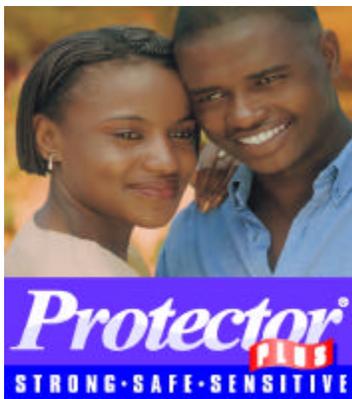

Fifth Quarterly Report

Enhancing HIV/AIDS Prevention and Improving
Reproductive Health in Zimbabwe (Phase II)

July - September 2002



October 31st, 2002

Submitted by PSI/Zimbabwe to:

Department for International Development (DfID)

United States Agency for International Development (USAID/Harare)

United States Agency for International Development/Washington/PPC/CDIE/DI

HIV and TB Programme, Ministry of Health and Child Welfare

National AIDS Council (NAC)

Zimbabwe National Family Planning Council (ZNFPC)

PSI/Washington

Development Experience Clearinghouse

QUARTERLY PROGRESS REPORT

Name of Activity:	Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)		
Country:	Zimbabwe		
PSI Project#:	Core:	39-942-01	
	Protector Plus Male Condom Social Marketing Project (MCSMP):	39-947-01	
	Care Female Condom Social Marketing Project (FCSMP):	39-949-01	
	ProFam Integrated Private Medical Sector (IPMS):	39-950-01	
	New Start Voluntary Counseling and Testing (VCT):	39-945-01	
	Targeted Communication Initiative (TCI):	39-946-01	
	Zimbabwe Social Marketing and BC Programme (DFID)	39-2019-81	
Implementing Agency:	PSI/Zimbabwe		
Start Date:	01 August 2001 USAID		
	01 February 2002 DFID		
End Date:	31 July 2005 USAID		
	31 January 2006 DFID		
Total Budget:	\$17,500,000 USAID		
	UKL 6,800,000 DFID		
Current Obligation:	\$9,900,000 through 09/30/2003 USAID		
Cost-Share Commitment:	\$4,414,825		

Reporting Period Covered:	01 July 2002 – 30 September 2002
Date of Report:	October 31st, 2002

Country Representative:	Andrew Boner
Program Manager:	Katie Schwarm

I. Executive Summary and Analysis of Quarterly Activities and Performance

a) Sales and Commodities:

Quarterly Sales Performance

Product/Service	QUARTER 3, 2002		2002		Project-to-date sales	Four -year LOP Target **	% time burn	% target
	Qtr Sales	Quarterly Target	Annualized Sales	Annual Target*				
Protector Plus	6,772,800	4,876,000	21,575,907	18,400,000	23,945,000	50,000,000	31.25%	47.89%
Care Female Condom	247,640	118,400	611,067	400,000	720,874	700,000	31.25%	103%
Duofem oral contraceptive	118,990	90,000	462,773	360,000	426,610			
Marvelon oral contraceptive	112,610	75,000	504,560	300,000	527,290			
Exluton oral contraceptive	85,690	45,000	331,733	180,000	325,650			
Subtotal – Orals	317,290	210,000	1,299,067	840,000	1,453,400			
Depo-Provera injectable	20,869	15,000	66,565	60,000	67,276			
Hormonal CYPs	29,624		116,570	79,615	115,246	160,000	31.25%	72.03%
New Start VCT clients	15,997	16,305	55,055	60,000	65,597	150,000	31.25%	43.73%

* Annual targets are internal to PSI/Z.

** The 4-year LOP targets are those established in the logframes.

The New Start network of 13 voluntary counselling and HIV testing centers saw a record 15,997 clients this quarter, a 5% increase over the previous quarter's number. Most of this growth in client flow can be attributed to an advertising blitz that occurred during the World Cup soccer tournament on radio and TV. The blitz included the launch of the new Get Real campaign, a joint call-in promotion conducted with Spar Supermarkets and EcoNet, and a price promotion for targeting men. The Get Real campaign is the third campaign launched for New Start with the objective of providing social support to young people to encourage them to know their status whether positive or negative. PSI/Z also opened an integrated center in Victoria Falls in partnership with the Vic Falls City Health department at the Chinotimba clinic. At the current rate of growth, New Start will see a projected 57,000-58,000 clients before the end of the calendar year. This represents a growth of almost 33% over 2001 figures.

New Start in Zimbabwe compares favorably with other VCT service networks in sub-Saharan Africa in terms of its initial client flows. In Uganda, a country with a population of about 25 million where VCT is believed to have played an important role in decreasing HIV prevalence over the last decade, the AIDS Information Center (AIC) operates roughly 51 VCT centers: 47 in partnerships and four as

stand-alone (direct) centers. This network was established beginning in 1990 and since then the AIC has seen between 40,000 and 70,000 clients annually. Assuming all of these clients are first-time users, (and some estimates indicate that as many as 40% of the current client flow comprises repeat users), about 5% of the sexually active adult population of Uganda have availed themselves of VCT services in the past ten years. About 0.5 % of the sexually active population of Uganda use VCT services annually.

In Botswana, a network of roughly twelve, recently-established VCT centers supported by the Centers for Disease Control handles just under 30,000 clients annually. PSI/Botswana provides communications support for this network which is branded Tebelopele and has a similar rising-sun logo to that of New Start. Botswana is a small, relatively wealthy country of 1.4 million people where a pilot is underway to provide anti-retroviral drugs to HIV-positive people who wish to use them. In Botswana, an impressive 4% of its sexually active population uses VCT each year. Even at that rate, the monthly client flow through any given VCT center in Botswana is less than that through the larger direct centers in Uganda or Zimbabwe.

By comparison, Zimbabwe's New Start network, in its third full year of operation, will see an estimated 60,000 clients through 14 centers or about 1% of the sexually active adult population. After three full years in operation, New Start's cumulative total constitutes approximately 1.7% of the adult population of reproductive age in Zimbabwe.

New Start will continue to grow in the future by opening more sites in larger urban areas like Chitungwiza and Harare, through expanding mobile outreach services in partnership with supporting organizations and through a district-level initiative linked to the provision of PMTCT services. Service integration will play an increasing role in New Start implementation, not only through linkages with PMTCT, but also with ZNFPC family planning services and the integration of Family Planning and STI treatment services into some of the larger urban New Start centers.

Protector Plus (PP) and care female condom sales both reached record levels this quarter with a 45% and 81% increases over the previous quarter's figures. In the case of PP, some of this growth can be attributed to new partnerships with Coke Central Africa and its distributor United Bottlers which are collaborating with PSI/Z to make condoms available through its depots in more rural areas less often serviced by PSI. Roughly 20 United Bottlers's depots now stock condoms and roughly 100 new outlets in rural areas have been reached in this manner. It is estimated that about 100,000 condoms a month sell through these outlets.

PSI/Z also launched a new PP ad campaign (What Smart Guys are Wearing) which focuses on increasing brand appeal to younger customers and increasing peer support for use of condoms.

Both care and PP are selling through approximately 200 new retail outlets which were opened during the quarter. PSI/Z is now working on increasing the size of its sales force and the vehicles available to its agents to ensure more frequent visits to a larger number of outlets which will avoid or reduce the period of temporary retail-level stocks outs.

Of the 247,640 female condoms sold during the quarter, roughly 70,000 were sold through the hair salon promotions being carried out in Harare (15 outlets), Mutare (7), Chitungwiza (4) and Mabvuku (3). The hair salon initiative capitalizes on the opportunity to talk at length with a female customer about female condoms and VCT, both products and services that are new and require more interpersonal communication support. Hair salon workers are trained to talk about both care and VCT and provide female condom demonstrations.

