

Prepared by
The Centre for Development and Population Activities (CEDPA)
Cooperative Agreement Number DPE-3059-A-00-1022-00

January 1997



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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention
BASICS	Basic Support for Institutionalizing Child Survival
CA	Cooperating Agency
CBD	Community Based Distribution
CBO	Community Based Organization
CDC	Centers for Disease Control
CEDPA	The Centre for Development and Population Activities
CHW	Community Health Worker
CONSALUD	Corporation of Private Organizations of Public Utility for Sustainable Development
COWAN	Country Women's Association of Nigeria
CTU	Contraceptive Technology Update
CYP	Couple Years Protection
DG	Democracy and Governance
FGD	Focus Group Discussion
FLE	Family Life Education
FLPS	Family Life Promotion Services
FP	Family Planning
FPAN	Family Planning Association of Nepal
GADA	Gender and Development Action
GSCPT	Gujarat State Crime Prevention Trust
GSMF	Ghana Social Marketing Foundation
GUNSA	Ghana United Nations Students and Youth Association
HEAL	Health Education and Adult Literacy
HIV	Human Immunodeficiency Virus
IB	Institution Building
IBI	Indonesian Nurse Midwives Association
ICS	Institute for Career Studies
IEC	Information, Education and Communication
IFPS	Innovations in Family Planning Services
IGG	Income Generation Group
IIDS	Institute for Integrated Development Studies
INGO	Indigenous Non-Governmental Organization
IP	Implementing Partner
IUD	Intra-Uterine Device
JHU/PCS	Johns Hopkins University/Population Communication Services
JSMB	Joint Services Management Board
KMWA	Kenya Medical Women's Association
LAM	Lactational Amenhorrea Method
LAMP	Leadership and Management Program
MCH	Maternal/Child Health

MIS	Management Information Systems
NC	New Clients
NCWS	National Council of Women's Societies
NGO	Non-Governmental Organization
NRCS	Nepal Red Cross Society
PHNC	Center for Population, Health & Nutrition
PPRC	Prerana Population Resource Center
PVO	Private Voluntary Organization
QOC	Quality of Care
RH	Reproductive Health
RTI	Research Triangle Institute
SIFPSA	State Innovations in Family Planning Services Agency
SM	Safe Motherhood
SRD	Self-Reliant Development
STDs	Sexually Transmitted Diseases
SUWATA	<i>Shirika La Uchumi La Wanawake Tanzania</i> (Economic Empowerment of Women)
TA	Technical Assistance
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UP	Uttar Pradesh
USAID	U.S. Agency for International Development
VSC	Voluntary Surgical Contraception
WIM	Women in Management
WIN/CRS	Women in Nigeria/Cross River States
YWCA	Young Women's Christian Association

EXECUTIVE SUMMARY

The ACCESS Project has been highly effective in achieving its objectives since 1991. As of December 1996, the Project supports 11 NGO subprojects in Africa and 9 subprojects in Asia. The Project has served 617,351 clients and delivered 713,887 Couple Years Protection (CYP) from 1991-1996. ACCESS has successfully combined service delivery and advocacy and, in so doing, promoted the role of women as effective agents of change in their communities and in the national and international arenas.

In the fall, CEDPA undertook a strategic planning exercise to assess lessons learned from the ACCESS Project and to identify project strengths that should be built upon and opportunities for future development. The exercise reaffirmed CEDPA's goal of women's empowerment and commitment to gender-focused family planning and reproductive health care. The results of the strategic planning included confirmation that, to achieve population and health goals and reduce maternal mortality, an integrated approach, linking quality reproductive health services with increased socio-economic and political participation, should be fundamental to the project's community-based programs. Other critical elements include advocacy to create changes in the environment to support individual choice and capacity building to sustain development efforts. Through the strategic planning process, CEDPA re-committed itself to the mission of women's empowerment and to the ACCESS Project's special role of increasing access to quality reproductive health services for women, men, and youth.

In late 1996, the ACCESS Project Cooperative Agreement was amended for the second time to a level of \$30.3 million with an extension until February 1998. This extension provides an opportunity for the Project to implement several of the major components of the new strategic plan in existing and new countries.

In accordance with the timeline of the amended Cooperative Agreement, this annual report covers the period April 1, 1996 to December 31, 1996. ACCESS accomplishments and progress towards objectives are presented and key results highlighted. The report also includes a summary of the Project Results Package by country, followed by key contributions which highlight significant facets of the ACCESS Project's integrated approach, incorporating service delivery, advocacy, and capacity building, during this report period.

I. INTRODUCTION

CEDPA's mission is *to empower women at all levels of society to be full partners in development*. Confirmed by and reflecting the tenets of the Cairo Programme of Action and the Beijing Platform for Action, this mission catalyzes all of CEDPA's work and provides the framework for its unique synergistic model for promoting reproductive health and women's empowerment.

The ACCESS Project supports community-based strategies through local NGO partners to provide quality family planning services, enables NGO partners to mobilize communities to change attitudes and practices in support of family planning, and builds the capacity of NGOs and women's networks to expand access to reproductive health services.

The Project's comparative advantage is its holistic and integrated model for development -- with its emphasis on empowerment, participation, gender, and institutional strengthening -- to mobilize communities for change and to improve reproductive health. Its long-term commitment to women's empowerment, leadership development, and expertise in youth programs provide a unique advantage among USAID's Cooperating Agencies.

Strategic Planning Process

Over several months in the late summer and fall, the ACCESS Project undertook a strategic planning process to assess strengths and weaknesses, threats and opportunities and to design future strategies to advance CEDPA's mission and the goal to increase access to quality reproductive health care for women and men. The strategic planning process included inputs from all CEDPA divisions and field staff and culminated in a week-long planning retreat at CEDPA/Washington. It included the use of the "appreciative inquiry process," a methodology introduced through the USAID PVO office to improve organizational excellence among PVOs. The underlying assumption of appreciative inquiry is not so much identifying "problems to be solved" but "solutions to be embraced." It is a process that emphasizes building on strengths, identifies the values and factors that give life to the organization, and, through dialogue, creates a vision and plan for the future.

Through this process, the unique contribution of individual programs within CEDPA were valued, and the linkages among CEDPA programs were solidified. Cross-cutting themes were identified which are common to all CEDPA programs. The themes of participation and gender provide a common thread throughout all CEDPA programs which distinguishes CEDPA programs from others in reproductive health and development. Training, which has always been viewed as a fundamental tool for individual empowerment, was recognized as a key to institutional sustainability. Regional training programs, developed and implemented in partnership with local training institutions, will be a major focus in the future. And youth programs, which have been greatly expanded since the Cairo and Beijing Conferences, will be major growth areas as we approach the new millennium.

The ACCESS Project provides a strategic opportunity for CEDPA to leverage its financial and human resources to promote reproductive health for women, men, and youth through community-based, participatory programs. The Project reformulated its strategic framework to build on synergies in three key elements: (1) Family Planning/Reproductive Health Services, (2) Advocacy, and (3) Capacity Building. The Project will continue to build on the demonstrated capacities of the CEDPA alumni network, and other NGO partnerships.

The common goals of improving reproductive health and women's empowerment are achieved by offering a comprehensive strategy which provides direct services to individuals and families; advocates for changes in the environment; and strengthens the capability of NGO for sustained programs. ACCESS plans to scale up successful programs through formalizing and expanding mechanisms -- such as consortia, umbrella organizations, and cooperatives -- to increase the impact and reach of NGO services. ACCESS will also assist partners in expanding the range and assuring the quality of reproductive health services through a participatory planning process and focused technical leadership.

New initiatives which link these three elements include the Democracy and Governance program in Nigeria, which builds on the capacity of local NGOs, women's groups, and family planning associations, to support advocacy and women's participation in civil society. The adolescent reproductive health initiative will build on the groundwork laid by CEDPA's UNFPA Asia and Africa projects and will implement recommendations from recent successful conferences coordinated by CEDPA on adolescent reproductive health in India and Ethiopia.

The ACCESS Results Framework contributes directly to USAID's Strategic Objectives of the Center for Population, Health & Nutrition and USAID missions. ACCESS focuses on improving the availability, quality, and use of key interventions in the PHN sector, contributing to the Center's commitment to program integration and sustainability.

In compliance with the amendment to Cooperative Agreement DPE-3059-A-00-1022-00, which extends the ACCESS Project through February 1998, this report highlights key accomplishments and progress for the period of April 1, 1996 - December 31, 1996, and lays the background for future initiatives in the coming year.

II. THE ACCESS PROJECT

A. Goal and Objectives

The goal of the ACCESS Project is to improve the health and well-being of women through family planning. The ACCESS Project is a direct reflection and implementation of CEDPA's mission to empower women. The Project aims to: 1) lower fertility through increased access to family planning services, and 2) help to ensure that unmet demand for these services is addressed through provision of appropriate financial, technical, and human resources. Project objectives are as follows:

1. Expand quality, cost-effective service delivery, and promote more effective methods;
2. Enhance women's participation in family planning;
3. Strengthen the capacity of institutions to deliver sustainable family planning services;
4. Cluster subprojects strategically in three regions;
5. Develop field resources to support subprojects; and
6. Provide short-term technical assistance to develop and strengthen family planning programs and project management.

CEDPA recognizes that for family planning services to be optimally effective and sustainable, they must be linked with individual and organizational capacity building, gender equality, and community mobilization. ACCESS builds the capacity of its non-governmental organization (NGO) partners as individuals and organizations, develops community-sensitive approaches for quality family planning and reproductive health services, and supports local partners to mobilize their communities to change attitudes and beliefs that promote gender discrimination and restrict opportunities for girls and women. Subprojects integrate the delivery of family planning services with selected reproductive health interventions, including primary health care, STDs/HIV/AIDS education, and strategies to increase male involvement.

The Project works closely with other Cooperating Agencies (CAs) and other CEDPA programs to leverage resources and broaden the range of complementary programs in selected countries. For example, ACCESS works closely with CEDPA's Training Division to develop training workshops, manuals, and curricula for ACCESS partners, and collaborates with the Better Life Options Program in Asia and the Gender and Adolescent Reproductive Health Project in sub-Saharan Africa to provide additional opportunities for training and testing new reproductive health models for youth.

