to integrate FP/PMTCT Plus programming with Columbia University as in Zambia. Because HAI was unable to commit fully to the activity, Advance Africa began collaboration with the MOH, who has made large scale-up endeavors with PMTCT.

From 9-13 August of 2005, the training of 50 health staff in the integration of FP/PMTCT is expected to take place for the 13 district sites of the MOH PMTCT scale up. Local consultants will follow up and supervise trainees.

Products:

Initial survey of CORE group international private voluntary organizations (PVOs) active in Mozambique; completed in June and analyzed in August 2003

Results:

I.B.1.b. Collaboration Activities in Uganda

Activity Summary

Advance Africa's role in Uganda was to act as a pass-through to fund organizations working with Linda Andrews and PLP Fellow in integrating family planning and PMTCT activities.

Results:

Successful pass-through of funds for integration activities

I.B.2. Promotion of FP/RH within Life Skills Education Among Adolescents

Activity Summary

Life Skills Education (LSE) activities with FAWE progressed in Mozambique, Senegal, and Zimbabwe in FY2004. During the closeout of the Senegal country program, female genital cutting (FGC) and LSE activities were completed. In Mozambique and Zimbabwe, trainers and teachers were trained in final activities for FY2005.

Senegal

This program supports the national objective of eradicating female genital cutting (FGC) by involving the network of FAWE/Senegal centers of excellence in the fight against the practice and in the scaling up to regional secondary schools. Advance Africa's intervention is similar to what other nongovernmental organizations (NGOs) are doing at the community level with its goal of increasing girls' and boys' life skills, knowledge, and capacity to make healthy choices for their future. The project is making an effort to integrate a sustainable approach to fight FGC practice within the national secondary school curriculum.

An integral part of life skills education (LSE) activities, developed by the Advance Africa/FAWE partnership, is the FGC program, which includes the development of a reference manual, a training curriculum, and a training and supervision agenda for teachers. Advance Africa is working with FAWE/Senegal to use existing institutional networks to educate youth, future policy makers, and parents about the detrimental effects of FGC and to gain their support for the eradication of the practice. Activities are underway in the regions of Kolda, Matam, Saint-Louis, Tambacounda, Thiès, and Ziguinchor.

The project organized six regional training workshops for secondary school teachers in the following six regions: Kolda, Matam, Saint-Louis, Tambacounda, Thiès, and Ziguinchor. The training was implemented by trainers who had been trained at the national level. Two hundred secondary school teachers from 60 establishments and 18 departments participated in the training. The teachers received FGC-related skills and knowledge regarding medical aspects, consequences, politics, law, behavior change communications (BCC) strategies, and current FGC interventions in Senegal. They also developed a micro-plan during these workshops.

Trained teachers taught over 19,000 students about medical aspects, consequences, politics, and law pertaining to FGC. Students were also encouraged to talk about the subject with their parents.

Additional FGC activities were conducted in all regions such as advocacy efforts to gain the support of political, administrative, and religious leaders, focus group discussions in schools and in the community, showings of FGC movies (followed by discussion), conferences, and radio broadcasts. Some activities were also conducted in conjunction with Tostan and other community-based NGOs fighting against FGC.

At the final conference, a workshop was held to review project activities, results, and lessons learned. Pilot intervention results were shared with the education ministry and other political and administrative leaders. The conference allowed Advance Africa to collect feedback and recommendations from users to improve the developed didactic tools. It was also an opportunity to review training and supervision activities conducted in the six regions and to document intervention activities and results achieved.

Workshop participants defined national and regional next-step activities, taking into account which activities would or would not require external assistance. Classes with trained teachers, conferences, and movie projections can continue in all current target regions. To extend the

project to others regions, train new teachers, and integrate FGC teaching into the nationwide curriculum, external technical assistance and resources is needed.

Mozambique

LSE activity negotiation with FAWE-Mozambique (FAWEMO) continued through late FY2004. A revised project proposal and budget with FAWEMO was approved to train trainers in reproductive health education and life skills. FAWEMO started developing training materials under the oversight of the MOH and Ministry of Education. The training will take place in the Maputo Province and include teachers from Maputo, Cabo Delgado, Nampula, and Zambezia. FAWEMO will follow up on the results of this training and prepare a final report by 31 August. Trained teachers are expected to replicate training and support peer education.

Zimbabwe

In Zimbabwe, meetings were held with the FAWE-Zimbabwe (FAWEZI) to discuss progress in the training of trainers (TOT) program. In the final quarter of FY2004, Uchechi Obichere worked intensively with the Zimbabwe team to move the Zimbabwe LSE component forward. In May 2004, she traveled to Harare to work with a local consultant to adapt the adolescent sexual and reproductive health (ASRH) training curriculum to the Zimbabwean context and plan the training of trainers. Ms. Obichere also created the scope of work for a Paul Alexander Memorial Fellowship in which she will work in Zimbabwe June-September 2004 to coordinate the roll-out of this activity. The TOTs were postponed from late FY2004 due to conflicts in scheduling. They were rescheduled for early FY2005 with consideration for school holidays to ensure trainers' and teachers' availability.

In the initial TOT, four FAWEZI trainers, who participated in the regional FAWE TOT in March 2003, will conduct sessions to transfer information on ASRH and LSE to the first cadre of provincial trainers. Local caregivers working with Advance Africa's orphans and vulnerable children (OVC) programs will be included in the training. The OVC caregivers were selected because of the growing need to include an ASRH education and prevention component in their program. The core training team will be expanded from the initial four FAWEZI members to 28 trainers, two from each province. These teachers and caregivers, skilled in ASRH and LSE, will be responsible for cascading the training in their respective districts until it reaches adolescents.

Cascade trainings will be concurrently conducted with the TOTs. They will target teachers in various districts and caregivers working locally to provide services for OVCs. To help teachers and caregivers integrate ASRH and LSE into their environments, national trainers from the respective areas will tailor the content of the modules to the participants' needs. In addition, different participatory and learning methods suitable for in and out-of-school youth will be presented. The caregivers working with OVCs represent the Zvimba, Buhera South, Gutu, and Makoni districts.

Products:

Senegal

- FGC reference documents
- FGC final report

- Final conference report (including the project results review, activities implemented in the six regions, and objectives for further implementation)

Mozambique

- Final FAWE proposal
- Activity budget

Zimbabwe

- TOT training curriculum
- Final FAWE proposal
- Activity budget
- Training schedule and workplan

Results:

Senegal

- 200 teachers trained in FGC: (medical aspects, consequences, politic aspects, law, BCC strategies, FGC current interventions in Senegal)
- 60 secondary schools in 18 departments covered by the project
- Over 19,000 students received a course on FGC (medical aspects, consequences, politics, law)
- 356 classes received BCC teaching against FGC
- Six regions implemented community-based BCC activities that targeted school parents and the overall population.

a) Lessons Learned

- Stigmatization could be an obstacle for the FGC campaign.
- Educative community involvement, particularly students and parents, contributed to the project's success.
- Synergies among intervention groups contributed to the project's success.
- Intervention, group patience, and commitment contributed to the project's success.
- Students' involvement in the intervention process contributed to the project's success.
- Adaptive messages for the target group improves their acceptance rate.
- The media's adhesion to the project contributed to the project's success.

b) Recommendations

- Take the school calendar into account when planning activities.
- Provide the necessary funds to implement activities in a timely manner.
- Sustain the current pilot project achievements.
- Replace the expression "fighting against FGC" with "excision promotion abandon."
- Take into account each region's individual needs in the technical assistance provision.
- Coordinate and ensure synergy among implementers' activities against FGC on the field.
- Identify and disseminate good practices in the regions.