ProFam's line of hormonal contraceptives delivered more than 29,000 CYPs during the quarter, just short of the record first quarter of 2002 in which 30,746 CYPs were delivered. This continues the very high sales trend for oral and injectable contraceptives this year – almost two to three times the volumes moved last year. ProFam continued its attempts to reach out to lower-income consumers by securing a license from the MCAZ to allow non-dispensing doctors to dispense contraceptives under the ProFam project which enables doctors serving in high density suburbs to serve the lower income groups. PSI/Z also made progress toward launching a dedicated pill for emergency contraception, a traditionally youth-oriented method. Roughly 92% of ProFam users were found to belong to LSM 1-6 in a survey conducted in 2001. A further breakdown of that figure revealed that 5% came from LSM 1-2, 20% from LSM 3-4 and the remaining 67% from LSM 5-6.

The high sales performance of this year is probably in part attributable to the fact that PSI/Z has not increased significantly its retail price for its products despite rampant price inflation in the commercial sector. PSI/Z recognizes that despite the low real value of its consumer sales price, as a percentage of disposable income, the local currency amount remains significant, especially in the current economic context of large and frequent price increases and increasing unemployment.

During the quarter, PSI/Z launched its soap opera, Studio 263. Initial quality problems and perhaps an over-publicized launch brought early criticism in the print media. However, with attention to improving the quality issues (e.g. sound quality, photographic direction and attention to scripting and message development), the program has improved. In a recent survey conducted by an independent South African research firm, it was encouraging to learn that Studio 263 and This is Life (PSI/Z's well-received talk show which explores more complex behavioral issues in a 50-minute talk-show format) enjoyed on an average 1.6 mn and 1.2 mn viewers per episode respectively during the month of September. These two programs emerged as the top of the chart programs only after the 8pm News which had a viewership of 1.9 mn.

Narrative Report by Activity

New Start Voluntary Counseling and Testing Services

I. Goals for this quarter and progress against those goals

- Assist MOHCW with hiring and orientation of person in new position for VCT coordination

The post was filled in and the incumbent assumed duty on 1 October 2002.

- Assist MoHCW in preparing a VCT pilot initiative at selected district hospitals.

The assessment was carried out in August 2002, a draft report has been produced, and awaits approval by the MOHCW.

- Overcome the absence of the long-time VCT Director whose resignation became effective at the end of the current quarter.

Transition accomplished and VCT unit operating smoothly.

- Prepare and launch new Chitungwiza and Victoria Falls sites

Victoria Falls site was opened on 13 September and officially launched by the Minister of Health and Child Welfare and the US Ambassador to Zimbabwe on 20 September 2002. Chitungwiza site opening delayed due to importation delays for essential renovation materials but expected to open in October.

- Further standardize and expand rotational service provision (outreach)

Outreach services continue to be expanded from the free-standing sites. Guidelines and checklist have been distributed to all integrated sites.

- Coordinate with integrated sites for the renewal of operating agreements

Delays in renewal due to competing priorities. Draft operating agreements will be sent out early next quarter.

- Coordinate with ZAPSO and MOHCW for Nelson Mandela Avenue site transferal to New Start

PSI took over the Savvas Flats site formerly run by ZAPSO and is currently renovating the site.

- Finalize proposal and budget for the VCT longitudinal study

Finalized.

- Conduct mystery client exercise to assess quality of service offered at New Start centres

Mystery client survey completed end of Sept. Draft report not yet received from agency.

- Evaluate the impact of promotions on demand for New Start VCT services
- Publish extended versions New Start VCT abstracts presented at the XIV international AIDS conference

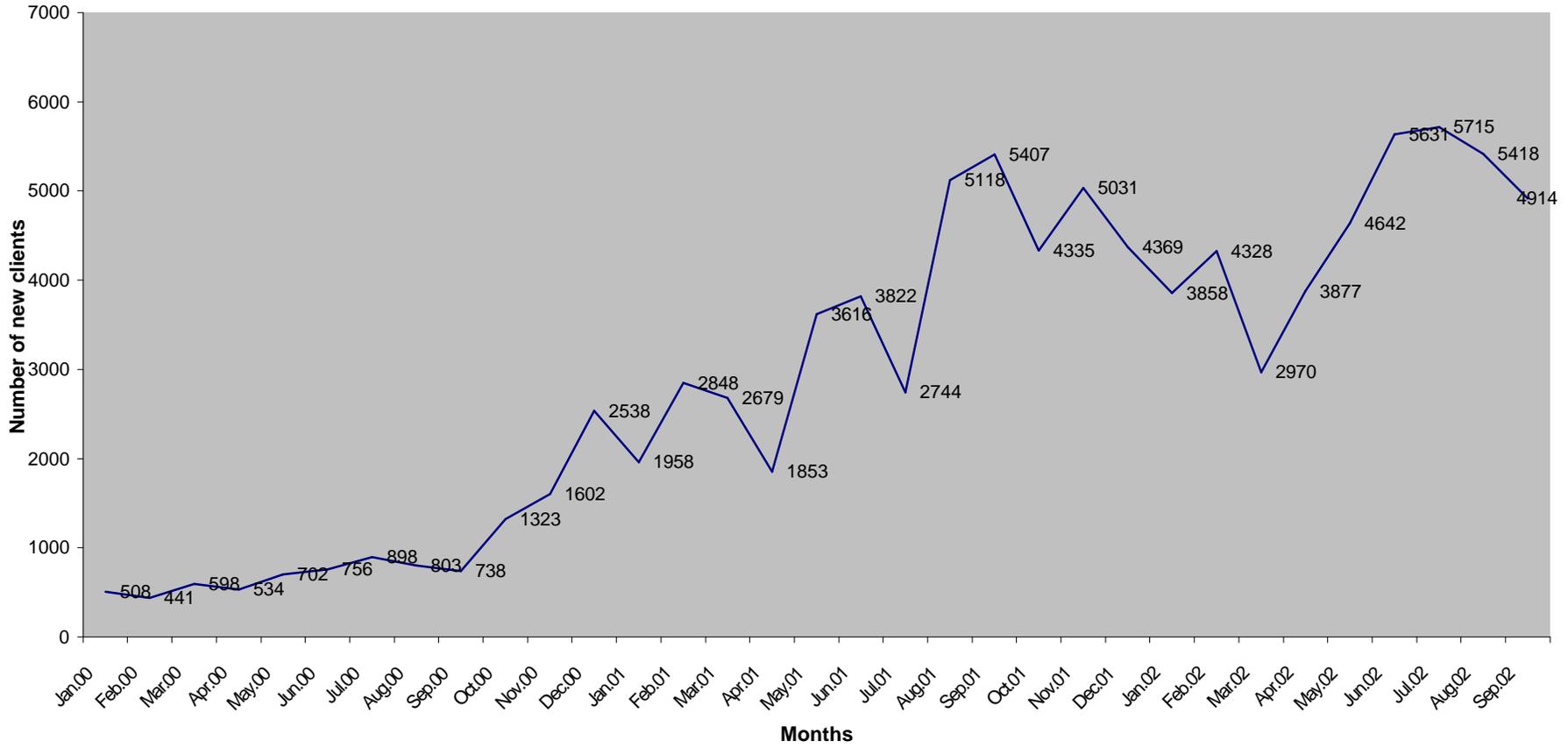
II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

The thirteen New Start Centres, which are currently operational, are Harare City (Harare), Chinhoyi Hospital (Chinhoyi), Triangle Hospital (Triangle), Matabeleland AIDS Council (MAC) (Bulawayo), Wankie Colliery Hospital (Hwange), Bindura Hope Humana (Bindura), Mutare City (Mutare), Nkulumane Clinic (Bulawayo), Gweru City (Gweru), New Africa House (NAH) Harare, Bulawayo Direct Site (BDS) (Bulawayo) Gwanda Hospital (Gwanda) and Victoria Falls. The table below shows the cumulative new visits from 1999 to September 2002, and the graph shows monthly client figures from January 2000 for the thirteen centres.