B. ACCESS Project Status

The ACCESS Project is funded by a Cooperative Agreement through the USAID Office of Population. When the Project was awarded in 1991, the ceiling was \$15,847,225, which was increased to \$26,982,483 in October 1994. In December 1996, the ceiling again was increased to \$30,312,580, and the life of the Project was extended by six months to February 14, 1998.

By December 3, 1996, obligations amounted to \$27,060,132. These are comprised of \$16,241,000 Central/Core funds; \$7,781,000 Field Support funds; \$1,972,532 Buy-In/Add-Ons; and \$1,065,600 OYB Transfers.

The Project supports 11 subprojects in Africa and 9 subprojects in Asia. The countries are India, Nepal, Kenya, Tanzania, and Nigeria, all of which are joint programming countries as defined by the Global Bureau of USAID. In addition, CEDPA provides technical assistance and training support in Ghana, Indonesia, and El Salvador.

**ACCESS Pipeline
December 1996**

Description	Central/ Core	Field Support	Buy-In/ Add-On
Obligated to date (12/96)	16,241,000	8,846,600	1,972,532
Expenditures through 11/96	13,939,748	6,184,405	1,726,953
Unobligated Balance	2,301,252	2,662,195	245,579
Less estimated expenditures 12/96-5/97	942,561	2,411,860	245,579
Estimated funds in hand 5/97	1,358,691	250,335	--

* See *Chart 6* for further detail of Field Support funds

C. USAID's Strategic Objectives and Results

USAID's goal is to stabilize world population and protect human health in a sustainable fashion. The Agency's Strategic Objectives are: 1) sustainable reduction in unintended pregnancies; 2) sustainable reduction in maternal mortality; 3) sustainable reduction in child mortality; and 4) sustainable reduction in STD/HIV transmission among key populations.

Although these Strategic Objectives are linked, the ACCESS Projects falls primarily under Strategic Objective #1. The corresponding PHN Center Strategic Objective is: *Increased use by women and men of voluntary practices that contribute to reduced fertility.*

The program results which apply to the ACCESS Project are as follows:

- 1.1 New and improved technologies and approaches for FP programs*
- 1.2 Improved policy environment and increased global resources for FP programs*
- 1.3 Enhanced capacity for public, private, NGOs, and CBOs to design, implement, evaluate, and finance sustainable FP programs*
- 1.4 Increased access to, quality of, cost-effectiveness of, and motivation for use of FP, breastfeeding, and selected RH information and services*

D. ACCESS Project Objectives and Key Results

The ACCESS Project has accomplished or exceeded all of its key objectives in service delivery, development of women leaders, and institution building of NGO partners (*Table I*). In addition, the Project has broadened its range of services to include selected, integrated reproductive health services and has expanded its advocacy for reproductive health and reproductive rights.

Objective 1: Expand quality, cost-effective service delivery, and promote more effective methods

From 1991-1996, the ACCESS Project funded 13 new subprojects in Kenya, Uganda, Mali, Tanzania, Nigeria, India, Nepal, Pakistan, Egypt, and Turkey. From 1991-1996, a total of 617,351 new clients and referrals were served and 713,887 CYP were generated. The majority of programs are community-based distribution and outreach programs. The majority of NGO partners also offer other women's development programs, such as literacy and income generation, and one offers legal services. A total of 36 service delivery subprojects have been funded since 1991 (*See Appendix A - Service Delivery Subprojects*).

Objective 2: Enhance women's participation in family planning

Under the ACCESS Project, 94 women managers attended CEDPA's Women in Management (WIM) and Institution Building (IB) workshops in Washington, D.C., and a total of 236 managers received training through regional and in-country workshops. ACCESS partners employed 4,000 staff, of whom 75% are women. Of the 250 managers and supervisors, 52% are women. About 381 women received training in advocacy, principally through participation in CEDPA-led workshops at Cairo and Beijing, and 34 new women's networks were added to support family planning.

Objective 3: Strengthen the capacity of institutions to deliver sustainable family planning services

Building the capacity of individual leaders and institutions for self-directed, participatory development is core to the ACCESS Project's purpose. ACCESS training, management assistance, and technical support enable partners to provide cost-effective quality services and to strengthen the strategic planning, human resource and financial management, and sustainability of their organizations. ACCESS conducted 49 technical workshops in quality of care (QOC), management information systems (MIS), and service delivery. A total of 633 technical assistance (TA) visits have been conducted since 1991, over half of which were by local or regional consultants (*See Appendix B - Short Term Technical Assistance*). In addition, ACCESS has provided 494 trainings for subproject managers and 11,527 trainings for family planning field workers.

**The ACCESS Project
Objectives and Accomplishments
September 1991 - December 1996**

I. Expand Quality, Cost-Effective Service Delivery and Promote More Effective Methods			
Service Delivery *	1/96-9/96	1991-9/1996	1997 Goal
1. Serve new acceptors	74,887	617,351	435,000
2. Deliver CYPs	111,214	713,887	700,000

II. Enhance Women's Participation in Family Planning Advocacy and Management			
Training	4/96-12/96	1991-12/1996	1997 Goal
1. Train Alumnae Consultant Corps	0	32	75-100
2. Train Women Managers			
• Washington-based workshops	32	94	
• Regional/Country workshops	66	236	
Total		330	60
3. Recruit 25 women's organizations or networks to promote or provide family planning			
• Service delivery	3	21	
• Advocacy	0	13	
Total	0	34	25
4. Train women in advocacy *	223	381	
5. Support participation of women to conferences *			
• international & regional conferences	5	89	
• national conferences	1	23	
Total		112	

* Data so indicated are through September 1996. These field-based data are reported one quarter behind the report period to allow for routine data collection, compilation and reporting by partner NGOs. (CEDPA-based data are through December 1996, consistent with the report period.)

Table 1
(cont.)

The ACCESS Project
Objectives and Accomplishments
September 1991 - December 1996

III. Strengthen Capacity of Institutions to Deliver Sustainable Family Planning Services			
Activity	4/96-12/96	1991-12/1996	1997 Goal
1. Conduct workshops in strategic planning, contraceptive tech, quality of care, and financial sustainability *	18	49	8
2. Conduct TA visits to strengthen management systems			
• Staff and U.S.-based (visits)	22	397	Minimum of 2 visits per year per subproject
• Local and regional (visits)	22	280	
Total (visits)	44	677	
3. Conduct technical meetings for women subproject managers *			
• National	15	20	
• Regional	0	10	
• International	0	2	
Total		17	4
4. Support training of: *			
• Subproject managers	143	637	
• Field workers	4,008	15,535	

IV. Cluster Subprojects Strategically in Three Regions			
Activity	4/96-12/96	1991-12/1996	1997 Goal
1. Implement new subprojects			
New Active Projects	5		9-18
Total Active Projects	20	30	
2. Develop smaller, high-risk subprojects in strategically selected countries	4	6	6

V. Develop Field Resources to Support Subprojects			
Activity	4/96-12/96	1991-12/1996	1997 Goal
1. Establish field offices	0	India, Nepal, Nigeria, Kenya, Egypt	6

VI. Provide Short-Term Technical Assistance to Develop and Strengthen Family Planning Programs

11 consultancies conducted in 1991-96 for non-ACCESS activities upon USAID request.

E. Review of Service Delivery Data

The ACCESS Project service delivery data are collected and recorded organized at the point of service delivery and sent to subproject managers on a quarterly basis. The data are summarized by the subprojects for monitoring purposes and forwarded to CEDPA/Field Offices or CEDPA/Washington for entry, analysis, and reporting for the overall ACCESS Project. The service delivery data reported here are for the period January-September 1996 and cumulatively for 9/91-9/96. Profiles of ACCESS services and clients, and the project contribution to CYP are illustrated below in Charts 1-5.

- Chart 1 New Clients/Referrals & CYP
- Chart 2 New Clients/Referral by Country
- Chart 3 Couple Years of Protection by Country
- Chart 4 New Clients by Age Group and Method
- Chart 5 Mean Parity by Method and Region

The ACCESS Project has continued to increase the numbers of new clients and referrals served and CYPs delivered through the subprojects. The total number of new clients and referrals served in the first three quarters of 1996 was 74,887, which produced a project total of 617,351 new clients and referrals since 1991 (*Chart 1*).

The Project has contributed to 713,887 Couple Years Protection (CYP) since 1991. Although the majority of programs are community-based distribution and outreach, with an emphasis on temporary methods, the largest contributor to CYP remains India because of India's emphasis on permanent methods.

The service statistics indicate that the programs have been successful in reaching young, low parity women in both Africa and Asia. This is consistent with the main goal of the ACCESS Project, that is, to improve the health and well-being of women by increasing access to family planning services and delaying and spacing fertility.

The largest group (61%) of new female clients reached through ACCESS subprojects are ages 20-29 and are primarily using pills or condoms (*Chart 4*). Approximately 29% of new female clients are ages 30-39 and mostly use condoms, pills, or Voluntary Surgical Contraception (VSC). The lowest mean parity by method is among condom users who average 2.18 children in Africa and 2.30 children in Asia. The longer-term methods, such as injectables and female VSC, have been chosen principally by women who have higher parity (*Chart 5*).