Mozambique

- Increased commitment to LSE among MOH and FAWEMO
- Confirmed dates for TOTs in Maputo with participants from four provinces

Zimbabwe

- FAWEZI Planning Meeting, 5-7 May 2004 – reorientation of FAWEZI national coordinator and members on adolescent reproductive health (ARH); adapted training curriculum
- Tentative dates for TOTs and training of teachers in provinces
- Training of trainers will include program coordinators for Zimbabwe's OVC component

TOT 1 – 16 trainers (Northern Region): Manicaland, Mashonaland West, Masvingo, Midlands, Zvimba, Makoni, Buhera, and Gutu (16–24 August 2004)

- Participants (24): 4 provincial trainees, 4 OVC district trainees, 4 core trainers, 1 consultant, 1 FAWEZI trainer, 2 secretariat members

TOT 2 – 12 trainers (Southern Region): Harare, Bulawayo, Mashonaland Central, Mashonaland East, Matebeleland North, and Matebeleland South (22–28 August 2004)

- Participants (18): 10 provincial trainees, 4 core trainers, 1 consultant, 1 FAWEZI executive 1, 2 secretariat members

TOT 3 – Training of 14 teachers from Gweru Urban, Midlands, Mashonaland West, Chinhoyi Urban, and Zvimba districts (29 August–4 September 2004)

- Participants (24): 7 clusters of trainees (14 teachers, 2 per cluster), 2 core trainers, 2 provincial trainers, 1 consultant, 3 FAWEZI staff, 1 FAWEMO Midlands executive
- Participants (26): 20 teachers, 2 core trainers, 2 provincial trainers, 2 OVC trainers

TOT 4 – Training of teachers from Manicaland, Buhera, Masvingo Urban, and Gutu districts (5–11 December 2004)

- Participants (28): 20 teachers, 2 core trainers, 2 provincial trainers, 4 OVC trainers
- Participants (26): 20 teachers, 2 core trainers, 2 provincial trainers, 4 OVC trainers

1.B.3. Implementation of a Birth Spacing Service Delivery Pilot in Two Countries (Mozambique and Angola)

Activity Summary

During FY2004, through negotiation with USAID, Advance Africa decided to focus their implementation efforts in Mozambique. Preparatory activities took place during the final quarter of FY2004 during which the Ministry of Health selected the project site, and identified staff and prepared them for the survey. Three complete phases were identified for project implementation, all to take place between August 2004 and June 2005. Phase I will be a collaborative effort with Save the Children and World Vision that includes focus group discussions and in-depth interviews, with Advance Africa undertaking the data analysis. Results will be used to design an appropriate intervention to assist local existing social networks in disseminating OBS messages

and increasing the uptake of modern family planning methods. The Advance Africa team includes an intern from the Harvard Medical School and the Kennedy School, sponsored by the Center of Women in Public Policy of the Kennedy School of Government, who will document the OBS project's first phase of implementation.

Products:

- Final OBS protocol
- Survey methodology

Results:

Approval of OBS protocol by USAID Washington and USAID Mozambique

II. COUNTRY PROGRAMS

II.A. Development of Implementation Tools and Strategies for Country Programs

II.A.1. Strategic Mapping

Activity Summary

Advance Africa is working on finalizing the Strategic Mapping Manual. The manual was adapted and modified throughout FY2004 based on responses to the manual's field test in Angola in June-July 2004. Although the revision process has been slower than anticipated, a strong draft was finalized in FY2004. Graphical elements have been added to make the manual and approach more effective. The manual will be finalized in the first quarter of FY2005.

The Strategic Mapping approach was also presented at the World Bank course, "Adapting to Change Learning Program on Population, Reproductive Health and Health Sector Reform." The World Bank is optimistic about the Strategic Mapping methodology and the approach has been a valuable contribution to the course.

Products: Draft of Strategic Mapping Manual
Strategic Map graphic
Strategic Mapping component of World Bank course curriculum

Results:

- Strategic Mapping tool used as part of the annual Africa training course of the reproductive health training institution of the World Bank Institute in West Africa
- Final version of the manual completed and prepared for distribution

II.A.2. Best Practices

Activity Summary

Advance Africa primarily focused its best practices activities on the Best Practices Compendium in FY2004, during which the tool was refined, assessed, and disseminated and promoted to target audiences.

The updated Best Practices Compendium was launched online and in CD-ROM format in July 2003. The BPU worked to increase the utilization and improve the usability of the Best Practices Compendium for a wide audience in Africa. The new version of the tool was highlighted at several large international meetings including the Best Practices in Training Workshop (Zambia, August 2003), the Implementing Best Practices Launch (India, September 2003), the Reproductive Health Priorities Conference (South Africa, October 2003), the Strategies for Enhancing Access to Medicines Conference (Tanzania, December 2003), AWARE Project Best Practices meetings (Senegal and Ghana, March and April 2004), the Global Health Council

(Washington DC, June 2004), and the Implementing Best Practices Launch (Uganda, June 2004). These meetings provided an opportunity for further evaluation of the Compendium.

Feedback was gathered from users at these conferences where the Compendium was presented and from an internal review by Advance Africa senior staff. Users filled out a questionnaire on the various aspects of the Compendium, which was used by the BPU to establish trends in the Compendium's impact.

At the Reproductive Health Priorities Conference, conference participants (30 total) had an overall positive response to the Compendium. Most responded by saying that the Compendium is "easy to use" and is "a good information source." When asked what improvements should be made, several participants mentioned the importance of targeting stakeholders as a primary audience.

The Compendium methodology has garnered praise from several international organizations for its innovative approach to identifying best practices. This methodology was recognized by AWARE for HIV/AIDS and reproductive health, a project whose primary objective is to identify, document, and disseminate best and promising practices. Advance Africa was invited by AWARE to attend two workshops—one on Promising and Best Practices in STI/HIV/AIDS in Senegal, and another on FP/RH in Ghana. Advance Africa presented the experience, methodology, and lessons learned in the development of the Compendium. Further collaboration with the AWARE project is anticipated to ensure the documentation and dissemination of best practices within West Africa.

In the second half of the year, the BPU worked on an internal assessment based on feedback from users and a 28 January 2004 meeting with USAID. Topics included the overlap of technical areas, the review process, quality assurance, target audiences, and use of the Compendium. To address these issues, the BPU and USAID agreed to conduct an internal assessment during Q3 and Q4, and conduct an external review/impact evaluation in FY2005.

The Compendium was refined in Q4 by replacing the "secondary technical areas" with "practice areas." This change is expected to clarify Advance Africa's approach to defining best practices for users. The Best Practices Internal Assessment Report will be finalized in Q1 of FY2005.