Table 1. New client visits by site by month (January 2002 to September 2002).

Site	Date of pening	Cum. 99	Cum. 00	Cum. 01	Jan. 02	Feb. 02	Mar. 02	Apr. 02	May 02	Jun. 02	July. 02	Aug. 02	Sep. 02	Total
NAH	9 Oct' 00	-	182	1904	015	096	446	2079	2256	2813	3040	2633	128	4 592
BFS	1 Aug.01	-	-	027	18	46	61	529	788	951	915	831	51	0 417
Harare City	31 Mar '99	1219	2836	2850	45	313	64	43	287	41	56	12	98	564
Gweru	2 May' 00	-	80	945	161	208	115	177	228	45	01	58	97	215
Mutare	17 Feb' 00	-	827	2351	250	279	190	261	376	39	72	58	17	220
Nkulumbane	10 Apr' 00	-	388	452	102	127	93	97	138	39	44	57	23	960
MAC	18 Aug '99	47	2363	951	199	262	203	182	237	62	213	279	34	9 032
Bindura	26 Jan '00	-	1390	3233	111	259	182	159	133	60	167	192	190	6 176
Chinhoyi	16 Apr '99	158	387	1055	7	4	41	60	68	36	7	84	109	456
Gwanda	29 Aug01	-	-	177	23	51	19	25	59	1	0	3	4	522
Triangle	20 Apr '99	67	87	63	4	78	44	4	3	4	0	2	9	845
Wankie	23 Aug .99	26	01	172	13	15	12	11	9	5		9		373
Victoria Falls	13Sep. 02												74	74
Total		2217	1441	3780	858	328	2970	3877	642	636	715	418	914	8 796

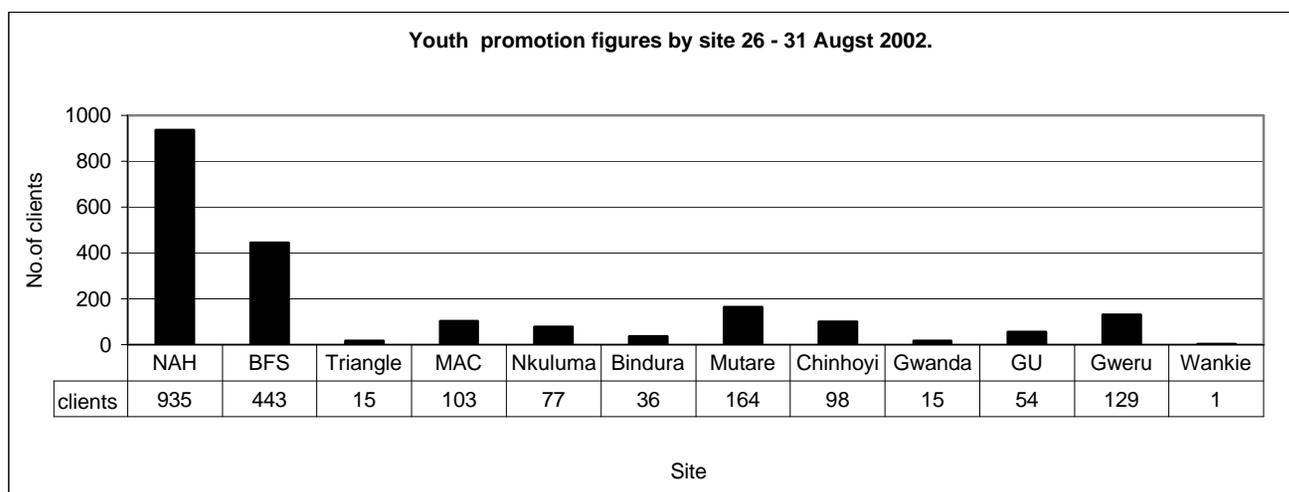
VCT new clients by month: January 2000 to September 2002



A cumulative figure of 98 796 new clients was seen from April 1999 to September 2002 of which 41 228 were seen between January and September 2002. A total of 16 047 new clients were seen during this quarter compared to 14 155 seen last quarter, an increase of 13.4 %. The high number of new clients attained over the period in the New Start Network is primarily attributable to the effects of special price promotions and the Get Real advertising campaign which began advertising alongside various promotions during the World Cup.

New Africa House (NAH) contributed the highest percentage (49%) to the total number of clients seen during the second quarter of 2002, while Bulawayo Direct Site (BDS) contributed 16%. The two direct sites contributed 65% of the total new clients seen this quarter. It can be observed that NAH had an increase of 9.1% (7148 to 7801), Mutare 15.9% (1076 to 1247), Nkulumane 13.4% (374 to 424), Gweru recorded an increase of 22% (484 to 590), MAC 2.6% (664 to 681) this quarter when compared to the previous reporting period. Chinhoyi recorded an increase of 47.7% (264 to 390); this quarter. Harare City had an increase of 17.5% (822 to 966) and Bindura 21.5% (452 to 549) in the number of new clients seen during the third quarter of 2002 when compared to the second quarter of 2002. Gwanda recorded a decrease of 165 to 137 (17%) while Triangle recorded a decrease of 5.5% (181 to 171) during the period under review.

Table 2. Promotion figures: New individual female client visits by site during the Youth promotion - 26 to 31 August 2002.



A total of 2070 new clients were seen in the New Start network during the one week Youth promotion from 26 to 31 August 2002 of which 66.5% were seen at the two free standing sites.

Challenges of the quarter and actions taken to address them:

1. Prepared for New Start special promotions in August 2002.
 - Communicated with sites on the forth-coming special promotion.
 - Distributed extra supplies needed for the promotion.
 - Developed mass media campaign for the Youth free promotion.
2. Renovations and preparations for opening of new sites and services.
 - Victoria Falls New Start centre opened on Sept. 13 and officially launched by Min. of Health and U.S. Ambassador on Sept. 20. Development and airing of new mass media campaign to launch the Victoria Falls site.
 - Permission from city health authorities to use facilities at New Africa House (Harare) and Bambanani (Bulawayo) for New Start plus services.
 - Savvas Flats (formerly ZAPSO site) renovations commenced. Site due to open in Oct.
 - Chitungwiza preparations continuing. Site due to open in October.
3. Stress on counsellors seemed to be increasing.
 - New Start retreats for all affiliated staff were held at Great Zimbabwe the weekends of Sept. 6 and 13.
 - A new psychologist was contracted to develop stress management programs for staff.
4. Successfully carried out negotiations for New Start to start sponsoring the Sunday soccer programme on Television.
5. Developed the opening and closing billboards for Sunday soccer programme on Television.
6. The posters for the Get Real campaign were printed.

III Goals for following quarter (October – December, 2002) .

- Open sites in Chitungwiza and Savvas Flats.
- Commence operation of New Start Plus services (family planning and STI diagnosis/treatment) at NAH and Bambani sites.