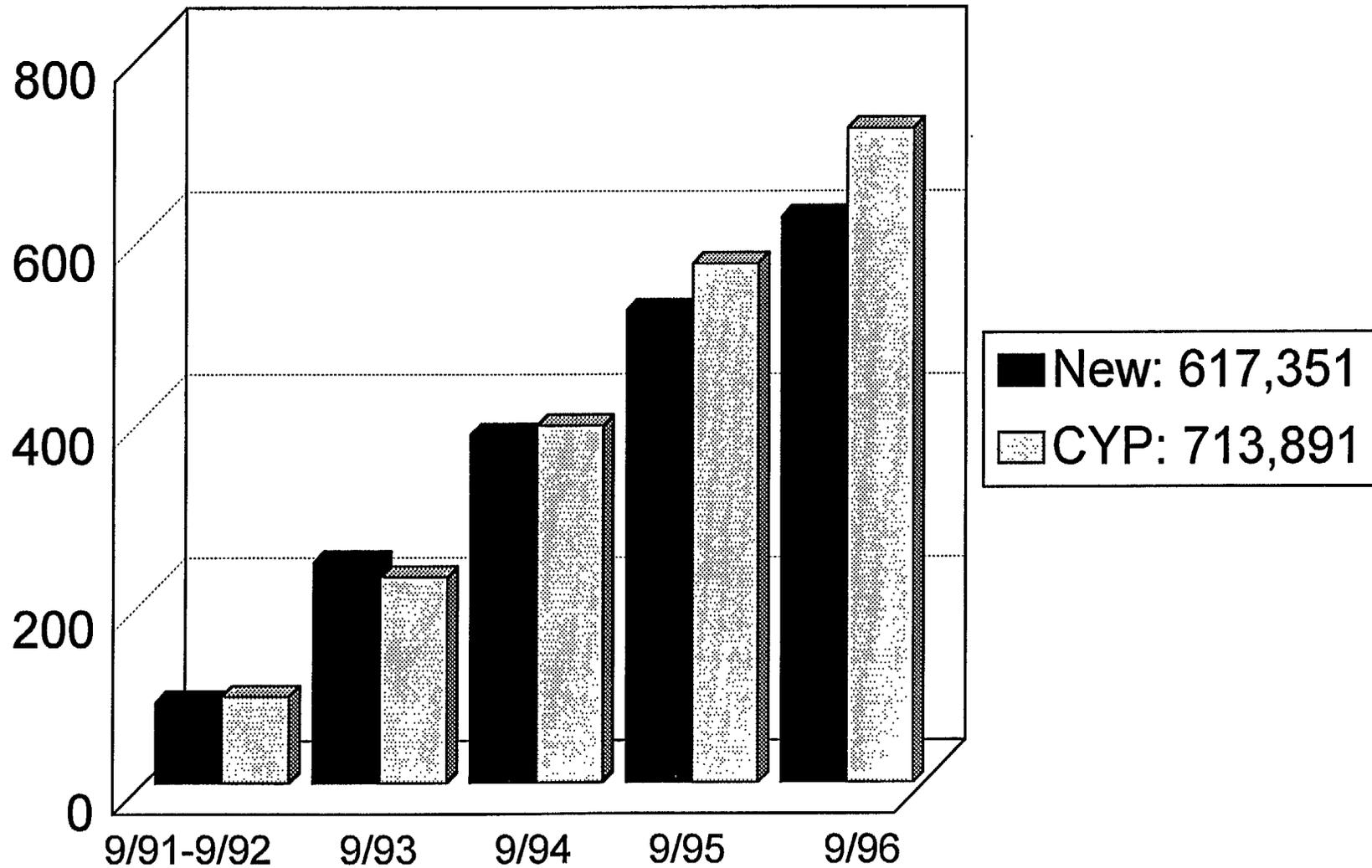
Appendix A provides specific data on each subproject which was supported in 1996.

New Clients/Referrals & CYP

September 1991 - September 1996
(cumulative)