Products:

- Updated Compendium website
- Updated CD-ROMs
- Numerous presentations at conferences, meetings, and organizations
- Compendium updates (ARH, Accreditation)
- Compendium materials

Results:

- Collaborations with WHO/AFRO, Reproductive Health Task Force, SEAM Project, AWARE Project, IBP, INFO Project, Synergy Project to promote the best practices approach
- Best practices online submissions reviewed by Advance Africa internal staff

The Compendium was presented *and* evaluated at the following meetings:

- The Reproductive Health Priorities Conference, sponsored by the University of Witwatersrand and Reproductive Health Research Unit in Johannesburg, South Africa, October 2003.
- Strategies for Enhancing Access to Medicines (SEAM) Conference, "Using Best Practices to Improve Performance" Dar es Salaam, December 2003

The Compendium was presented at the following meetings:

- WHO/AFRO Conference, July 2003
- JHPIEGO Training Conference, Zambia, August 2003
- IBP Conference, August 2003
- 10th Annual Reproductive Health Priorities Conference, South Africa, October 2003 (see above)
- USAID Knowledge Fair, Washington, D.C., October 2003
- Advance Africa Consortium Management Group (CMG) meeting, Arlington, October 2003
- Maximizing Access for Quality (MAQ)/Client-Provider Interaction (CPI) meeting, Washington, D.C., October 2003
- World Health Organization (WHO) Second Regional Reproductive Health Taskforce Meeting in Dakar, Senegal, October 2003
- Academy for Educational Development (AED) Knowledge Fair, Washington, D.C., November 2003
- American Public Health Association (APHA), California, November 2003
- International Network for the Availability of Scientific Publications (INASP) "Health Information Forum: Role of CD-ROMs," London, England, November 2003
- SEAM Conference, December 2003 (see above)
- World Bank/BMGI, Washington, D.C., February 2004
- Mozambique National Advocacy Conference, March 2004
- AWARE HIV/AIDS, Senegal, March 2004
- USAID Mini-University, Washington D.C., May 2004
- AWARE RH, Ghana, May 2004
- DRC National Advocacy Conference, DRC, May 2004
- IBP Conference, Uganda, June 2004
- Global Health Council, Washington, D.C. June 2004
- Africa USAID SOTA, June 2004

Additional best practices work:

- Actively solicited practices to increase number of Compendium entries with particular attention on getting entries from JHPIEGO and Johns Hopkins University Center for Communication Programs (JHU/CCP)
- Started preparation for the June 2004 IBP Conference in Uganda
- Contributed to a knowledge management State-of-the-Art (SOTA) paper with Johns Hopkins University Center for Communications Programs (JHU/CCP) and other CAs

- Gave a Brown Bag presentation of the best practices methodology at the Synergy Project
- Collaborated with FRONTIERS (Population Council) in submitting practices for conducting and scaling up operations research
- Made preliminary plans for the July 2004 IBP/Uganda conference with WHO
- Completed an internal review of all public practices in the Compendium for quality assurance

In addition to active promotion and dissemination, the BPU focused on revising the internal assessment during the final quarter based on feedback from a presentation given to USAID on January 28. A survey developed by the best practices intern was given to registered Compendium users, and members of the Best Practices Advisory Group and Review Board. Details of the promotion and dissemination plan are also included in the internal assessment report, which will be submitted to USAID in August 2004.

Mini-compendia revisions:

- ARH Interventions – revised and reviewed by the Best Practices Review Board
- HIV/AIDS – revised and being sent to review board in Q1 of FY2005
- Private Sector Partnerships in Reproductive Health – created as an expansion of the Microenterprise Mini-Compendium developed in FY2004
- Community Involvement – drafted and will be sent to USAID for approval

Total CD-ROMs disseminated: 2,170

Total new practices entered: 30+

Total hits to Compendium: 23,818

II.A.3. Performance Monitoring Plus

Activity Summary

In FY2005, Advance Africa provided Senegal and the DRC technical assistance in Performance Monitoring and Improvement (PMI). Training took place in Senegal with 30 participants. Revised materials, a final training report, and training results were presented to the MOH. The manual developed in Senegal was applied to all 15 USAID mission-supported health districts, which covered approximately 1.2 million inhabitants. Over 500 copies of the revised guide were distributed in the 15 districts in Senegal. Following the success of the Senegal PMI activity, it was replicated and adapted for the DRC, where 18 participants have been trained in PMI to date. For both countries, the PMI approach is being used to incorporate family planning into the monitoring system as one of the four key activities within primary health care (PHC) in each health center.

A PMI manual has been drafted based on results from Senegal and the DRC. The draft is titled “Advance Africa Guidelines on Performance Monitoring and Improvement” and is available in

both French and English. The manual provides PMI strategies, as well as training curriculum that can be utilized in various countries and in different contexts.

Products:

- “Advance Africa Guideline on Performance Monitoring & Improvement” manual draft
- Senegal PMI final report

Results:

- Training of 30 participants in PMI in Senegal
- Training of 18 participants on PMI in the DRC
- Community-based communication tools with visual aids, which translated semester activities and monitoring results into easily-understood images for increased community involvement in Senegal
- Replication of PMI manual in the DRC
- Draft of the “Advance Africa Guideline on Performance Monitoring & Improvement” manual

II.B. Democratic Republic of the Congo

II.B.1. Collaboration with SANRU III in Strengthening Family Planning

Activity Summary

Advance Africa technical assistance to SANRU III, which started in February 2003, consists of strengthening the FP/RH component of the SANRU PHC program. Advance Africa has aided in capacity building, tools and strategy development, and advocacy for national health policy to reposition family planning as a priority health intervention. To date, Advance Africa has succeeded in training a total of 400 participants in the DRC as follows: 15 nurses in FP/RH, 23 trainers and supervisors at national and local levels in FP/RH, 223 providers from 22 health zones, including four sites with large internally displaced populations, 18 zones in performance monitoring and improvement, 8 physicians in IUD, 8 physicians trained in minilaparotomy (minilap), and 87 providers trained on FP/RH for IDPs. Advance Africa has assisted SANRU in developing a user-friendly supervision guide for the health zones and management tools that simplify monthly planning and the documentation of activities at headquarters. These tools help monitor team performance and progress.

Advance Africa has also worked on the development of community-based family planning services in three IDP zones in the province of Katanga. These services emphasize male involvement, community distribution of condoms and pills, and strategic partnerships. The strategy is based on the community organization strategy developed by SANRU III and includes partnerships with all stakeholders from local agricultural, educational, and religious NGOs and institutions. Service delivery involves local traditional birth attendants (TBAs), who attend over 90% of the deliveries, trained *relais communautaires* (community health workers), and local

leaders. In May 2004, Advance Africa trained the *relais communautaires* and launched a social network approach to link trained community workers with existing community structures.

The development, revision, and adaptation of the IEC/BCC materials collected from many other CAS' or NGOs' programs/projects (including JHU/CCP, CATALYST Consortium, SANRU II, UNFPA) was conducted in collaboration with the SANRU III team and the Reproductive Health Directorate of the MOH. Advance Africa has trained 22 professionals in testing and improving the BCC materials. The tested and revised materials are being reproduced for use by the end of June 2004.

BCC materials and IDP community strategy for “Desirable Births”

The Advance Africa headquarters team focused its work and technical assistance at the beginning of the quarter on the finalization of the IEC/BCC family planning educational materials that was developed in the previous quarters. Working with the PNSR, the team made changes to the IEC/BCC materials after pre-testing the materials. The pre-test of the IEC/BCC materials took place after an orientation workshop on approaches that took place in Kinshasa in April 2004. The workshop was prepared and conducted by the Centre for African Family Studies (CAFS), an Advance Africa partner organization. SANRU III co-trained the workshop, which was offered to SANRU communication staff members and several members of the MOH/RH Communication unit's team at PNSR.

Advance Africa BCC senior adviser traveled to the DRC in May 2004 with the major objective of strengthening the community-based FP/RH approach in the three IDP zones of the SANRU III Project, Province of Katanga.

While in the country, the Advance Africa senior advisor:

- Provided technical BCC assistance to the PNSR on other reproductive health themes and IEC materials (Youth, Maternal and Child Health, and HIV/AIDS). This assistance took place after the pre-testing of the IEC/BCC materials.
- Conducted a situational assessment of the institutions and organizations interested in FP/RH in the three IDP zones of the SANRU III project (Kabongo, Songa and Kinkondja) as potential networks interested in FP/RH. A local consultant performed the assessment and prepared a full report with details on about 30 different organizations potentially interested in family planning. In brief, the organizations deal with religious, youth, women, or agricultural/fishery issues, and have very limited or no funds and resources. The members are eager to receive training in FP/RH, a field that interests them but of which they have very little knowledge.
- Developed and pre-tested the community-based BCC modules applied to institutional networks in the three IDP zones of the SANRU III project. In Kamina, the Advance Africa senior advisor with the SANRU communication staff developed a first draft of several community-based BCC modules, which were pre-tested before finalizing adaptable versions for other SANRU zones.
- Co-facilitated three BCC and FP/RH workshops for the communities, institutional leaders, and health providers of the three IDP zones. Health providers received

orientation and general content on family planning, as well as specific recommendations on their potential roles in the implementation of family planning in their respective communities. Participants showed interest and excitement about contributing to the attainment of family planning services for their villages. Institutional and community leaders had the chance to exchange experiences and work with health providers during the last day of the workshops. Members from each zone collaborated to draft a workplan based on their local needs, resources, and reality.