- Recruit and hire new staff for scaling up services in terms of numbers and geographic distribution.
- Continue trying to improve coordination with MOHCW via orientation of the new Counseling Coordinator and increased communications.
- Coordination with MOHCW and USAID to establish the way forward with regard to provision of VCT at the district level.
- Coordinate with MOHCW to organize a VCT stakeholders workshop.
- Development of training videos to use in counselor training. Conduct Part I and Part II Counselor Trainings.
- Commence work on the second phase of the Get Real campaign focusing on the key benefits of convenience, affordability and confidentiality.
- Finalize the erection of billboards for the new Get Real campaign.

INTEGRATED PRIVATE MEDICAL SECTOR (IPMS) AND AIDSCORP

1. Executive Summary

- a. **Screening of Cancer of the Cervix** – Training of nurses was suspended as there is only one referral centre Spilhaus for management of CaCx due to shortage of cryo surgery equipment. Therefore the clinic later realized that it is not ideal to create demand they cannot meet. The Department of Obstetrics and Gynaecology – University of Zimbabwe are in the process of writing a proposal for funding to procure more equipment for the various clinics.
- b. **Jadelle (two-rod levonorgestrel implant)** - Registration still in progress is expected in October 2002.
- c. **Health Portal System – where PSI/Z will provide computer, internet access, computer/web training and a comprehensive online health portal is at an advanced stage.**
 - Computers have been ordered
 - Providers have been identified
 - Training has been scheduled for November
 - A Web Portal Co-ordinator has been identified.
- d. **Emergency Contraception**
 - Minister of Health and Child Welfare and other stakeholders sensitised on Emergency Contraception.
 - Baseline survey underway
 - Developing of marketing plan in progress with the assistance of Maxine Eber from PSI/W.
- e. **Advocacy**
 - Lobby for independent nurses' NAMAS claim number and approval to procure, prescribe and dispense antibiotics.
 - Lobby to sell ProFam products through ZNFPC outlets
 - Non-dispensing doctors awarded permission to procure and dispense ProFam products.

II. NARRATIVE REPORT BY ACTIVITY

Goals for this quarter and progress against those goals

IPMS

a. Sales and Distribution

- Sell through Geddes and Field Support Specialists a target of 15 000 vials of Depo Provera, 25 000 cycles Marvelon, 30 000 cycles Duofem and 15 000 cycles of Exluton.
- Obtain sales figures every month to monitor progress against targets

b. Training

Conduct:-

- Nurses' HIV Counselling and STI Management Refresher course – 9th – 12th July
- Doctors' HIV Counselling and STI Management Refresher course – 20th – 21st July
- Doctors' IUD/Norplant insertion and removal course – 5th – 7th August 2002
- Over the Counter Pharmacy Staff (OTC) VTC Orientation and IPC Skills workshop 22nd attended

c. Support and Follow Up

- FSS to continue with support and follow-up visits of ProFam network members
- FSS to continuously recruit more private medical providers into the network.

d. Product Marketing

- Merchandise outlets continuously
- Conduct trade visits
- FSS to organize monthly ProFam neighbourhood meetings with service providers

- Sell products to trained service providers

e. I E C

- Continue distribution of posters and brochures

AIDSCORP

a. Training

Educate high-risk groups in colleges, estates, mines and companies i.e. youth, truckers, CSWs, uniformed officials and informal traders on STD/HIV/AIDS prevention.

Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program

Key Accomplishments

I P M S

a. SALES

- Sales figures for Marvelon of 112,610 cycles, Duofem 118,990 cycles, Exluton of 85,690 cycles and Depo Provera 20,869 vials were above the quarterly sales targets of 75 000, 90,000, 45 000 cycles and 15 000 vials respectively.

b. TRAINING

- 23 participants attended the Nurses' HIV Counselling and STI Management Refresher course held in Harare on 9th – 12th July.
- 13 participants attended the Doctors' HIV Counselling and STI Management Refresher course held in Bulawayo on 20th – 21st July
- 20 participants attended the Doctors' IUD/Norplant insertion and removal course held on 5th – 7th August 2002.
- Nineteen (19) Over the Counter Pharmacy staff (OTC) attended a VCT Orientation and IPC Skills workshop held in Masvingo on 22nd September.

c. MARKETING

- Identified a health journalist to work with the marketing department to produce a ProFam Quarterly Newsletter.

d. WORKPLAN

- The August 2002 to July 2003 workplan being revisited.

AIDSCORP

- AIDSCORP is changing its focus towards worksites. The programme will be tailor-made to suite each company's HIV/AIDS prevention needs. Also the programme will be used as a cost recovery intervention as it is going to charge all in-puts to the relevant company after preparing a budget according to the company's needs. The following trainings were conducted:-
 - Unifreight – Orientation on STI/HIV/AIDS and the importance of personal risk assessment and voluntary counselling and testing workshop for Peer Educators held on 21st – 22nd August in Bulawayo. Thirty-six (36) participants attended.
 - AIDSCORP training on HIV/AIDS prevention for BP Shell staff and management in Harare held on 24th – 27th September 2002. 112 participants have attended so far.
- A brochure indicating the goal and activities of AIDSCORP is currently underway for the market.
- The training modules were revised and updated.

STRENGTHS

IPMS

- **Administration** - Increased number of Field Support Specialist for more effective implementation
- **Sales** – Excellent distribution coverage by Geddes and the Field Support Specialists.
- **Emergency Contraception** – Launch Emergency Contraception in the market which will contribute in meeting the needs of the youth.

- **Dispensing License** – A license was awarded by the MCAZ to allow non-dispensing doctors to dispense contraceptives under the ProFam project which enables doctors serving in high density suburbs to serve the low income groups.
- **Cervical Cancer** - Expanded Reproductive Health services among ProFam network doctors by incorporating screening of Ca Cx using acetic acid in the August 2002 IUD/Norplant insertion and removal course.
- **Health Portal** – Introduce a health portal program for the network members as a way of cutting costs on training and keeping providers abreast on current reproductive health issues.

OPPORTUNITIES

- The residents of Kwekwe and Masvingo highlighted the need for New Start Centres in their areas.
- Rural Outreach programme and the possibility of setting up mobile clinics in areas not serviced by ZNFPC.
- Distribute contraceptives through ZNFPC so as to reach the bulk of the poor.

THREATS

- The Rural Outreach might be viewed by ZNFPC as a threat/competition.

AIDSCORP

STRENGTHS

- Increase the number of trucking companies in the AIDSCORP programme.
- Managed to penetrate the police force
- Increase staff for more effective implementation
- Work with more CSW groups in promoting safer sex.
- Mobilizing for New Start Centre

OPPORTUNITIES

- Penetrate more companies with high-risk groups e.g. mines/estates.
- Penetrate more colleges and church groups so as to reach more youth.
- Reach youth through secondary schools.