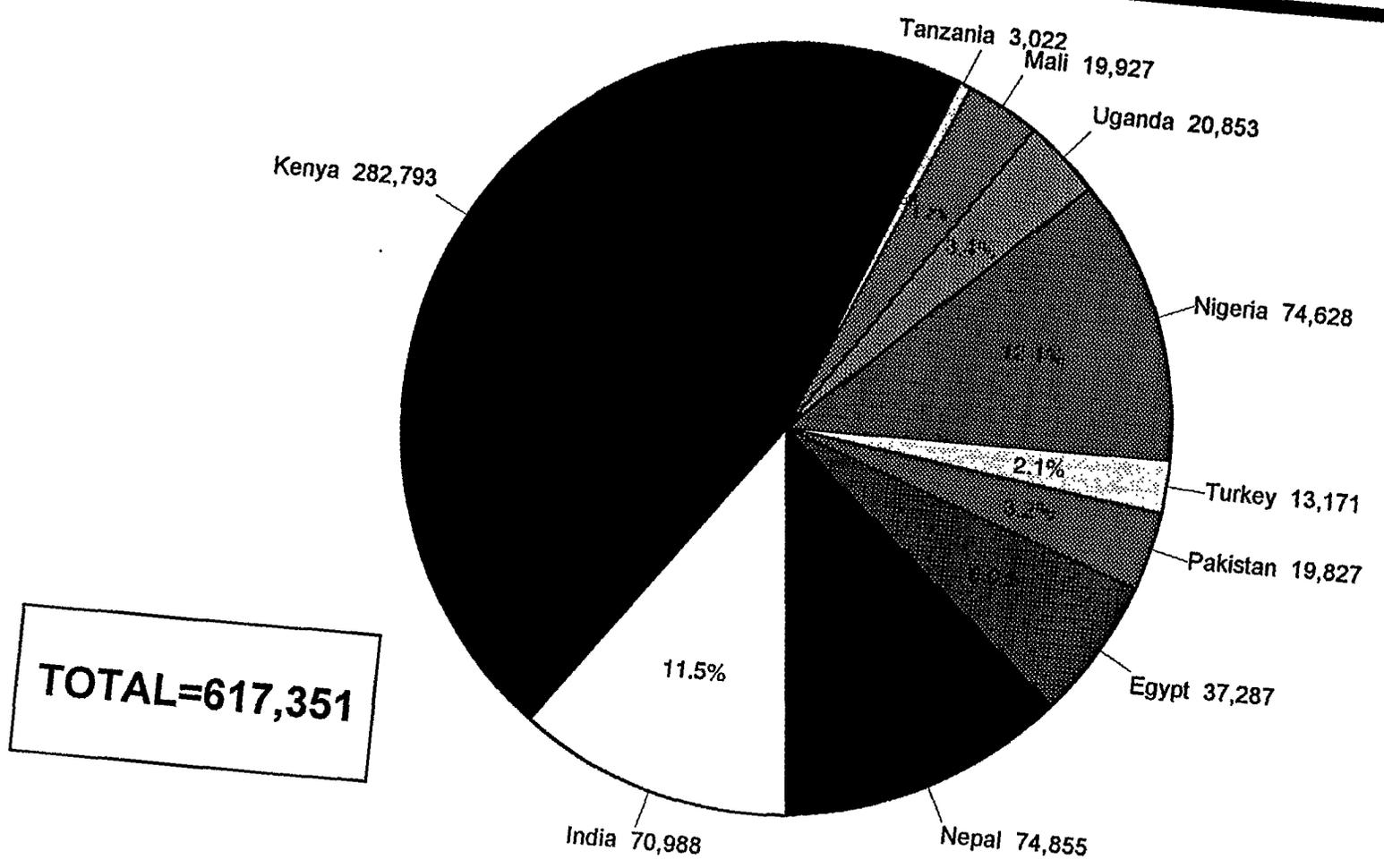
Chart 1

Thousands



New Clients/Referrals By Country September 1991 - September 1996

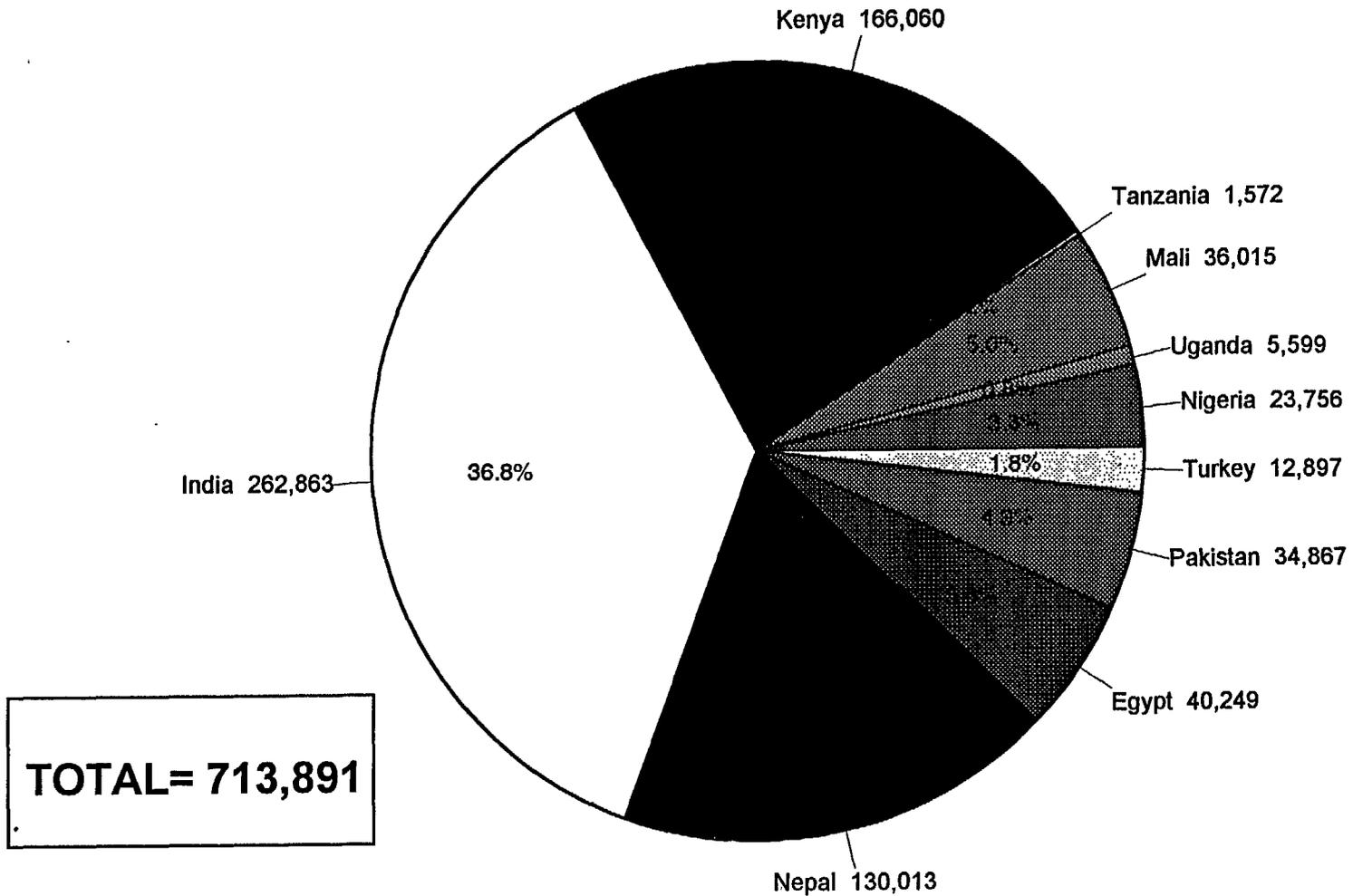
Chart 2



10

Couple Years of Protection By Country

September 1991 - September 1996

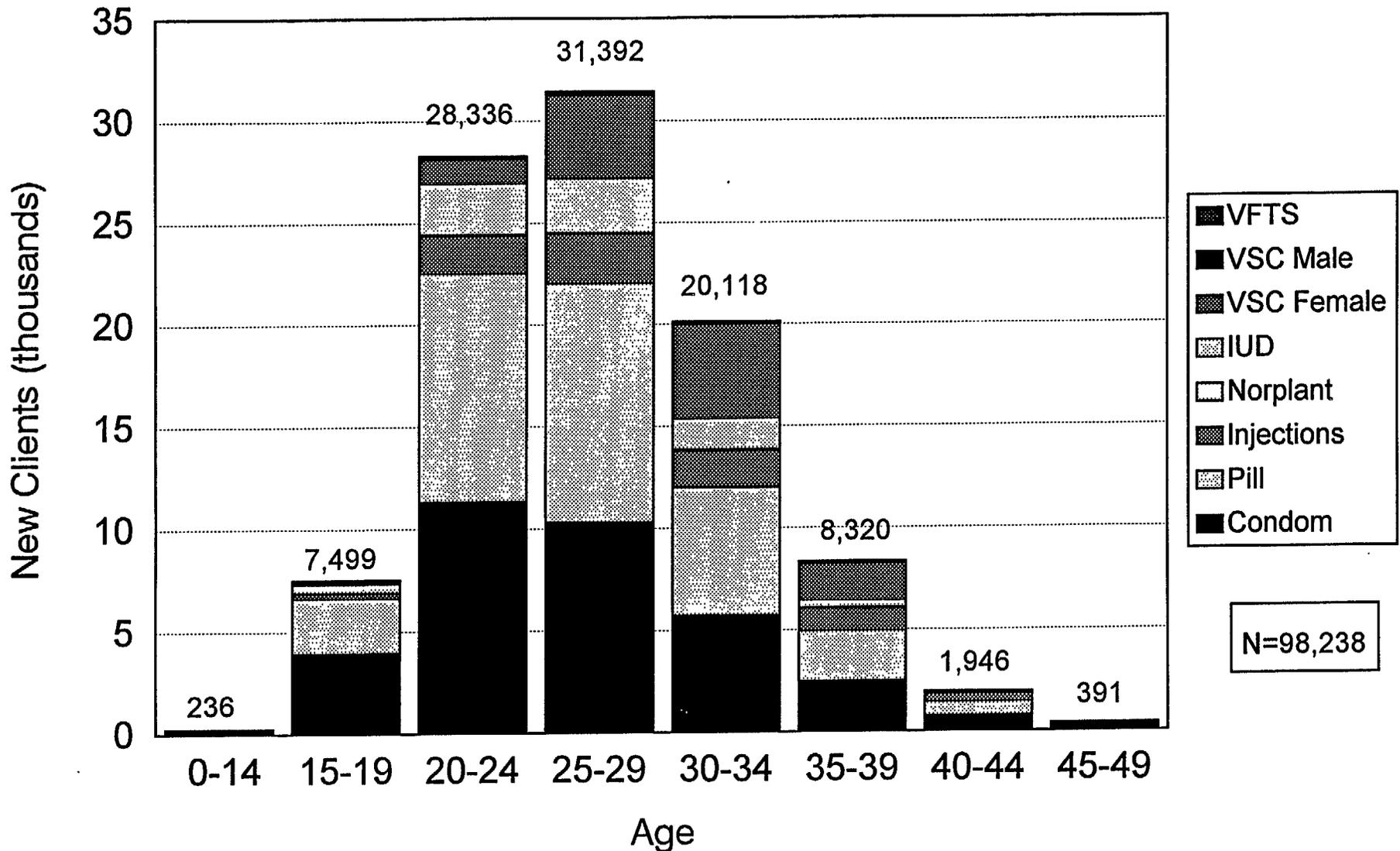


New Clients By Age Group & Method

Chart 4

September 1991 - September 1996

12

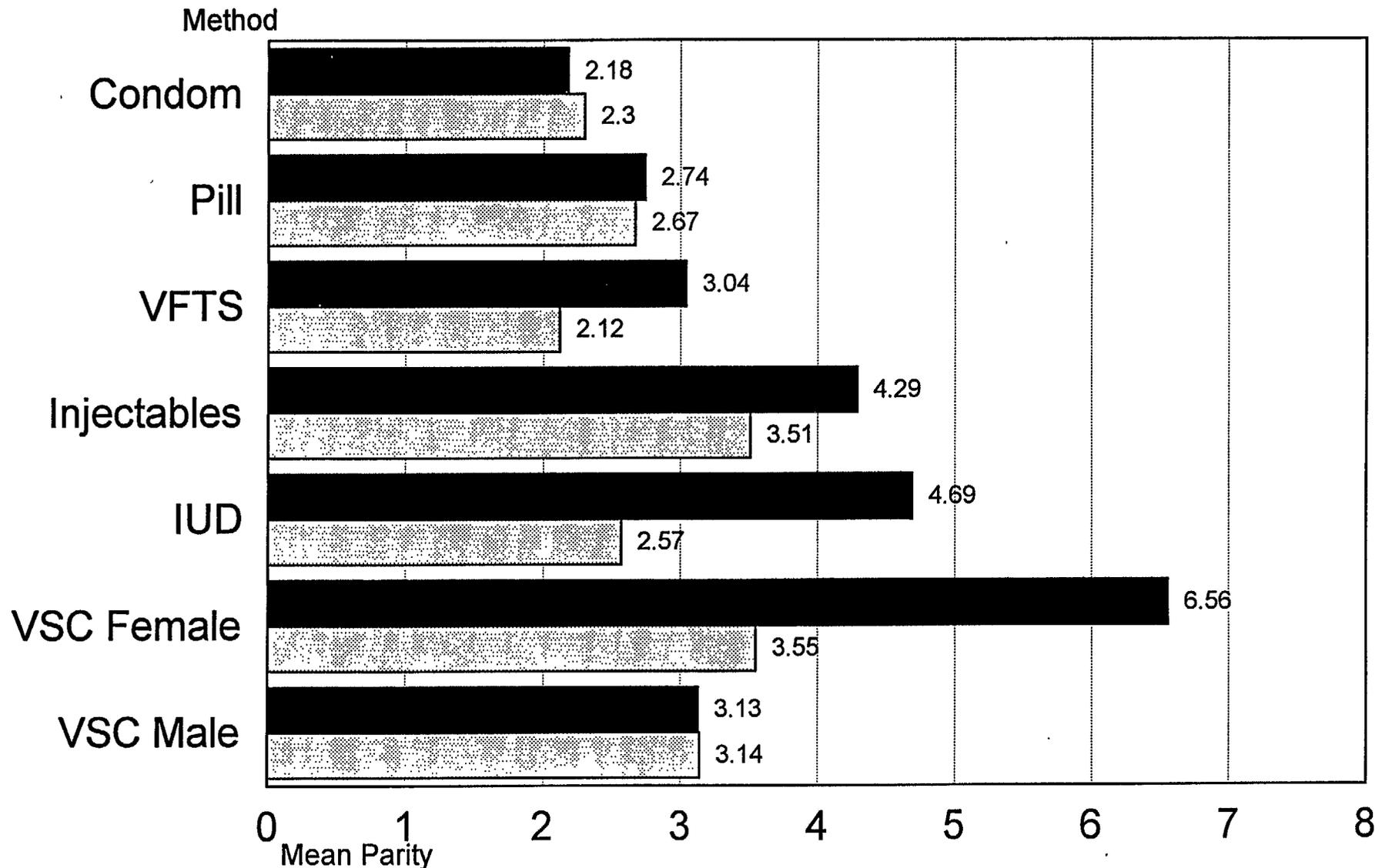


Data for 10 subprojects in India, Nepal, Kenya, Tanzania, and Uganda.