- Drafted a community-based BCC strategy for the three IDP zones, based on findings on the zone's particular situation. The strategy follows the existing structure developed by the SANRU staff with the MOH for the Community Integrated Management and Child Illness program (IMCI-C). The strategy reinforces the messages already developed by the Primary Health Care Directorate of the MOH¹, but with a stronger focus on family planning and reproductive health. The overall objective of the family planning community-based strategy is to increase the demand for modern contraceptive methods. This is accomplished by: (1) strengthening the organization and quality of FP/RH services delivery to minimize lost opportunities (prenatal care, assisted deliveries, and postnatal care), (2) strengthening traditional birth attendants' skills to increase their cooperation with FP/RH, and (3) involving the multisectorial community and institutional leaders in FP/RH issues.
- Provided technical assistance to the FY2004-2005 BCC and FP/RH SANRU III workplan. Advance Africa and the SANRU III communication unit developed a first draft of the FY2004-2005 BCC and FP/RH workplan, taking into consideration existing elements and constraints of the Province of Katanga. Finalizing the plan is one of SANRU's priorities.

IUD and Min-lap training

Currently three health zones have providers trained in IUD (intrauterine device) and minilaparotomy (minilap) procedures. Further training of health zone providers was scheduled for June 2004 but was delayed until late June/early July due to unrest in the country. Meanwhile, Advance Africa has completed a revised and updated version of the training curriculum. Training will take place in Kimpese, Vanga and in the Karawa zones where doctors have been implementing the procedures. A consultant will assist these doctors in teaching minilap procedures to other doctors.

Products:

- Detailed implementation plans (DIP) based on a memorandum of understanding (MOU), signed 29 December 2003, which also contained the agreement (a French copy of the two DIPs can be found in background materials)
- IEC/BCC support materials in family planning ready for distribution in the SANRU III health zones
- A situational assessment of organizations and networks in the three IDP zones of the SANRU III project

¹ "Recueil des messages éducatifs pour votre santé et celle de votre enfant", Kinshasa, Septembre 2003, Ministère de la Santé, Direction des Soins de Santé Primaires.

- Revised FP/RH training curriculum integrating the OBS perspective, clients' rights, and more details on client-provider interaction
- A training module on BCC community-based approaches addressed to community and institutional leaders
- A draft of a community-based strategy with an action plan and timetable for the three IDP zones
- A trip report on the BCC work done specifically in the three IDP zones during May-June 2004
- A draft on a community-based FP/RH strategy approach
- "Situational Assessment of Reproductive Health in the Graueri Landscape" report

Results:

Initial results from Advance Africa support activities to re-launch family planning in the 22 health zones have been encouraging. The number of modern contraceptive users has significantly increased in the ten health zones within 3 to 9 months, from almost zero to 3,635 users (54% injectables, 36% pills, 7% minilap, and 3% IUD). A total of 15,930 condoms were also distributed. Four hundred providers, supervisors, and physicians were trained during the reporting period.

Results throughout the year include:

- Training of trainers and providers:
 - In September 2003, 15 nurses, each heading a health center in the rural areas of the Vanga health zone, were successfully trained in FP/RH.
 - In December 2003, 23 trainers and supervisors (13 males and 10 females) from 12 health zones were trained in FP/RH.
 - In March 2004, 223 providers were trained in the five provinces covered by the project (35 in the Bandundu, 32 in Equateur, 33 in Katanga, 87 in Bas Congo, 36 in Kasai) in FP/RH.
- In nine out of ten of the health zones, there were 9,210 new family planning clients.
- Eighteen service providers were trained in the use of IEC/BCC materials.
- A total of 45 institutional and community leaders were trained in FP/RH (Katanga, June 2004) in the three IDP SANRU zones.
- A total of 42 health providers in the IDP zones received updated FP/RH training with an emphasis on community-based integration (Katanga, June 2004).
- A total of 18 providers were trained in PMI.
- Eight physicians were trained in IUD.
- Eight physicians were trained in minilap.
- BCC tools were finalized for the DRC context and disseminated throughout the areas of Advance Africa's work.
- Performance Monitoring and Improvement Manual was adapted to the DRC context.

II.B.2. Jane Goodall Institute Collaboration

Activity Summary

USAID has asked Advance Africa to collaborate with the Jane Goodall Institute (JGI) on the integration of FP/RH into a conservation program along the Congo River Basin. JGI has implemented a similar project, TACARE (Lake Tanganyika Catchment Reforestation and Education Project), in which they found that a community health component, such as reproductive health, was helpful in understanding population and environmental issues. A joint proposal was developed for the project and is now being implemented in two phases. The first phase included an evaluation of the TACARE project and a field assessment/site selection in the DRC, which culminated in the development of a detailed implementation plan. The second phase is the implementation of activities and M&E in the Kahuzi Biega conservation zone of the Eastern DRC.

Advance Africa has provided technical assistance in the development and implementation of FP/RH services as part of the Community-Centered Conservation Programme in the DRC. Prior to the development of the FP/RH component in March 2004, Advance Africa participated in the evaluation of the TACARE project. Lessons learned from this project were applied during the development of the new project in the DRC. Site selection was also completed in March 2004.

Following the site selection for the Community-Centered Conservation Programme, Advance Africa recruited a local consultant who joined the JGI team during an assessment of the selected conservation zone in May. The consultant report identified opportunities, constraints, and gaps in FP/RH and was used in the project design and development of the implementation plan. These products will be used during the implementation phase of the program beginning September 2004.

Products:

"Assessment of the FP/RH situation in the Graueri Landscape of the Eastern DRC" report

Results:

Despite some difficulties encountered during the implementation stage in FY2004, nearly all activities got back on course and are ready to continue through FY2005. Documented results for FY2004 will culminate in the successful achievement of project objectives.

The key accomplishments of the Advance Africa/JGI collaboration are:

- Active participation in the TACARE evaluation lessons which were incorporated to the development of the project design (TACARE report)
- Active participation in the development of the overall project design (project design available)
- Assessment of the FP/RH situation in the project area which was used to develop a DIP for family planning integration (report available)

II.C. Angola

Activity Summary

During FY2004, Advance Africa began implementation activities in the Angola Huambo program following a strategic assessment and initial program design in FY2003. In the first

quarter, key staff was identified and the Huambo office was fully functional by Q2. Nohra Villamil, the Project Coordinator, has been leading activities on the ground as a consultant since October 2003 and has been a full-time staff member since December 2003. The primary goals of the project are to increase knowledge and usage of family planning services in the 13 target health centers. This will be achieved through priority activities including the training of service providers, the development of IEC/BCC materials to support FP/RH services, and the supplying of contraceptives and medical equipment to increase capacity and improve the quality of FP/RH services.

The Angola project has continued to progress at a fast pace. In Q4, Advance Africa received requests from two more health centers to participate in activities, increasing participating health centers to 15. Expanded objectives as defined by the Huambo country team include the improvement of quality of services through training and client-provider interaction, the improvement of family planning services through decentralization and integration of family planning with existing MCH Services (including STI/HIV/AIDS), the increased demand of services through advocacy, and the implementation of Information Education Communication (IEC) and BCC activities through the mobilization of the community.