TABLE 1: Trainings Conducted – July – September 2002

Date	Venue	Name of Course	No of Pax Trained During Qrt	No. Of Pax Trained as at August 1 2001 (i.e. Start Of Phase II)	No. of Pax Trained During Life of Activity (Cumulative)
22 nd September 2002	Masvingo	OTC VCT Orientation and IPC Skills	19	121	534
9 th – 12 th July 2002	The Cresta Jameson Hotel	Nurses HIV Counseling and STI Management Refresher	23	99	290
5 th – 7 th August 2002	Harare	Doctors IRH Practical	20	42	169
-	Kadoma Hotel and Conference Centre	Doctors IRH Course	34	34	212
20 th – 21 st July 2002	Bulawayo Rainbow Hotel	Doctors IRH Refresher	13	24	98
-	New Ambassador Bulawayo Rainbow	Pharmacist IRH Comprehensive	28	46	199
-	-	Pharmacists IRH Refresher	-	-	65
-	Holiday Inn Harare Bulawayo Rainbow	Youth Friendly Training	43	-	43
-	Cresta Jameson Hre Holiday Inn Mutare	Experience Sharing Seminar	41	41	41

HIV/AIDS PREVENTION INSTITUTIONAL TRAINING AS AT AUG 2001 TO SEPTEMBER 2002							
DATE	VENUE	TYPE OF INSTITUTION		# of people reached	# of people reached	# of people reached	sessions
		COLLEGE	COMPANY	During Quarter (cumulative)	as of Aug 2001 (i.e. start of phase II)	during life of activity (cumulative)	done
Aug-01	Marondera		Surrey Farm		120	120	1st session
	Harare		Stanbic Bank		34	154	1st session
Sep-01	Harare		First Mutual Life		120	274	1st session
	Harare	Danhiko College			250	524	2nd session
Oct-01	Bulawayo		United Bottlers Bulawayo	602	33	557	1st session
	Harare	Danhiko College			45	602	1st session
Nov-01	Harare		First Mutual Life		37	639	1st session
	Harare		Southampton		250	889	1st session
	Harare		Eversharp		80	969	3rd session
	Bulawayo		Paint and Allied Service		56	1025	1st session
	Harare	Trust Academy			35	1060	1st session
	Bulawayo		Stanbic Bank		15	1075	1st session
	Mutare		Stanbic Bank		12	1087	1st session
	Dec-01	Harare			Stanbic Bank	40	1127
	Harare		Southampton	775	250	1377	1st session
Jan-02	Shamva	Frontline Institute			200	1577	1st session
	Harare	Morgan Zintec			380	1957	1st session
	Chitungwiza	Seke Teachers			100	2057	1st session
	Harare	Morgan Zintec			550	2607	2nd session
	Chitungwiza	Seke Teachers			460	3067	2nd session
	Bulawayo		United Bottlers		67	3134	1st session
Feb-02	Harare		Pioneer Trucking		40	3174	1st session
	Harare		Livestock Trucking		20	3194	1st session
	Bulawayo	United College of Education			25	3219	1st session
	Harare	Danhiko College			340	3559	1st session
Mar-02	Harare	Morgan Zintec			45	3604	1st session
	Shamva	Frontline Institute			260	3864	2nd session
	Chitungwiza	Seke Teachers			550	4414	2nd session
	Gweru	Gweru Technical			187	4601	1st session
	Mutare	Africa University			30	4631	1st session

	Harare	Belvedere Teachers		3814	560	5191	1st session
May 02	Harare	Seke Teachers			44	5235	1 st session
June 02	Masvingo		Flamboyant Hotel		34	5269	1 st session
	Victoria Falls		Ilala Lodge Victoria Falls		14	5283	1 st session
	Victoria Falls		Victoria Falls Hotel		14	5297	1 st session
	Beitbridge		Colbro Transport		25	5322	2 nd session
	Bulawayo		Tiger Reef		47	5369	1 st session
	Kwekwe	Kwekwe Technical College			344	5713	2 nd session
	Bulawayo	Hillside Teachers College			269	5982	1 st session
	Bulawayo	United College of Education			872	6854	1 st session
July 02	Harare	BIC Academy			120	6974	2 nd session
Aug 02	Harare		Innscore		80	7054	2 nd session
	Beitbridge		GDC Transport		20	7074	1 st session
	Beitbridge		Hoilday Inn Express		22	7096	1 st session
Sep 02	Harare	Frontline Institute			70	7166	2 nd session
	Harare		AgMark		20	7186	
	Harare	Seke Teachers' College			252	7438	1 st session
	Vic Falls		Victoria Falls Hotel		247	7685	1 st session
			TOTAL	7685		7685	

TABLE 3: Sales and Sales Targets per Quarter July - September 2002

PRODUCT	SALES IN QRT	TARGET THIS QRT	CUM. SALES (PHASE 11)	CUM. CYPs PHASE II	CUM SALES (Life of Activity)	CUMULATIVE CYPs (Life of Activity)
Marvelon	112,610	75 000 cycles	527,290	40561	1,210,579	84,459
Duofem	118,990	90 000 cycles	426,610	32,816	510,820	30,140
Exluton	85,690	45 000 cycles	370960	28,535	665,977	44,637
Depo Provera	20,869	15 000 cycles	67,276	16,819	10,991,546	22,261
TOTAL	N/A	N/A	N/A	118,731	N/A	181,497

TABLE 4: July - September 2002 Visits Done By Field Support Specialists

Region	Visited	No: Visited During Qtr	No: Visited During Phase II
Northern Region	Doctors	91	381
	Nurses	30	127
	Pharmacists	80	346
Southern Region	Doctors	81	388
	Nurses	70	329
	Pharmacists	62	301
Manicaland Region	Doctors	37	122
	Nurses	23	105
	Pharmacists	14	67

Numbers of visits Life of Activity

Doctor	= 2 678
Pharmacists	= 2 390
Nurses	= 1473

111: IPMS and AIDSCORP Goals for following quarter

1. Trainings

Conduct the following trainings:-

- Doctors' HIV Counselling and STI Management Refresher course 26th – 27th October 2002
- Nurses HIV Counseling and STI Management Refresher Course 5th – 8th November 2002
- Doctors' IUD/Norplant practical course – 18th – 20th November 2002.
- Training in Microsoft office, web surfing and e-mail for Health Portal program participants November 2002.

2. ProFam Expansion

- Launch EC
- Launch health portal program
- Lobby ZNFPC for ProFam to go into the rural areas
- Work on the logistics of establishing a Rural Health Post.

3. Provider Relations

- Hold a Quarterly Review meeting with ZNFPC in October 2002
- Hold a Project Coordinating Committee meeting in October 2002
- Hold a stakeholders meeting (USAID, DFID, ZNFPC) end of November.

4. Research Monitoring and Evaluation

- Finalise the mystery client survey.
- Conduct baseline survey for E.C (FGDs, MCS, Structured interviews)

5. Marketing

- Reposition ProFam to serve the poor
- Develop new ProFam campaign
- Produce Quarterly Newsletter for providers and a yearly Newsletter for stakeholders
- Produce IEC materials for the Emergency Contraceptive.

AIDSCORP

- Recruit more companies with high risk groups
- Continue the CSW initiative.
- Continue working with youth groups

Male and Female Condom Social Marketing (M/FCSMP)

Sales Highlights

Protector Plus (PP) sales by outlet type

Outlet type	Qtr 2	Qtr 3	Change (%)
LQ – Liquor	562,680	718,110	28
SU – Supermarket	948,330	1,232,550	30
TU – Tuck-shop	27,270	35,820	31
SE - Service Station	316,890	384,930	21
HE - Health Care	437,310	391,860	-10
HO – Hotel	59,850	62,730	5
OR – Organization	28,350	28,530	1
WH – Wholesale	2,172,190	3,809,360	75
OT – Other	10,638	77,580	629
IN – Individual	2,700	4,590	70
SA – Samples	110,240	26,740	-76
TOTAL	4,676,448	6,772,800	45

Care sales by outlet type

Outlet type	Qtr 2 2002	Qtr 3 2002	Change (%)
LQ – Liquor	2,060	2,180	6
SU – Supermarket	2,800	16,380	485
TU – Tuck-shop	760	140	-82
SE - Service Station	1,680	1,600	5
HE - Health Care	34,620	53,040	53
HO – Hotel	100	0	-100
OR – Organization	1,880	51,500	2,639
WH – Wholesale	9,820	19,360	97
OT – Other	55,264	99,560	80
IN – Individual	2,260	2,640	17
SA – Samples	25,320	1,240	-95
Total	136,564	247,640	81

PP and Care sales against target, Quarter 3 and Year-to-Date 2002

Product	Sales	Target	% variance	Year-to-Date Sales	Year-to-date Target	% Variance
PP	6,772,800	4,876,000	39	16,221,318	12,675,981	28
Care	247,640	118,400	109	458,304	283,800	61
Total condoms	7,020,440	4,994,400	41	16,679,622	12,959,781	29

Highlights of the Quarter

- The distribution agreement with Coca Cola was finally signed on August 2002. Significant inroads have been made into the hard to reach rural areas. 995 boxes (just under 100,000 pieces) of Protector Plus condoms were distributed through this initiative in the first month of its implementation.
- Negotiations with Post Office
- A total of 196 new outlets were opened during the quarter and 60% in the peri urban and rural market.
- There was increased focus on high risk outlets as evidenced particularly by a 28% growth in sales compared to the previous quarter through liquor outlets.
- The Hair Salon and the Supermarket channel care sales contribution continues to grow, 47% this quarter, due to in store care promoters.
- PP and Care Sales managed to surpass last quarter sales by 45% and 81% respectively and the quarterly target by 39% and 109% respectively.