The ACCESS Project: Mean Parity, by Method and Region

September 1991 - September 1996

Chart 5

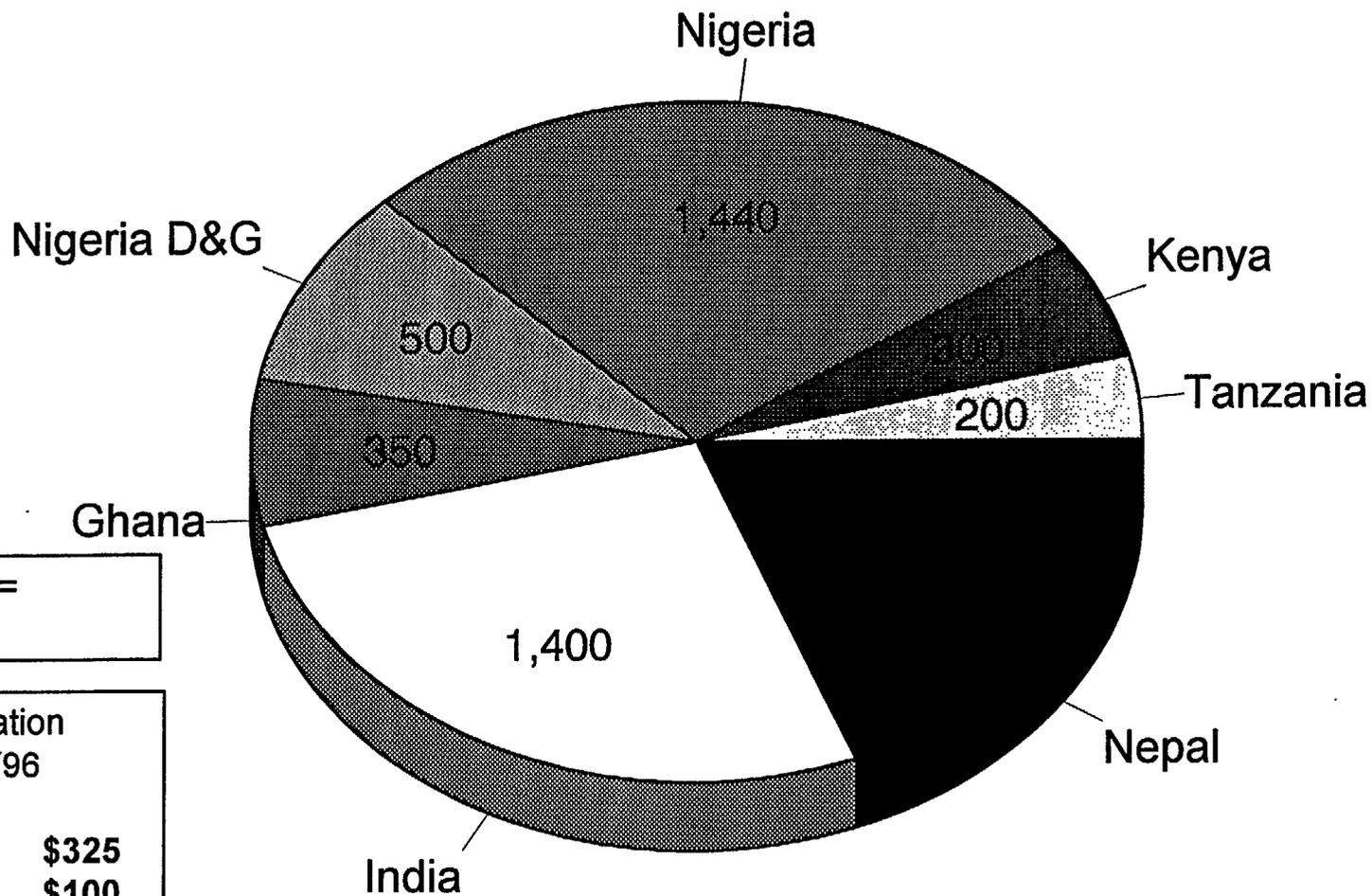


Data for 22 subprojects in India, Nepal, Kenya, Mali, Tanzania, and Uganda.

■ Africa □ Asia

Allocation of Field Support and Add-On Funds FY96 (in 000's)

14



FY96 Total=
5,190,000*

FY 95 Obligation Used in FY96	
Asia NE	\$325
El Salvador	\$100
Indonesia	\$100
Tanzania	\$250

*These allocations include funds from Office of Population, Office of Health, and Nigeria Democracy and Governance

III. ACCESS RESULTS PACKAGE

The overall ACCESS Project Results Framework is illustrated below, followed by presentations of each country program, it's contribution to PHNC's Strategic Objectives and Results, and an updated April 1996-August 1997 country workplan.

ACCESS Project: Current AID S.O.'s and Results Framework

Agency Goal: Stabilizing world population and protecting human health
 ⌚
Agency Strategic Objective #1: Sustainable reduction in unintended pregnancies
 ⌚

PHNC Strategic Objective #1
 Increased use by women and men of voluntary practices
 that contribute to reduced fertility
 ⌚ ⌚ ⌚

PHNC Results:	1.2 Improved policy environment and increased global resources for family planning programs.	1.3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, evaluate, and finance sustainable family planning programs.	1.4 Increased access to, quality of, cost-effectiveness of, and motivation for use of FP, breast-feeding, and selected reproductive health information and services
ACCESS Project Objectives:			
1. Expand Quality, Cost-Effective Service Delivery and Promote More Effective Methods (New clients and CYP's)			✓
2. Enhance Women's Participation in Family Planning Advocacy and Management	✓	✓	
3. Strengthen Capacity of Institutions to Deliver Sustainable Family Planning Services		✓	✓
4. Cluster Subprojects Strategically in Three Regions		✓	✓
5. Develop Field Resources to Support Subprojects		✓	✓
6. Provide Short-Term Technical Assistance to Develop and Strengthen Family Planning Programs		✓	✓

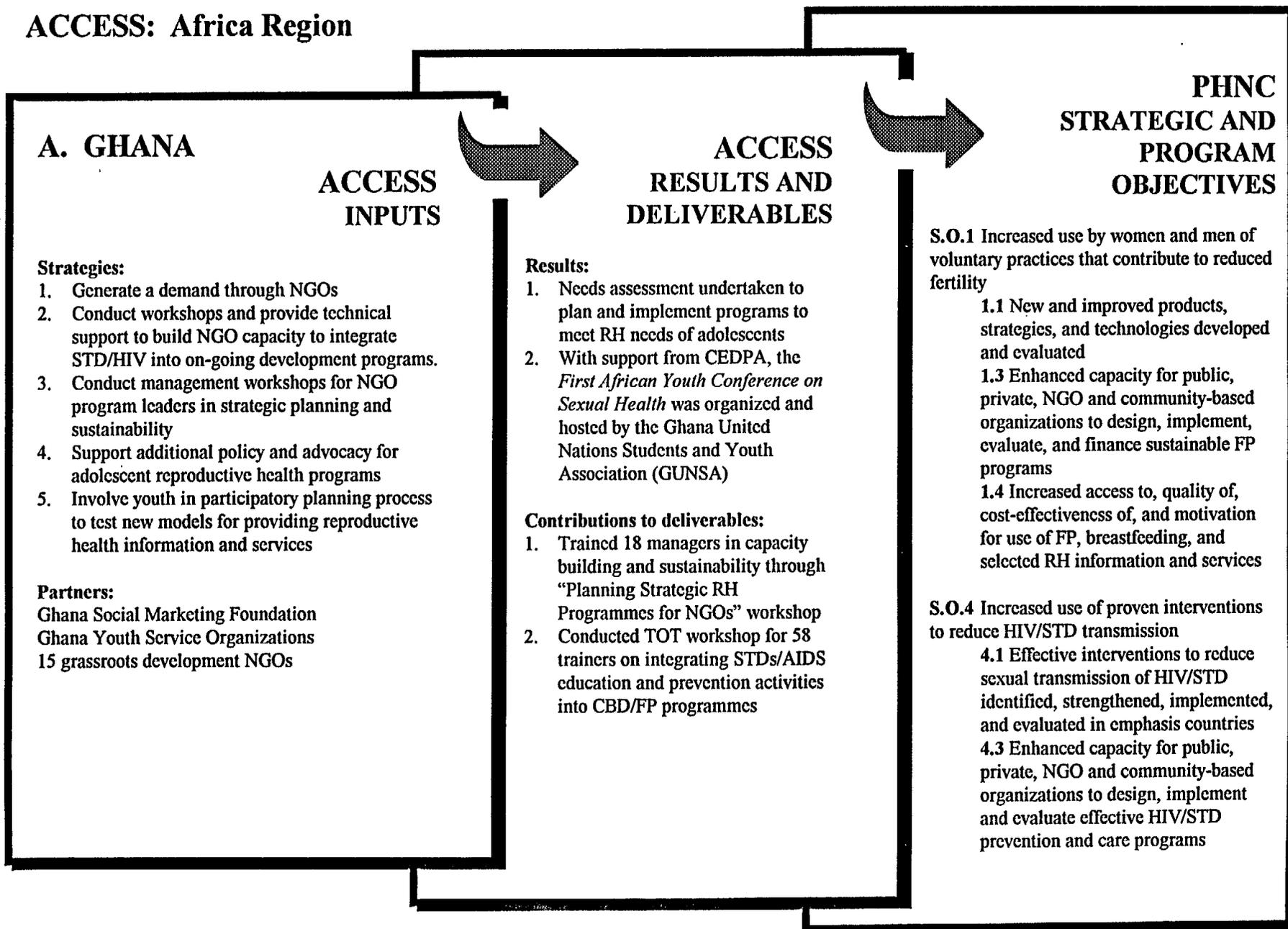
ACCESS Project: Present Results Package (continued)

<i>PHNC Strategic Objective #4</i>			
Increased use of proven interventions to reduce HIV/AIDS transmission			
	①	②	③
PHNC Results: ACCESS Project Objectives:	4.1 Effective interventions to reduce sexual transmission of HIV/STD identified, strengthened, implemented, and evaluated in emphasis countries	4.3 Enhanced capacity for public, private, NGO and community based organizations to design, implement, and evaluate effective HIV/STD prevention and care programs	4.4 Knowledge, availability, and quality of HIV/STD services increased in emphasis countries
1. Design and develop three high-risk projects on HIV/AIDS integration in India and Nepal	✓	✓	✓

**ACCESS Project: Present Results Package
Additional S.O. Contributions**

Other PHNC S.O.'s and Results:	Result 1.1 New and improved products, strategies, and technologies developed and evaluated	S.O.2 Increased use of safe pregnancy, women's nutrition, FP, and other RH interventions.	S.O.3 Increased use of key child health and nutrition interventions	<i>Democracy</i> S.O. Increased development of politically active civil society
Other ACCESS Country Activities:				
1. Ghana	✓			
2. Kenya	✓	✓ (2.1)	✓ (3.3)	
3. Nigeria		✓		✓
4. Tanzania	✓			
5. India	✓	✓ (2.1)		