Throughout FY2004, the Advance Africa Angola program concentrated on service quality through a number of training activities:

- In October 2003, 24 health center providers and supervisors were trained. Existing Angolan family planning training curriculum was revised to respond to providers' needs in Huambo. A family planning service provision guide was developed, and FP/RH supervision tools were adapted.
- In February 2004, a training of 25 health center nurses and supervisors in facility and community-based IEC/BCC activities (interpersonal communication and counseling) was conducted.
- In March 2004, a Family Planning Logistics Management course for nurses and supervisors was completed.
- During Q4, the training of five new supervisors from MINSA took place.
- During Q4, a seminar on logistic information systems was held involving 28 participants.

The 15 Health Centers have been the focal point of the Advance Africa program since its inception. Assuring the provision of family planning services to health centers and maintaining their contraceptive stocks is among the project's primary goals. During the course of FY2004, Advance Africa collected baseline data from the health centers and began rehabilitation of the participation centers. These efforts include painting the health center as part of a community mobilization exercise, collaborating with partners to receive donated shelves, benches, and seating for waiting rooms, constructing appropriate seating and privacy areas to improve client-provider interactions, and procuring donations for shelving to store contraceptives. Advance Africa has been working closely with USAID and UNFPA to assure that zero stock-outs exist in the 15 health centers. Advance Africa worked to achieve agreements with both USAID and the UNFPA early in FY2004, signing an initial MOU with UNFPA during Q2 and a final MOU on 2 March 2004. In March 2004, Advance Africa received 167 boxes of condoms from USAID and received another one million condoms (100,000 of which were female condoms) during Q4. On 5 May 2004, Advance Africa received 42 boxes of loofemenal, 28 boxes of ovrette, 25 boxes

of inibaurine, and 50 boxes of contraceptive injections. These contraceptives have been transferred to health centers on a routine basis to assure that all health centers are consistently stocked.

A final pillar of the Angola program are the BCC and social mobilization activities that have proven to be so integral to the program's success. Major activities include lectures in various public arenas, a theater group which performs throughout Huambo, BCC seminars, the coordination of a Huambo Health Committee, home visits, a soccer league, and work with local organizations. Details regarding these endeavors are shown in the results section.

Products:

- Health providers and supervisors manual
- Health supervisors manual
- Family Planning and Logistics Management for Health Providers manual
- *Programa para a formação em Planeamento Familiar dos técnicos de saúde das unidades sanitárias seleccionadas no projecto-piloto da Advance Africa/Minsa na província do Huambo* (training manual)

Results:

Training, seminar, and lecture results:

- 82 nurses and supervisors trained in service quality, logistics management, client-provider interaction, and BCC
- Over 2,110 people reached in public lectures covering family planning topics such as: police department (137), army (195), fire department (31), Advance Africa health centers (43), Family and Women's Promotion Center (13), IMNE (172), local prisoners and their families (285), male nurses (120), merchants in municipal market (300), community soccer league (60), faith-based groups (534), social activity with children (220)
- Home visits – visits to over 400 homes during Q4

Collaboration with organizations including:

- OXFAM, PSI, DW, CONCERN, OMS, CPB, MINSA, DNSP, JIRO, MSH (MCH project), FAS, INAC, CICV, SHA, CVA, Save the Children, MDM

Health center results:

- Seven family planning rooms in selected Advance Africa health centers fully functioning with family planning methods, support materials, and complete logistical supplies
- Contraceptives delivered to health centers and inventories stocked; condoms, Depoprovara, Microgynun, and Microlut available at health centers with trained staff
- Health center patient interviews completed at five centers to evaluate service (30 participants)
- Two bicycles delivered to each health center community for health center staff transportation

II.D. Senegal

II.D.1. Performance Monitoring and Improvement Initiative

Activity Summary

During Q4, the Senegal program's focus was the continued implementation of the PMI activity, the planning and implementation of FAWE FGC activities, and the closeout of the Senegal office.

Advance Africa disseminated monitoring tools to the Senegal regions. The consultant has been working closely with the MOH to provide monitoring documents for each region, which will be used for second semester monitoring activities in July. The consultant also assisted the districts in presenting the first semester monitoring data to the community

One of the key components of the monitoring system is to involve the community in addressing identified problems. Because the data is unintelligible for many community members, community mobilization efforts were difficult and it was necessary to implement a strategy to present data to the community.

To address this issue, the consultant worked with the MOH and a specialist to develop community-based communication tools with visual aids. The visual aids translated semester activities and monitoring results into easily-understood images and allowed the analphabet population to participate in the process. The community has been playing a more active role in the decision making process as a result.

During the fiscal year, the tools were developed, reviewed, and validated during a training session and finalized for the MOH.

The Louga region was chosen for training because of several donors' interest in the area, including USAID. The training aimed to:

- Present the kit on validation and adoption to the district team
- Review and improve the kit tables and content
- Pretest and use the kit to present the first monitoring data to the Louga region rural community

The kit was revised and adopted after training. All participants were able to use the kit in the national language to present the monitoring results to the community and develop an action plan. Thirty participants from the Louga region and its five districts (Louga medical region, Louga, Linghère, Kébémér, Darou Mousty, and Dahra) participated in the workshop.

In June Advance Africa provided technical assistance to the MOH to write the PMI project final report. This document, currently available in French, describes the project's process, results, achievements, and lessons learned. It will be translated in English for wider dissemination.

FAWE/Female Genital Cutting

The FAWE/FGC activity took place in Senegal during this quarter. The activity and its results are addressed in the repositioning section under “I.B. Implementation of Demonstration and Operations Research Projects.”

Closeout

The Senegal office closed out on 30 June 2004. Administrative matters were sorted out with MSH Dakar, and final reports were produced by FAWE/FGC and the PMI project.

Products:

- Community presentation kit
- Community presentation kit training report
- Performance Monitoring and Improvement project final report

Results:

Thirty service providers from the region and districts trained to use the community presentation kit

II.D.1. Senegal – Postabortion Care (PAC)

Activity Summary

The Senegal Postabortion Care (PAC) activity is comprised of \$200,000 in pass through funds to an MSH project administered by Advance Africa.

Products:

- Scope of work completed and accepted by USAID mission
- All preparations and literature review completed
- Discussions with some key stakeholders conducted

Results:

Pass through funds successfully provided to MSH

II.E. Benin

Activity Summary

In FY2004, Advance Africa proposed to assist the MOH with the action plan that resulted from a FY2003 Strategic Mapping exercise. After negotiation with USAID/Benin, Advance Africa did not pursue this activity.

II.F. Mozambique

Activity Summary

USAID/Mozambique has asked Advance Africa to bridge Strategic Objective 3 (SO3) activities until a new bilateral project is put into place (July 2003-September 2004). The goal of this program is to increase the use and quality of FP/RH services in Mozambique. The project had three components—a component for improving reproductive health service delivery, a coordination component for CAs, PVOs and NGOs, and a monitoring and evaluation component. Coordinating partners include four CAs—Helen Keller International (HKI), John Hopkins University (JHU), Project Hope/Change (PH), Management Science for Health (MSH), and Advance Africa/RH, and six international NGOs—Save the Children (SCF), Health Alliance International (HAI), World Vision (WV), Project Hope (PH), Medical Care Development International (MCDI), and Terre des Hommes (TDH). In two very poor provinces (Nampula and Zambezia), Advance Africa is implementing a MCH/family planning program through the MOH. Advance Africa is currently preparing for the closeout of the Mozambique country program at the end of August 2004. Administrative closeout will take place on 15 October 2004.