<u>Strengths</u>	<u>Weaknesses</u>
<ol style="list-style-type: none"> 1. Protector Plus now word class brand. 2. Affordable priced products. 3. Wide distribution coverage. 4. Strong advertising support. 	<ol style="list-style-type: none"> 1. Care not well established. 2. Rural market coverage still limited.
<u>Opportunities</u>	<u>Threats</u>
<ol style="list-style-type: none"> 1. Post Office distribution. 2. Product line extension 	<ol style="list-style-type: none"> 1. NGO/GOVT relations. 2. Negative press publicity.

Goals for next quarter

Sales targets for 4th Quarter 2002

Product	Oct	Nov	Dec	Total
PP	1,932,018	2,005,600	1,786,401	5,724,019
CARE	44,800	41,668	29,732	116,200
Total	1,976,818	2,047,268	1,816,133	5,840,219

- Finalise negotiations with Post Office and Chibuku for joint distribution of PP.
- Recruit two new assistant regional officers and one regional officer.
- Complete product pretesting of the new protector plus variant with any or all of the following attributes; color, flavor and texture.

Targeted Communications Initiative (TCI)

Executive Summary

- Generic Communications** – The TV soap series entitled “Studio 263” was launched in September 2002. The popularity and viewer ship of the soap has been steadily increasing. The soap which flights three times a week on television is aimed at reflecting the pressures that youths face, how they handle them and the consequences of their actions. Meanwhile, the TV talk show “This Is Life” continued to flight once a week. Some of the topics covered during the quarter focused on trust and serial monogamy, abstinence, condom efficacy, perception of condom adverts, pressures that women face at work and living positively with HIV.
- Hair Salon Promotion** – The hair salon program is on-going in Harare and Mutare. Plans are underway to increase the number of participating hair saloons and hair dressers to increase the impact of this initiative. A research is currently underway to evaluate the appropriateness of the channel in reaching out to women with behavior change messages.
- Home meetings** – Home meetings targeting women are ongoing in the major towns. An experience sharing workshop was carried for all the facilitators in September 2002.

I. Goals for this quarter and progress against those goals

- Finalize casting for the TV soap series
The casting for the soap was completed in July 2002.
- Commence rehearsals for the TV soap series.
Rehearsals commenced in August and were completed in time for the launch of the programme in September 2002.
- Record five programmes for the TV talk show “This is Life” in Bulawayo.
The recordings in Bulawayo were suspended following some logistical problems.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Results Reporting

- A total of 400 home meetings were conducted in Harare, Bulawayo, Gweru, Chitungwiza, Masvingo and Mutare. An experience sharing training workshop was conducted for the home meetings facilitators.
- Merchandising and follow up on hair dressers continued.
- Fourteen programmes were recorded and flighted on the TV talk show; "This Is Life"
- A total of 12 episodes were recorded and flighted on the TV soap "Studio 263"

Goals for the following quarter (October - December 2002)

- Record and flight fourteen programmes for the TV talk show.
- Produce and flight 72 episodes on Studio 263.
- Continue to improve on the sound and picture quality of the TV soap.
- Conduct 288 home meetings in the low income residential areas.
- Continue to monitor and motivate the hair dressers participating in the hair salon program.

Appendix I: Benchmarks

The Program Benchmarks represent key milestones or activities on the way to achieving the broader program objectives established in the logframes. These benchmarks are not necessarily contractual requirements but they help track progress against key activities represented in the workplans. Benchmarks that have been completed remain in the quarterly report as a permanent record of the activities of the overall program.

Key Benchmarks for Program Implementation	Target Completion Date	Status at time of report (C or %C)	Reason for Incomplete Status (if applicable)
<u>New Start VCT</u>			
Open Third Direct Site	Q3 2002	99%	(Center opened on October 28 th 2002)
Operating Agreements with Indirect Sites Revised	Q2 2002	75%	Operating agreements should be distributed in November 2002
Redesign/reopen Hwange Site	Q3 2002	C	Hwange no longer functions as a New Start site. It has been replaced with an integrated site in Victoria Falls, Chinotimba Clinic
Redesign/reopen Bindura Site	Q3 2002	50%	The Bindura partner DAPP is aware that PSI/Z support to this partner may end in late 2002, early 2003. PSI/Z will discuss with MoHCW and PMD, Mash. Central on way forward for provision of VCT in this province.
Integrate FP/STI services into 2 New Start Direct Sites	Q2 2002	70%	Unanticipated delays due to approvals required from various authorities. New Start Plus now expected to be operational in Nov 2002
Integrate New Start VCT services into ZNFPC FP clinic	Q2 2002	50%	Outreach performed. Site assessment being conducted in Q3
Launch New Start VCT outreach integrated with ProFam services	Q3 2002	75%	NS Outreach is underway, but integration with ProFam services needs to be increased
Launch New Start advertising campaign	Q4 2002	C	Get Real Campaign launched in June 2002 during the World Cup.
Establish ELISA testing capacity at NAH	Q3 2002	C	Established at the New Africa House Direct Site in Sept. 2002
Launch TV mini-series to address benefits of VCT	Q4 2002	C	Studio 263 launched in September 2002
<u>IPMS</u>			
Integrate ProFam services into New Start Outreach	Q3 2002	0%	Integration done at New Africa House and Bambanani Centre in August 2002.

Launch redesigned communications campaign	Q3 2002	N/A	Decision made to continue flighting the old TV & radio adverts, as they had not been exposed to the public for a long period because of budgetary constraints.
Add two new products/services to ProFam basket (e.g.) 1. EC	Q4 2002	75%	<ul style="list-style-type: none"> - The Minister of Health and Child Welfare and other Stakeholders were sensitized on EC. - Baseline survey underway - Development of marketing plan in progress with the assistance of Maxine Eber of PSI/W. - Launch product by 4th quarter
2. Pap Smears		100%	Theory has been included since 2001 trainings. Practicals on screening of cervical cancer using acetic acid started in August 2002
3. PTKs		0%	It was agreed that PTKs will not be ideal for the private sector
Register Dr. Reddy's Female Condom with MCAZ	Q3 2002	0%	Need to get samples to send to MCAZ for registration.
<u>Targeted Communications and Condom Social Marketing</u>			
Launch new Protector Plus brand packaging	Q4 2002	50%	New square condoms to arrive in December 2002. Meanwhile to use new design on the rectangular pack.
Launch new PP ad campaign	Q4 2002	C	TV and radio campaigns were developed and launched.
Launch new care brand packaging	Q3 2002	80%	New pack design is being finalised.
Launch new care ad campaign	Q3 2002	80%	Campaign is being developed.
Generic BC Campaign launched	Q3 2002	C	Talk show has been launched. TV soap series is launched.
Evaluate PP ad campaign	Q3 2002		
Evaluate care ad campaign	Q3 2002	50%	Campaign is still being developed
Evaluate BC campaign	Q4 2002	50%	Planned for next quarter.
<u>Sustainability and other Core Objectives</u>			
Revise Strategic Sustainability Plan	Q3 2002	50%	Strategic Plan developed in preparation for Phase II program; needs to be updated and documented
Management Retreat	Q2 2002	C	Conducted with Stakeholders in October 1-2, 2002