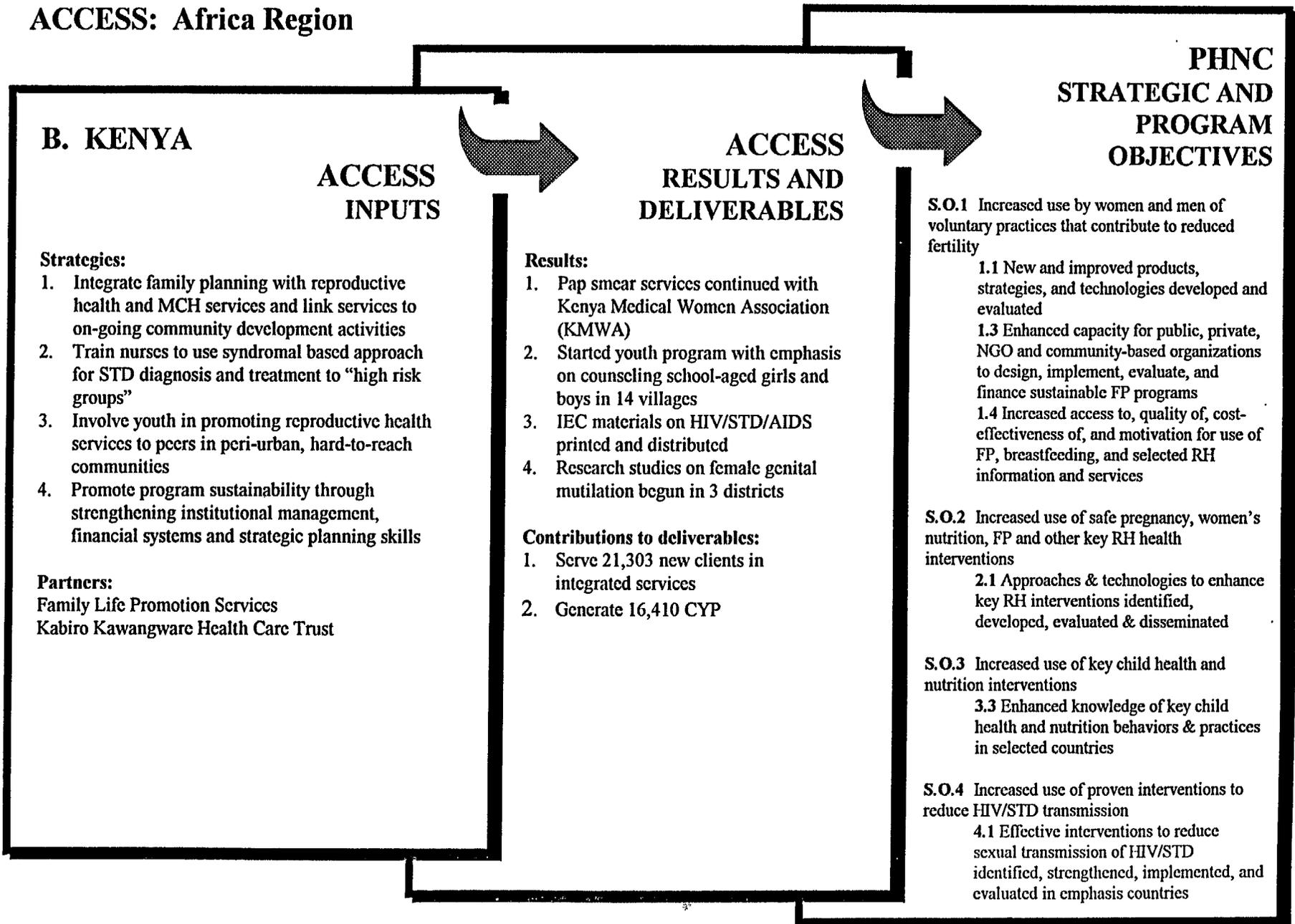
ACCESS: Africa Region



GHANA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
I. NEW PROJECT DEVELOPMENT					
NGO Pilot Projects		X	X	X	
II. TRAINING AND TECHNICAL SUPPORT					
Strategic Planning Workshop	X				
ARHA Dissemination Workshop and activities		X			
Downstream Training CBDs in STDs integration			X		
NGO Refresher Training Workshop					X
III. CAPACITY BUILDING AND TA ACTIVITY					
Youth Leadership & Development Trg. in Washington		X			
Institution Building Workshop		X			

ACCESS: Africa Region

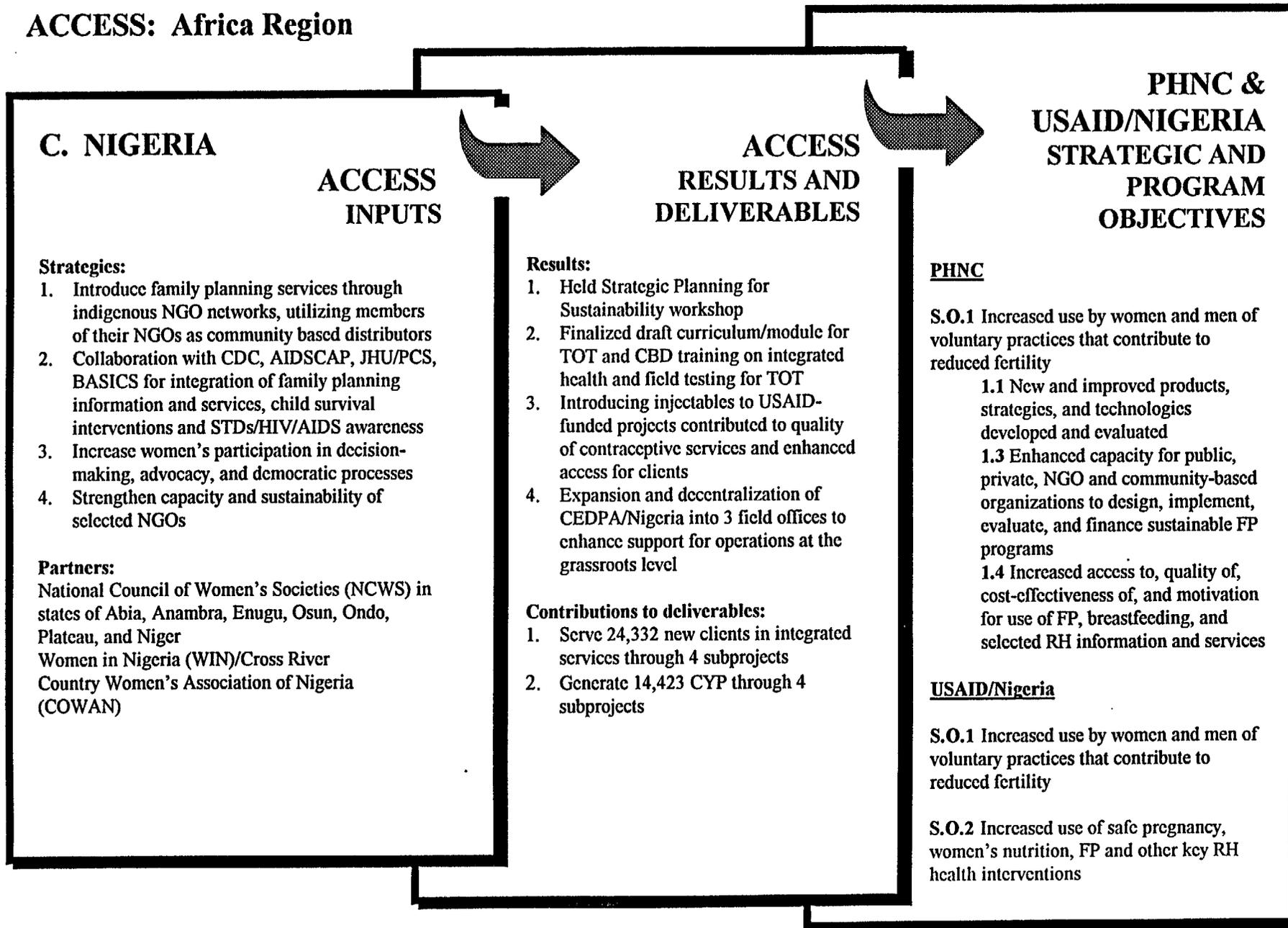


KENYA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

KABIRO SUBPROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
Train retrain supervisors and CBD Agents in Quality Services, STD/AIDS counselling		X	X	X	
Finalize cost-analysis for Kabiro		X	X	X	
Design and implement sustainability plan	X	X	X	X	
Final Evaluation/lessons learned from Kabiro					X

FLPS SUBPROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
Train retrain supervisors and CBD Agents in Quality Services, STD/AIDS counselling		X	X	X	
Finalize cost-analysis for Kabiro		X	X	X	
Design and implement sustainability plan	X	X	X	X	
Final Evaluation/lessons learned from Kabiro					X

ACCESS: Africa Region



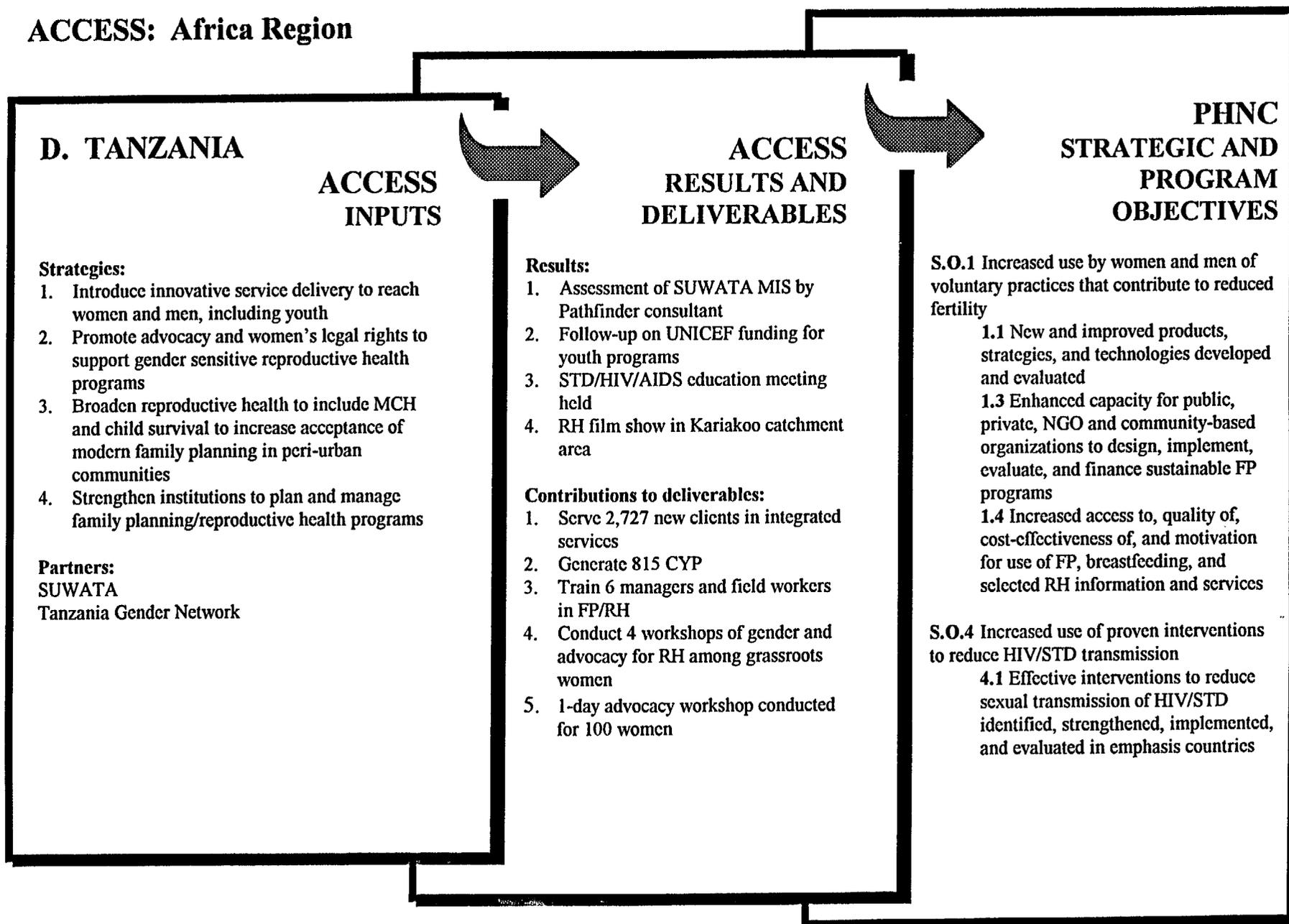
NIGERIA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
I. PROJECT MANAGEMENT					
Develop modalities and assume responsibility for joint IP logistics services function after closure of LSU in Sept. 96		X			
Recruit and hire new staff		X			
Submit DG Concept Paper to USAID/Nigeria	X				
Process participants for WIM/IB	X				X
Development and Award for (2) Northern Cluster subproj./activities		X		X	
Develop PPFN Proposal and workplan		X	X	X	
Close NCWS/Niger and Plateau subprojects				X	
Conduct project review meetings with subproject managers			X		X
Conduct subproject audits				X	X
Prepare program phase down plans				X	X
II. SERVICES					
Conduct TOT for Master Trainers in Integrated Health		X			
Train and retrain supervisors and CBD agents-Integrated Health		X	X		
Conduct Integrated Health Outreach and provide non-clinical methods	X	X	X	X	X
Establish pilot referral system in Osun State to expand services				X	
Train TBAs in Northern Cluster with PPFN				X	
III. CAPACITY BUILDING					
Conduct Strategic Planning for Sustainability Workshop	X		X		X
Develop & Conduct in-country WIM & Gender Aware. training			X	X	X
Conduct Observational visits for subprojects and potential partners				X	
Collaborate with initiatives and provide local TA to NGOs to develop and implement revenue generating activities	X	X	X	X	X