Reproductive Health Service Delivery

The reproductive health component has consolidated its achievements and is documenting its results, products, and tools. The evaluation of the youth-friendly and ARH clinics has been completed and a report is being prepared by Dr. Enoch. The training in integrated supervision took place from 19-22 July and was successful in motivating the staff to start the program.

In March 2004, Advance Africa assisted with a national advocacy conference that focused on revising the national reproductive health strategy. Advance Africa has been coordinating the follow-up development of the national family planning policy, which has progressed as anticipated. An Advance Africa consultant has submitted the first draft of the family planning policy, and a second draft is expected in the first quarter of FY2005.

Coordination of Cooperating Agencies

Advance Africa's monitoring and coordinating strategy (AAMCS) enables provincial directors, program managers, and PVO/NGO partners to harmonize tools and materials and use resources equitably. Advance Africa has developed a set of tools to assist partners in sharing lessons learned and results, identifying opportunities for creative problem-solving, and working collaboratively. At the end of the project, participating provincial and district health directorates and PVOs/NGOs will have gained effective skills for sharing and using information and implementing decisions. Partners will also be empowered with a number of coordinating tools that do not require technical assistance.

The AAMCS has been consolidated and tools have been finalized. In less than a year, Advance Africa has developed and implemented the AAMCS, as well as gained the support of provincial and NGO staff. Quarterly coordination meetings now take place without Advance Africa's active facilitation.

Monitoring and Evaluation

An Advance Africa M&E specialist has trained the NGO staff in charge of the Knowledge, Practice, and Coverage (KPC) survey, assisted with data entry, and developed the analysis program. The NGOs have sent their databases, carried out the analysis, and are preparing their reports. Advance Africa is updating its M&E plan and the M&E data report, and preparing the KPC Survey Report. The final round of quarterly coordination meetings is complete and the final quarterly, annual, and close-of-project reports are being prepared. In addition, Advance Africa is coordinating CAs and NGOs to prepare for an end-of-project meeting to take place late in August. The activity-tracking monitoring database has been updated and a report on the organization of community-based services in Mozambique is currently being completed.

The country program will close as planned, including an end-of-project meeting at the MOH to present lessons learned and recommendations. Staff has been notified of the closeout and a disposition plan for nonexpendable goods has been developed. A closeout timeline has been approved by the mission. Four NGOs have requested no-cost extensions, which also have been approved by the mission.

Products:

- Bio-safety training conducted
- IEC materials developed and disseminated
- Supervision manual developed and widely used in both provinces
- IEC materials developed and disseminated with JHU's Health Communications Project
- Project Manager files tracking all the CAs' & NGOs' activities
- CAs' and NGOs' Innovative Integrated Quarterly Reports developed and used
- Revised workplan with FAWE/Mozambique on life LSE

Results:

Training Results:

Advance Africa concentrated their efforts in working more closely with provinces and the FP/RH NGOs. To ensure successful delivery of FP/RH services, activities aimed to expand human resources and the institutional capacity of the district health directorates in the two provinces.

- Over 200 MCH nurses were trained in family planning, emergency obstetrical care, and infection prevention in Nampula as of March 2004.
- Training in Zambezia completed the training of the province's 156 health staff, which proved successful.
- A draft of a supervision manual and guidelines is complete, after which a workshop took place in May 2004 to review and revise the documents.

Increased Access Results:

- Over 1,000 mobile brigades (outreach teams) have expanded coverage to reach up to 1,200 communities (in the 34 districts of the six provinces).
- Follow-up of the staff trained in January took place in the final quarter.
- Nine youth-friendly clinics are being supported in select sites. As the program comes to an end, Advance Africa is assisting the MOH in evaluating the quality of care provided in

these clinics. Advance Africa will also coordinate with UNFPA, which supports a number of SAAJs.

NGO Coordination Results:

The coordination effort produced the most significant achievements to date. Advance Africa developed a coordination, monitoring, and evaluation strategy that has strengthened the management systems and leadership capacities of the CAs and NGOs working at the national level in 34 districts of six provinces (Gaza, Manica, Nampula, Niassa, Sofala, and Zambezia). The six main coordinating tools are presentations, monitoring using Microsoft Project Manager, joint reporting, value-added analysis, quarterly meetings, and “intelligent indicators.”

Advance Africa has also successfully provided funding for HAI, MCDI, PH, Save the Children, TdH, and World Vision in sub-award agreements, enabling each organization to carry out their activities without delay or interruption. Advance Africa administers the sub-awards and assures that each organization is funded, while maintaining positive relationships with each.

II.G. Zimbabwe

Activity Summary

In FY2004, the Zimbabwe program was further developed to include two new components: (1) integrating FP/HIV/AIDS services in selected CDC CHAPPL network mission hospitals, and (2) providing reproductive health information and services to OVC. These components build on the ZNFPC-expanded CBD program by forging linkages between mission hospitals and community-based organizations that are implementing support for OVC and program. The Zimbabwe country program also collaborated with the country FAWE chapter, FAWEZI, to increase the level of LSE for youth in Zimbabwe. Details of this activity are mentioned in the repositioning section under “Promotion of FP/RH in Life Skills Education in Adolescents.”

ZNFPC:

- Developed an MIS, including a new database and revised MIS forms that effectively capture the expanded CBD program data and facilitates the schedule
- Recruited all Phase II depot holders (DHs)
- Completed all training for Phase II group leaders (GLs), CBDs, and DHs.
- Provided refresher training to Phase I GLs, CBDs, and DHs on how to complete the new MIS forms
- Completed the filming of a video documentary on the ZNFPC-expanded CBD program
- Developed new mechanisms for disbursing funding to ZNFPC program activities, taking the Brooke Amendment into account

Mission Hospitals:

- Developed proposals, detailed implementation plans, and sub-agreements for three mission hospitals—two are in the ZNFPC-expanded CBD program districts; non-expanded districts will become an expanded CBD district when CBDs and DHs are properly trained to take on HIV/AIDS and other reproductive health issues

- Conducted a training assessment of trainers and staff, including non-clinical staff
- Conducted Part 1 (theoretical module) of the integration of FP/HIV/AIDS TOT—the second part will be completed in October
- Completed a community assessment within the three mission hospitals' catchment areas
- Developed a BCC strategy and action plan for two of the mission hospitals (Gutu and Howard)—the BCC strategy for the third mission hospital will be completed in September-October 2004
- Began recruiting of DHs within the Howard and Gutu mission hospitals' catchment areas
- Recruited key staff for the integration program
- Enabled mission hospitals to restart their community outreach mobile family planning services
- Brokered a partnership between ZNFPC and the mission hospitals—ZNFPC will provide technical support to the mission hospitals in recruiting, training, and providing supervision and support to the DHs
- Developed an MIS system, which is currently going through field testing

OVC:

- Developed proposals, detailed implementation plans, and subagreements for three OVC community-based organizations—two are in ZNFPC-expanded CBD program districts; made plans to explore the possibility of expanding the roles of the ZNFPC CBDs in Buhera, the non ZNFPC-expanded CBD program district.
- Conducted an ASRH orientation workshop for OVC partner staff
- Began development of an MIS system to capture the OVC program data
- Collaborated with FHI in developing a protocol for a study entitled, *Assessing the Sexual Risks and Reproductive Health Needs of Orphans and Vulnerable Youth in Zimbabwe*

Integration of FP/HIV/AIDS:

- Conducted a successful half-day seminar in September 2003 that included 60 participants from 38 public and private sector organizations in Zimbabwe to begin the dialogue on integrating FP/HIV/AIDS
- Provided support to the Integration Working Group (IWG), which formed as a result of the one-day integration seminar; the IWG subsequently became the steering committee for the family planning assessment conducted by FHI; the family planning assessment, which is being conducted in four countries, including Zimbabwe, aims to assess the status of family planning within the context of the HIV/AIDS epidemic
- Formed a partnership with the Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF) to develop a comprehensive curriculum aimed at strengthening the family planning component of PMTCT programs—this would include standardizing the training of ZNFPC CBDs in PMTCT; Advance Africa Zimbabwe will provide technical support in training EGPAF in family planning

Communicators' Workshop:

As part of the overall Zimbabwe program, Advance Africa conducted a workshop with journalists and IEC officers to further develop their skills for effective writing and storytelling of

reproductive health issues. Fifteen participants spent three days learning about reproductive health and journalistic storytelling, conducting field interviews within the expanded CBD program, and drafting and vetting stories for publication.