Appendix II: Logframes

The logical framework submitted to DFID in late 2001 differed from that submitted to USAID earlier in the same year. Consequently, there are two logframes that govern essentially the same activity. The reason for this is that the logframe submitted to USAID did not benefit from the research conducted by PSI/Z in mid-2001. Consequently, some targets were set too low, others too high. The logframe submitted to DFID contained the baseline figures and therefore more realistic targets. Furthermore, the logframe submitted to DFID consolidated or changed some indicators and is therefore more streamlined than the current USAID logframe.

In the interest of working against a single logframe over the life of our activity, PSI/Z will convene a meeting in the near future between PSI/Z, USAID and DFID to get consensus on a consolidated logframe and submit that to the respective contracts officers for approval. Both DFIDCA and USAID/H are supportive of such a meeting but until the changes can be agreed upon, the below logframes identify indicators and targets specific to the particular contract. This accounts for the appearance of different targets against the same indicator in some places or indeed for contract-specific indicators.

Program Indicators (2001 – 2005)

New Start Voluntary Counseling and Testing Services

<u>Indicators</u>	<u>Date of Completion</u>	<u>Progress to Date</u>	<u>Comments</u>
1. 150,000 clients counseled at New Start centers. 2. 86% (DFID), 50% (USAID) of New Start clients are LSM 1-6 3. Recurrent (DFID) Cost-per-client decreases to \$36 in final year of project.	1. July 2005 2. July 2005 3. July 2005	1. 15,997 clients seen during quarter; 65,597 seen during phase II; over 100,000 clients seen during life-of-activity. 2. 53% KAP 2001 3. TBD	
1.1 Increase from 10% to 70 % of target group who can cite at least one place where s/he could obtain VCT services (USAID only). 1.2 93% of target group can cite correctly at least one place where s/he could obtain VCT services (DFID only)	1.1 – 4.1 July 2005	1.1 92.7% in KAP 2001 1.2 92.7% in KAP 2001	

<p>1.3 Increase from 54% to 65 % (USAID) (46% to 86% - DFID) of target group who report that they are likely to utilize VCT services.</p> <p>1.4 60% of target group who are aware of <i>New Start Centers</i> believe that the centers provide confidential services.</p> <p>1.5 No significant differences in above indicators by LSM in target areas</p> <p>2.1 (10 – USAID) (7 – DFID) <i>New Start</i> integrated VCT centers operational through LOP.</p> <p>2.2 3 <i>New Start</i> direct VCT centers operational by EOP.</p> <p>2.3 80% (USAID) and 85% (DFID) of <i>New Start</i> counselors attend at least 3 refresher training courses during LOP.</p> <p>2.4 75% (USAID) and 85% (DFID) of clients report satisfaction with counseling and testing services.</p> <p>2.5 Rapid Test Kits introduced in all <i>New Start Centers</i>.</p> <p>2.6 60% (USAID) and 86% (DFID) of target group who are aware of <i>New Start Centers</i> believe that the services are affordable.</p> <p>3.1 15% (USAID) and 80% (DFID) of clients are offered information on at least one community group to provide follow-up support.</p> <p>4.1 Report on population-based data on attitudes and practices related to <i>New Start</i> VCT disseminated</p>		<p>1.3 45.6% in KAP 2001</p> <p>1.4 89.2% in KAP 2001</p> <p>1.5 KAP 2001</p> <p>2.1 Ten (10) centers currently operational</p> <p>2.2 Three (3) currently in operation</p> <p>2.3 41% (MIS)</p> <p>2.4 89% (Client Exit survey 2001)</p> <p>2.5 12 out of 13 centers have rapid test kits</p> <p>2.6 85.8% in KAP 2001</p> <p>3.1 15%, KAP 2001</p> <p>4.1 TBD</p>	
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Integrated Private Medical Sector Program (IPMS)

Indicators	Date of Completion	Progress-to-date	Comments
<p>1.1 60% (USAID), 40% (DFID) of <i>ProFam</i> contraceptive users are LSM1- 6.</p> <p>1.2 Sales of <i>ProFam</i> supported contraceptives provide 160,000 CYPs</p> <p>1.3 Modern method CPR among LSM1 – 6 remains stable or increases over LOP</p> <p>1.4 Feasibility of engaging independent nurses in STI treatment assessed.</p>	1.1 – 1.4 July 2005	<p>1.1 27%, KAP 2001</p> <p>1.2 29,624 CYPs in this quarter; 188 135 CYPs over LOP (phases I&II)</p> <p>1.3 TBD</p> <p>1.4 37% (KAP 2001)</p>	
<p>1.1 Proportion of LSM 1-6 who can relay the message of at least one <i>ProFam</i> campaign increases from 63% to 83%.</p> <p>1.2 70% of target population aware of services offered by <i>ProFam</i> members.</p> <p>1.3 80% of target population currently using contraceptives familiar with at least one <i>ProFam</i> contraceptive method.</p> <p>1.4 Proportion of LSM 1-6 reporting demand for <i>ProFam</i> increased from X% to Y% (DFID only)</p> <p>1.5 Proportion of <i>ProFam</i> users from LSM 1-6 increased from X% to Y% (DFID only)</p> <p>2.1 90% of urban pharmacies offer at least 4 <i>ProFam</i> family planning</p>	<p>1.1 – 1.3 July 2005</p> <p>1.5 – 1.5 January 2006</p> <p>2.1 – 3.2 July 2005</p>	<p>1.1 10% (KAP 2001)</p> <p>1.2 80% (KAP 2001)</p> <p>1.3 50% (KAP 2001)</p> <p>1.4 TBD (DFID only)</p> <p>1.5 TBD (DFID only)</p> <p>2.1 90% (KAP 2001)</p>	

brands at prices < 2.5% of per capita GDP for one CYP.			
2.2 At least 80% of ProFam trained providers score 80% retention six months after training.		2.2 80% (Training follow up survey 2001)	
3.1 Appropriate referrals to New Start clinics by ProFam providers are made 75% of the time		3.1 TBD	
3.2 Policy change allows Independent Nurses to prescribe and dispense antibiotics.		3.2 TBD	

Note: LSM refers to Living Standard Measures. LSMs provide a state-of-the-art means for categorizing people into groups that describe their net worth in terms of assets and amenities. Surveyed populations are divided evenly between eight (8) LSMs. LSM 1 represents the poorest segment of the population, LSM 8 the wealthiest. X & Y values for these indicators will be determined following a baseline KAP to be conducted during year one of the proposed intervention (see below).

Note: all indicators are to be met by the end of the project unless otherwise specified.