NIGERIA WORKPLAN (cont.)
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
Collaborate w/ 5 remaining IPs to provide technical training for NGOs in IEC, logistics child survival, women's health care decision making & empowerment	X	X	X	X	X
Conduct observational visits to support introduction of adolescents awareness and services through selected subprojects				X	
Provide equipment to established subproject clinics	X			X	
IV. ADVOCACY					
Adapt Leadership and Advocacy curriculum and conduct NGO workshops				X	X
Plan and Implement state & local level post-Beijing workshops through GADA and Strategic Coalition addressing women's political empowerment	X	X	X	X	X
Implement DG activities as approved in DG concept Paper/Proposal/Workplan					
Observational visits to support women's participation in the political process			X	X	X
Support follow-up workshops at zonal and state levels on Islamic Legacy for Women with PPFN			X	X	X
V. MONITORING, EVALUATION & DOCUMENTATION					
Review subproject assessment tools and prepare documentation and dissemination plan with CEDPA/W Evaluation Specialist		X	X		
Collaborate with JHU/PCS to document COWAN program and experience				X	
Conduct final evaluations for subprojects				X	X
Develop case studies for NCWS/Osun, WIN/CRS					X

ACCESS: Africa Region



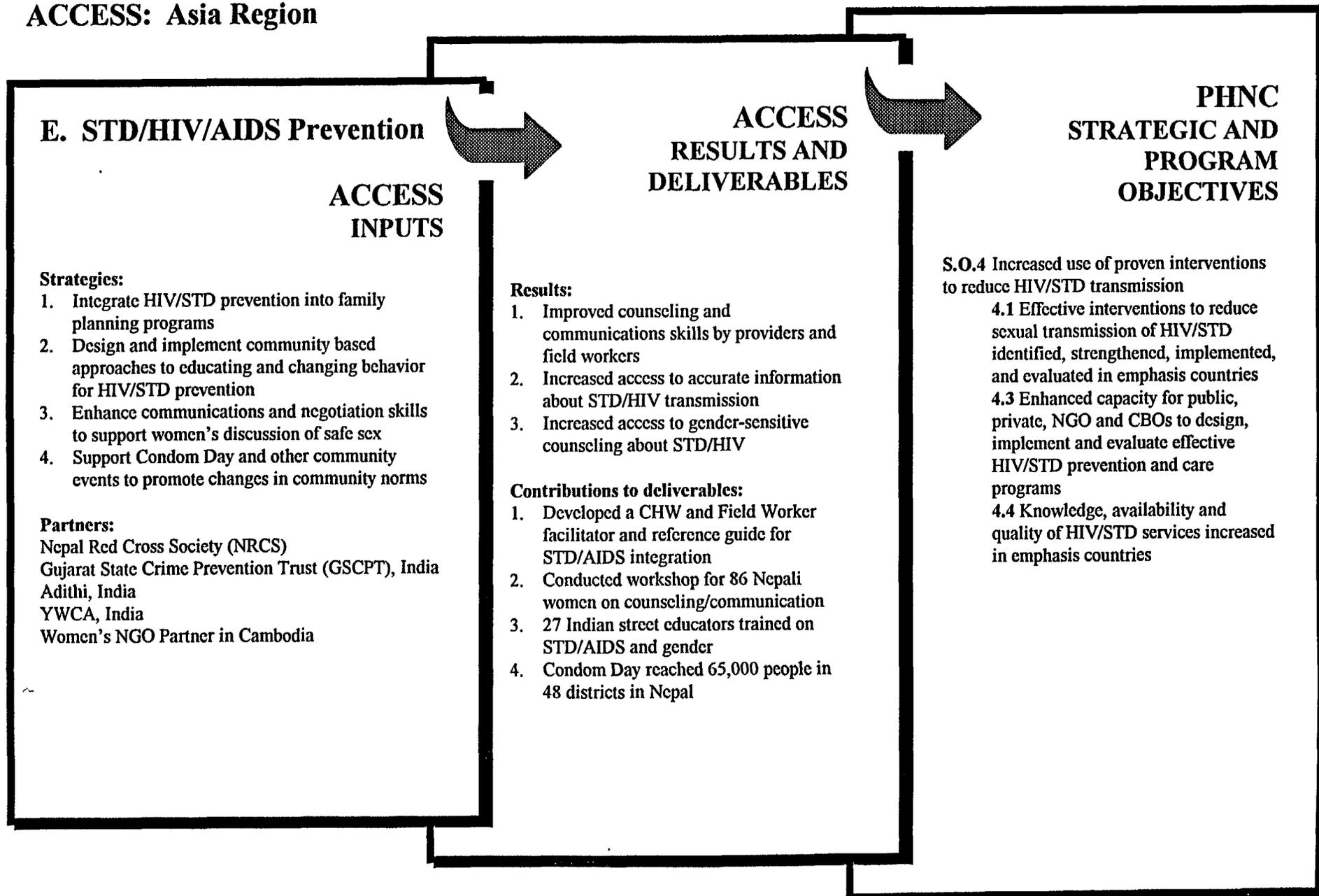
TANZANIA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
I. PROJECT MANAGEMENT					
Finalize staffing of project office					
Finalize training of key mgt. staff					
Finalize Personnel, Admin, Policies and Procedures include. job description					
Hold Annual Technical meeting				X	
Review Financial Mgt Systems and plan for CEDPA 1 year audit	X				
Refine Management Information Systems	X	X		X	
Hold monthly mtgs. with USAID counterpart, as needed	X	X	X	X	X
Establish monitoring system	X	X	X		
Track trends/progress of project indicators	X	X	X	X	X
Analyze and compile quarterly progress and financial reports to CEDPA	X	X	X	X	X
Identify clinic supplies for HQ and 4 catchment clinics	X	X			
Process proposal for Japanese Grant for add'l equipment	X	X			
II. TRAINING AND STAFF DEVELOPMENT					
Plan and conduct Refresher trainings			X		
Identify in-service training for service provider	X				
Identify refresher training for service provider in planning, management, finance, MIS, marketing			X		
III. REPRODUCTIVE HEALTH SERVICES					
Continue provision of FP services SUWATA HQ Clinic	X	X	X	X	X
Start CBRHPs outreach activities	X	X	X	X	X
Initiate syndromic diagnosis of simple STD and treatment to clients	X	X	X	X	X
Launch provision of lab services to clients	X	X	X	X	X
Review phasing of MCH services	X	X			
Initiate special youth initiative	X	X	X	X	X

TANZANIA WORKPLAN (cont.)
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
Plan and conduct FLE sessions and monthly film show and "Youth Nights" at HQ	X	X	X	X	X
IV. ADVOCACY					
Secure existing IEC materials for FPU, UMATI, AIDSCAP, and PSI	X	X	X		
Continue community sensitization and mobilization activities in HQ and (4) catchment areas	X	X	X	X	X
Hold marketing strategy training session for all program staff to identify specific publicity activities		X		X	
Reproduce/print various IEC promotional materials for sale		X		X	
Plan and conduct Advocacy Workshop	X	X			
Identify (20) local women and policy making leaders			X		