For information about Zimbabwe activities with FAWE, please see I.B.2. Promotion of Activities within Life Skills Education among Adolescents.

Products:

- Report on the analysis of the institutional level assessment
- Participation in development of the quantitative data collection instrument and collection of data in the field

Results:

CBD Program Results:

- CBD Referrals:
 - 1,335 referrals to VCT services
 - 1,804 referrals to other STI/HIV/AIDS services
 - 2,263 referrals for family planning services
 - 1,757 referrals for other reproductive health services
- Contraceptive Distribution Results:
 - 690,592 male condoms distributed by CBDs and DHs
 - 593,045 cycles of oral contraceptives distributed
 - 10,084 female condoms distributed

<i>HIV/AIDS and Family Planning Interventions</i>	<i>Baseline (2001)</i>	<i>Project Year 2 (10/02–9/03)</i>	<i>Project Year 3 (10/03-9/04)*</i>	<i>% Increase</i>
Number of CBD agent referrals for VCT	121	840	1,335	1,103%
Number of CBD agent referrals for sexually transmitted infection/HIV care	202	499	1,804	893%
Number of family planning referrals	514	1,811	2,263	440%
Number of other reproductive health referrals	312	656	1,757	563%
Number of male/female condoms distributed	175,513	724,612	700,676	399%
Number of couple-years of protection provided	13,972	41,378		

*USAID Zimbabwe Project Year is Oct. 1 to Sept. 30

- Training Activities:
 - 89 CBD agents were trained in expanded services
 - 335 depot holders were trained

- 16 writers trained to document human interest stories and data reporting for general audiences
- 1,266 meetings held by CBDs to discuss HIV/AIDS, family planning, and other reproductive health issues with local communities

Mission Hospital Results:

- 22 trainers trained from three mission hospitals
- Community assessments completed

OVC Results:

- Proposals and sub-awards completed

Life Skills with Adolescents Results:

- Two TOTs were completed which included 42 participants and 28 trainers
- One cascade training was completed which included 50 participants and 34 teachers.
- The final cascade training was planned and will take place in December 2004 with 54 participants and 40 teachers (details included in the repositioning section).

II.H. Ethiopia

Activity Summary

The World Bank asked Advance Africa to assist in the development of an improvement plan for reproductive health service delivery in Ethiopia. They showed an interest in conducting a Strategic Mapping exercise to identify gaps and opportunities and facilitate a plan for technical assistance. After discussions concluded with the World Bank, this activity was cancelled.

III. PROGRAM SUPPORT

III.A. Project Dissemination

Activity Summary

The goal of project dissemination is to demonstrate the strengths and technical leadership of the project and document project activities. In FY2004, the dissemination team focused on strengthening the identity of the project, re-launching the website, documenting project activities, and maintaining various Advance Africa products, including the website, the Compendium, best practices updates, newsletters, and dissemination procedures and guidelines. Many materials were developed to help the dissemination unit efficiently produce documents for the project, such as various templates and tools for distribution.

The dissemination unit has successfully supported the project in finalizing and disseminating various reports and documents that the technical staff has produced. Reports and documents for USAID and our partners were produced in a timely, polished manner. In addition, a number of project updates and materials have been produced to highlight Advance Africa's technical leadership and summarize various country activities.

The project is well-placed to produce results-oriented documents based on the success within Advance Africa country programs. In addition, Advance Africa is pursuing a number of ways to disseminate end-of-project results, including listservs, websites, CD-ROMs, workshops/conferences, and print publications, with an eye toward cost-effectiveness. Advance Africa is collaborating with other agencies to disseminate products, including WHO/AFRO, the Repositioning Family Planning Working Group, USAID/Africa Bureau, the Integration of Family Planning and HIV/AIDS Dissemination Working Group, HIPNET, the Knowledge Management SOTA Group, and a number of other USAID CAs.

Products:

- Advance Africa website re-launch, July 2004
- *Scaling Up Reproductive Health Programs*, technical brief, September 2004
- *Best Practices in Adolescent Reproductive Health*, Best Practices Update, Oct 2003
- Dissemination Handbook, Advance Africa Style Guidelines and Procedures, Oct 2003
- "Forward's Part," "Can Men Really Make a Difference?" and "A Shared Path in Life's Journey," Human Interest Stories from the Zimbabwe Expanded CBD Program, Oct 2003
- Zimbabwe Country Program Annual Report, Oct 2003
- Repositioning Family Planning listserv, Nov 2003
- Best Practices Compendium CD-ROM (updated), Nov 2003
- *PAC in Action Newsletter* – French translation, Nov 2003
- *Report on a Birth Spacing Workshop in Mozambique*, Dec 2003
- *Repositioning Family Planning: An Advance Africa Strategy*, January 2004 in English, French, and Portuguese
- *Qualitative Factors Determining Poor Utilization of Family Planning Services in Angola: Results of the Strategic Mapping Exercise*, January 2004 in English and Portuguese
- Advance Africa Annual Report, FY2003

- Advance Africa Second Quarterly Report, FY2004
- *Strategic Mapping of the National Family Planning Program in Benin*, February 2004 in English and French
- Advance Africa intranet launch, February 2004
- *Executive Summary Repositioning Family Planning: An Advance Africa Strategy*, March 2004
- *Family Planning and Logistics Management Training for Service Providers and Supervisors: Techniques for Improving Family Planning Service Delivery in Huambo Province of Angola*, March 2003
- Best Practices Compendium case study for inclusion in Knowledge Management SOTA paper (JHU/CCP), March 2003
- Best Practices Compendium CD-ROM (updated), March 2003
- Project posters: general, birth spacing, ARH/LSE, and community-based initiatives, April 2004
- Advance Africa Quarterly Report, April 2004
- Advance Africa Self Assessment, May 2004
- *Best Practices in Accreditation*, Best Practices Update, May 2004
- *Using the Birth Spacing Approach to Strengthen Family Planning Programs in IDP Populations*, Technical Brief, May 2004
- *Repositioning Family Planning Ribbon Pins*, June 2004
- Routine updates to Advance Africa website and intranet
- Monthly Advance Africa newsletters

Other project materials include:

- Publications Lists, Oct 2003, Nov 2003, May 2004
- Technical Paper cover template
- Meeting Report cover template
- Best Practices Report/Mini-Compendium covers templates
- Compendium CD-ROM sleeves
- Best Practices Update template
- Human interest story templates
- Advance Africa notepads
- Tote bags
- Bookmarks (both Advance Africa and Best Practices Compendium)
- Pens

Results:

Website Statistics: 23,818 hits

CD-ROMs Disseminated: 3,500

Members of REPO-FP Listserv: 80

Dissemination of Materials by Website and Listserv:

- Advance Africa website
- Reproductive Health Gateway

- PHInfoshare
- Repositioning Family Planning listserv
- HIPNET listserv

Dissemination of Materials at Conferences, Workshops, Meetings, and Courses:

- WHO Reproductive Health Programme Managers Meeting, South Africa, July 2004
- Best Practices in Training (JHPIEGO), Zambia, August 2004
- Reproductive Health Task Force Meeting, Dakar, October 2004
- Reproductive Health Priorities Conference, South Africa, October 2004
- American Public Health Association Conference, San Francisco, November 2004
- AED Knowledge Fair, Washington DC, November 2004
- Strategies for Enhancing Access to Medicines, Tanzania, December 2004
- WHO Road Map for MDGs Meeting, Zimbabwe, February 2004
- AWARE-HIV Best Practices Meeting, Senegal, March 2004
- National Advocacy Conference, Mozambique, March 2004
- AWARE-RH Best Practices Meeting, Ghana, April 2004
- National Advocacy Conference, DRC, May 2004
- USAID Knowledge Fair, Washington DC, May 2004
- Global Health Council, Washington DC, June 2004
- USAID SOTA, South Africa, June 2004
- Implementing Best Practices Launch, Uganda, June 2004

III.B. Monitoring and Evaluation

Activity Summary

Advance Africa M&E activities are currently focused on the M&E audit, the end-of-project evaluation planning, the KIX database update, the 2005 M&E development plan, and s country-specific M&E activities.

Advance Africa M&E audit and end-of-project M&E development

Advance Africa hired a consultant in this quarter to provide an external perspective for reviewing the M&E plan and to help plan end-of-project M&E strategies.

For this purpose the activities include:

- Review of Advance Africa end-of-project evaluation plan to identify required information sources for generation of evaluation results
- Revision and update of the evaluation framework to ensure availability of all necessary data for the final evaluation report
- Review of baseline data that has been collected for revised intermediate results (IRs) and end-of-project reporting
- Review of the final data collection strategy to ensure that all evaluation information and data are collected by June 2005

These activities provided a clear roadmap for 2005 data collection in all countries and for the end-of-project evaluation.

KIX Database Update

Data managers and the M&E unit worked closely to collect data from country programs and activity leaders for the monthly KIX database update. This ongoing process allows Advance Africa to fine-tune the database and improve its usability.

2005 M&E Development Plan

The M&E unit worked closely with program leaders to develop and finalize the 2005 M&E workplan. The workplan has been updated to include closeout and end-of-project activities.

Beyond the headquarters-level, country-level M&E activities increased in scope, as is discussed in the following section.

Mozambique

Mozambique M&E activities included the M&E development plan, which defined indicators for all relevant CAs and PVO/NGOs, KPC survey planning and implementation, OBS proposal development, and program closeout evaluation.

Advance Africa developed a draft of the M&E plan and on April 14, facilitated a meeting to reach a consensus on two lists of indicators: a short list of core indicators and a long list of indicators relevant to the activities of each CA and NGO. Since April, the M&E consultant, Celso Mondlane, has finalized the list of indicators and assisted partner NGOs in implementing the endline KPC survey. M&E data will also be updated with KPC findings.

Closeout preparations are progressing well. Dr. Enoch is preparing a final evaluation report on ARH-friendly centers and coordinating the final country program report. Dr. Beracochea assisted in the development of a CD-ROM that will contain the final report, tools, manuals, and other reports produced by the project. Celso Mondlane, M&E Specialist, is working on the data analysis of the KPC survey and preparing a draft report. Ms. Mondlane will also update the M&E report to include the findings of the survey. Dr. Jorge Bordalez, the PVO/NGO Coordinator, is working on the last quarterly coordination report and a final report.

The revised OBS protocol was translated and discussed with Dr. Dgedge, who gave his approval. The mission also had no objection to the project. The project will start in August 2004 and will end in June 2005. Advance Africa is preparing sub-awards for Save the Children and World Vision to conduct focus group discussions and in-depth interviews, to design an intervention to support local existing social networks, to disseminate optimal birth spacing messages, and to support the decision to use modern family planning methods.

Zimbabwe

In this quarter, the Zimbabwe country program updated its M&E plan in accordance with Advance Africa's revised results framework. The program also developed several tools to collect data on the mission hospital and OVC components. CBD program statistics are still being collected and is useful for Advance Africa technical assistance to the ZNFPC MIS unit.

1. Advance Africa technical assistance collects data every month for the expanded CBD program. The data are entered into an MIS database, which can be used to generate monthly, quarterly, and annual reports.
2. The forms for collecting data at the mission hospitals have been developed and field tested. The MIS databases have also been developed and the data entry staff trained on how to use the program for data entry and analysis. The MIS unit expects to start collecting data in October after the FP/PMTCT/HIV/AIDS training workshop, which will be held in August for mission hospital staff.
3. The forms for collecting data on OVC have been developed and will be field tested by the M&E Specialist in August. MIS databases will also be developed and installed at the three OVC partner offices. Data collection should start as soon as the OVC staff has been trained.

Angola

In Angola, the M&E plan has been finalized with available baseline data and entered into the KIX database. Activities are focused on the logistics MIS and monitoring the delivery of quality FP/RH services to the target population.

DRC

With Advance Africa's technical assistance, SANRU III continues with data collection at the service delivery point level. A scope of work has been developed to collect both quantitative and qualitative data for the end-of-project evaluation report. Discussion with SANRU III is underway to finalize a consensual scope of work.

Senegal

During this quarter, Senegal M&E activities were focused on the project closeout. The team completed the Improvement Monitoring Plus final report, and the LSE project resumed its baseline survey and produced a draft report. The final report is currently underway.

Products:

- Updated M&E plan
- End-of-project evaluation strategy and workplan
- Updated KIX database
- 2005 M&E plan
- Mozambique M&E plan
- Mozambique KPC report draft
- Zimbabwe revised M&E plan
- MIS tools developed for mission hospital and OVC components in Zimbabwe
- Revised birth spacing research protocol and detailed implementation plans for Save the Children and World Vision. A draft protocol has been sent to the mission.
- Improvement Monitoring Plus Final report

Results:

III.C. General Project Management

Activity Summary

In FY2004, Advance Africa redesigned its organizational structure with a focus on large-scale country programs to reflect current needs. Advance Africa consequently closed its regional offices early in the fiscal year. The Southern Africa office was changed from a regional office to the Zimbabwe country office on 30 September 2003. Both the Nairobi office and the West Africa regional office in Senegal was closed on 30 October 2003. By closing these regional offices and streamlining field staff, Advance Africa was able to focus on its five large country programs in Zimbabwe, Mozambique, Senegal, Angola, and the DRC.

The Zimbabwe and Mozambique country offices, administered by FHI and MSH, increased their capacity to support their programs. Both of these programs were financed by field support funds. Administrative support for the Senegal program was provided by the MSH office in Dakar and short-term consultants. In the DRC, SANRU provided administrative support to the small Advance Africa staff.

During the 2004 fiscal year, Advance Africa opened a country office in Huambo, Angola to provide support for program activities around Huambo. By the end of the year, the Huambo office was fully staffed and functioning, a status that is anticipated to remain through the completion of the project. Advance Africa headquarters (in Washington, DC) identified a Deputy Director for the Angola program, Elvira Beracochea, who joined the project on 1 January 2004. The Washington office made no changes in administrative structure in FY2004.

The Consortium Management Group (CMG) met once in the fall of 2003. The meeting endorsed the Project Director's actions to focus project activities and modify the staff structure in accordance with this focus.

During FY2004, Advance Africa successfully administered 23 sub-awards. Seven were for program activities in Zimbabwe, seven for Mozambique, two for the DRC, two for Uganda, and five for activities that took place throughout sub-Saharan Africa. Through the use of sub-awards, Advance Africa was able to utilize the experience and expertise of U.S. and local PVOs to effectively implement project activities.