Targeted Communications and Condom Social Marketing

Indicator s	Date of Completion	Progress-to-date	Comments
<p>1. Condom use in last sex act with non-spousal partner increased from:</p> <p>a. 42% to 62% (USAID), 70% (DFID) among urban male youth aged 15-25 and 12% to 30% (USAID), 66% (DFID) among rural male youth aged 15-25</p> <p>b. 29% to 39% (USAID), 72% (DFID) among urban single women aged 15-34</p> <p>c. 72% to 92% among truckers in project areas (USAID only)</p> <p>2. Percent of people having more than one partner in past 12 months decreased from:</p> <p>a. 30% to 15% (USAID), 82% to 50% (DFID) among urban male youth aged 15-25 and 14% to 9% (USAID), 76% to 50% (DFID) among rural male youth aged 15-25</p> <p>b. 31% to 21% (USAID) and 66% to 50% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 79% to 69% among truckers in project areas (USAID only).</p> <p>3. 50 million <i>Protector Plus</i> condoms sold.</p> <p>4. 700,000 <i>care</i> female condoms sold</p>	1 – 4 July 2005	<p>1.</p> <p>a. 79% among urban and 66% among rural youths (KAP 2001)</p> <p>b. 72% (KAP 2001)</p> <p>c. 75% (KAP 2001)</p> <p>2.</p> <p>a. 82% and 76% among urban and rural youths respectively (KAP 2001)</p> <p>b. 66% (KAP 2001)</p> <p>c. 79% (KAP 2001)</p> <p>3. 6,772,800 condoms sold during this quarter; 23,945,000 sold during Phase II; 50,032,216 sold during LOP.</p> <p>4. 247,640 pieces sold this quarter; 720,874 pieces sold during Phase II; 1,264,858 sold during LOP</p>	
<p>1.1 <i>Protector Plus</i> available in 80% of liquor related and other night outlets</p> <p>1.2 80% of pharmacies stock <i>care</i>.</p> <p>1.3 <i>Care</i> is available in 30% (USAID) and 25% (DFID) of outlets (e.g. Bars/Night clubs and Hotels) in CSW project areas.</p>	1.1 – 3.4 July 2005	<p>1.1 40% (Distribution Survey 2001)</p> <p>1.2 60% (Distribution Survey 2001)</p> <p>1.3 5% (Distribution Survey 2001)</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
<p>1.4 Percent of people who know of at least one specific source of <i>care</i> increased from (USAID only):</p> <p>a. 43% to 63% among urban single women aged 15-34</p> <p>b. 40% to 80% among CSWs in project areas.</p> <p>c. 13% to 53% among LSM1-6</p>		<p>1.4</p> <p>a. 16% (KAP 2001)</p> <p>b. 40% (CSW study 2001)</p> <p>c. 13% (KAP 2001)</p>	
<p>2.1 <i>Protector Plus</i> perceived as affordable by:</p> <p>a 75% (USAID) and 89% (DFID) urban male youth aged 15-25 and 50% (USAID) and 84% (DFID) rural male youth aged 15-25</p> <p>b 61% (USAID) and 90% (DFID) among urban single women aged 15-34 (USAID and 15-25 (DFID).</p> <p>c 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>d 81% among truckers in project areas (DFID only)</p> <p>e 84% among LSM1-6</p>		<p>2.1</p> <p>a. 89% and 84% among urban and rural youths respectively (KAP 2001)</p> <p>b. 78% KAP 2001</p> <p>c. 40% (CSW study 2001)</p> <p>d. 81% (KAP 2001)</p> <p>e. 84% (KAP 2001)</p>	
<p>2.2 <i>Care</i> perceived as affordable by:</p> <p>a. 73% (USAID) and 50% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p> <p>b. 80% (USAID) and 70% (DFID) among CSWs in project areas.</p> <p>c. X% among LSM1-6</p>		<p>2.2</p> <p>a. 53% (KAP 2001)</p> <p>b. 60% (KAP 2001)</p> <p>c. 61% (KAP 2001)</p>	
<p>3.1 Agreement with the statement: “I believe condoms are effective against HIV” increased from:</p> <p>a. 63% to 80% (USAID) and 86% (DFID) among urban male youth aged 15-25 and 35% to 60% (USAID) and 86% (DFID) among rural male youth aged 15-25.</p> <p>b. 61% to 80% (USAID) and 83% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID).</p>		<p>3.1</p> <p>a. 86% for urban and rural (KAP 2001)</p> <p>b. 83% (KAP 2001)</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
<p>c. 80% among LSM1-6</p> <p>3.2 Among those who did not use condoms in the last sex act with a casual partner, % of risk perception increased from (USAID):</p> <p>a. 35% to 55% among urban male youth aged 15-25 and 14% to 20% among rural male youth aged 15-25.</p> <p>b. 36% to 55% among urban single women aged 15-34.</p> <p>c. 42% to 52% among truckers in project areas.</p> <p>d. X% to Y% among LSM1-6</p> <p>3.3 Percent of people who report that their peers support using a condom increased from:</p> <p>a 31% to 46% (USAID), 33% to 50% (DFID) among urban male youth aged 15-25 and 26% to 31% (USAID), 34% to 50% (DFID) among rural male youth aged 15-25</p> <p>b 46% to 66% (USAID), 22% to 45% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 20% to 50% among LSM1-6</p> <p>3.4 Percent of people who think it is acceptable for a woman to request use of a condom increased from:</p> <p>a 57% to 75% (USAID), 46% to 76% (DFID) among urban males aged 15-25 and 25% to 30% (USAID), 48% to 78% (DFID) among rural males aged 15-25.</p> <p>b 46% to 66% (USAID), 46% to 71% (DFID) among truckers in project areas.</p> <p>c 45% to 70% among LSM1-6</p>		<p>c. 80% (KAP 2001)</p> <p>3.2</p> <p>a. 28% and 26% for urban and rural respectively (KAP 2001)</p> <p>b. 37% (KAP 2001)</p> <p>c. 42% (Truckers study 2001)</p> <p>d. 36% (KAP 2001)</p> <p>3.3</p> <p>a. 33% and 34% among urban and rural respectively (KAP 2001)</p> <p>b. 22% (KAP 2001)</p> <p>c. 20% (KAP 2001)</p> <p>3.4</p> <p>a. 46% AND 48% among urban and rural youths respectively (KAP 2001)</p> <p>b. 46% (Truckers study 2001)</p> <p>c. 45% (KAP 2001)</p>	

Sustainability LogFrame

Indicators	Date of Completion	Progress-to-date	Comments
<ol style="list-style-type: none"> 1. Successful achievement against Purpose-level indicators in above indicators 2. Follow-on funding commensurate with sustained or increased program operations secured 	1. – 2. July 2005	<ol style="list-style-type: none"> 1. TBD 2. TBD 	
<ol style="list-style-type: none"> 1. Consistent improvements in PRISSM assessments, 2001-2005 2. GoZ health strategies embrace social marketing 3. Donors intend to provide funding sufficient to support planned activities beyond EOA 	<ol style="list-style-type: none"> 1. On-going 2. On-going 3. July 2005 	<ol style="list-style-type: none"> 1. Positive 2. Positive 3. TBD 	
<ol style="list-style-type: none"> 1.1 70% of local PSI/Z staff report they are applying increased skills acquired in previous year 2.1 Key GOZ officials consider PSI/Z critical collaborative partner for achievement of health objectives. 3.1 Continuing collaborative operations considered successful by PSI/Z and NGOs 4.1 Follow-on funding proposals negotiated with donors 4.2 PSI/Z expenditure in line with approved budgets 4.3 Positive reports from annual external audits 	<ol style="list-style-type: none"> 1.1 Annual; on-going 2.1 On-going 3.1 On-going 4.1 2004-5 4.2 On-going 4.3 Annually 	<ol style="list-style-type: none"> 1.1 See training schedule 2.1 Positive 3.1 Positive 4.1 TBD 4.2 TBD 4.3 TBD 	