ACCESS: Asia Region



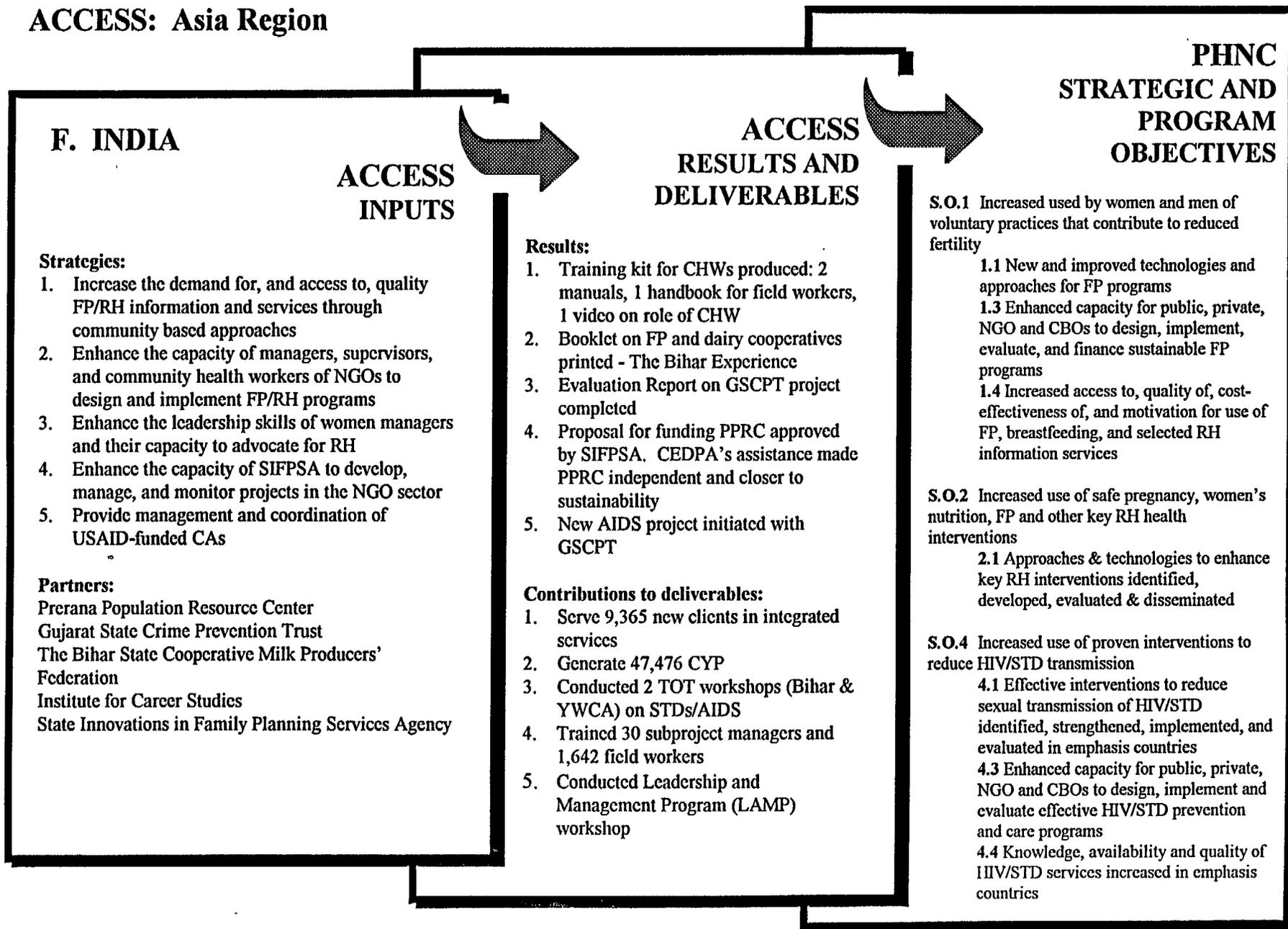
ASIA STDs/AIDS WORKPLAN

April 1996 - August 1997

(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
L. PROJECT PLANNING & DEVELOPMENT					
YWCA India	X				
Adithi India	X				
GSCPT		X			
Nepal Red Cross Society	X				
Project Extension Planning				X	X
II. PROJECT IMPLEMENTATION					
Focus group discussions		X	X		
Prepare training resources & manuals		X	X		
Train staff & volunteers			X	X	
Implement services			X	X	X
Refresher training			X	X	X
Condom Day, Nepal			X		
III. TECHNICAL ASSISTANCE					
Exchange visits for field staff to India/Nepal				X	X
STD/AIDS Dissemination Workshop					X
IV. DOCUMENTATION					
Publish focus group findings				X	
Lessons learned					X

ACCESS: Asia Region



INDIA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
I. MANAGEMENT OF LIAISON OFFICE					
Office administration management	X	X	X	X	X
Coordinate workplan development & other CA activities with USAID & SIFPSA	X	X	X	X	X
Assist in planning & implementation of project mtgs.	X	X	X	X	X
IFPS newsletter production		X		X	
(Other functions TBD at Project Meeting May 30-31)					
II. INSTITUTIONAL DEVELOPMENT OF SIFPSA					
Assist staff development planning & participant training	X		X		
Participant training & conduct study tours		X	X	X	
Technical assistance in computerization, accounting, MIS					
Develop resource library at SIFPSA				X	
III. BUILD CAPACITY OF NGO TRAINING CENTERS TO IMPLEMENT FP PROGRAMS					
<i>Prerana Population Resource Center (PPRC)</i>					
TOT on Reproductive Health	X	X	X	X	X
TOT on CBD	X				
TOT on Family Life Education			X	X	
Reproductive Health Manual	X	X	X		
CBD Manual	X	X	X		
CBD Handbook	X	X	X		
FLE Manual Adaptation			X		
<i>U.P. Academy of Administration</i>					
Proposal development				X	
TOT on Reproductive Health					X
TOT on CBD					X
TOT on Family Life Education					X
IV. NGO DEVELOPMENT					
Assist SIFPSA to identify NGOs and training centers	X	X	X	X	X

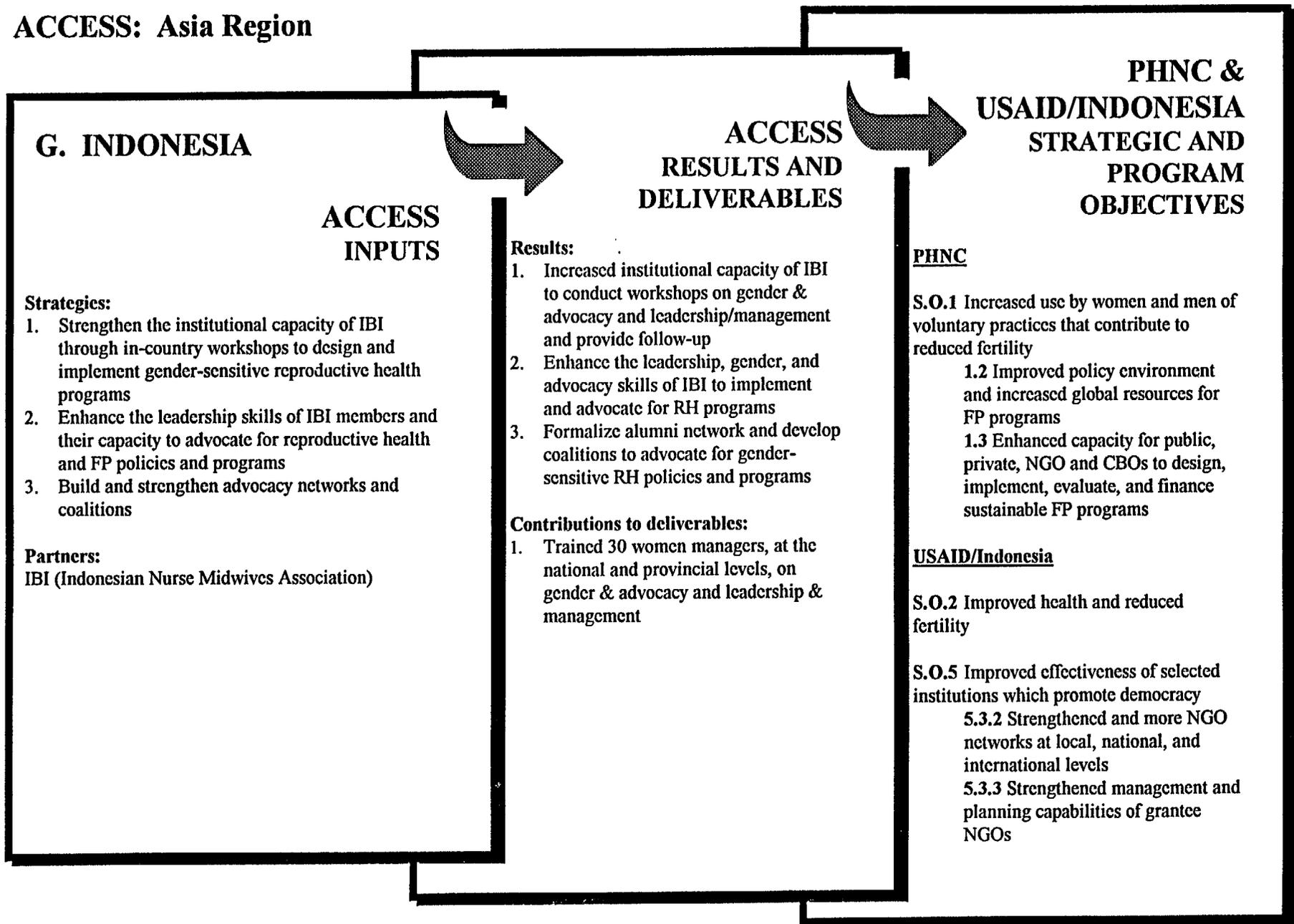
INDIA WORKPLAN (cont.)
April 1996 - August 1997
(Updated December 1996)

IFPS PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
V. ADVOCACY					
<i>Leadership and Management Program (LAMP) for Public and NGO Sector Managers</i>					
Conduct LAMP w/ Institute for Career Studies (ICS)		X	X		
Develop LAMP curriculum with ICS		X	X	X	
Assist ICS develop proposal for LAMP training program			X	X	
TOT on district level LAMP workshop				X	
<i>Reproductive Health Advocacy through Panchayat Leaders</i>					
Assist SIFPSA in identifying the training center for Panchayat leaders			X		
Strategy & proposal development for RH advocacy through Panchayat leaders			X	X	
TOT on RH advocacy				X	
VI. INTERNATIONAL TRAININGS					
WIM workshop in Washington		X			X
Appreciative Inquiry				X	
Institution Building					X
Advanced TOT convention					X

INDIA WORKPLAN (cont.)
April 1996 - August 1997
(Updated December 1996)

GUJARAT AND BIHAR SUBPROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
I. TECHNICAL ASSISTANCE					
Receive TA in STD/AIDS counseling and referral		X	X		
Receive TA in QOC & RH		X	X		
II. TRAINING AND WORKSHOPS					
CBD training of new field workers		X	X		
Refresher training of CBD workers		X	X		
Supervisors receive training at PPRC		X			
Receive training in STD/AIDS counseling		X	X		
III. INSTITUTIONAL DEVELOPMENT					
Receive TA for sustainability			X		
Develop Gujarat Workplan and budget for 4-month no-cost extension (Jun-Sep 1996)	X				
Develop proposal for 10-month phase out project to be combined w/ new AID proj. (Oct 96-Jul 97)		X			
Hold dissemination workshop on project for district dairy cooperatives in Bihar					X
IV. EVALUATION					
End of Project					X

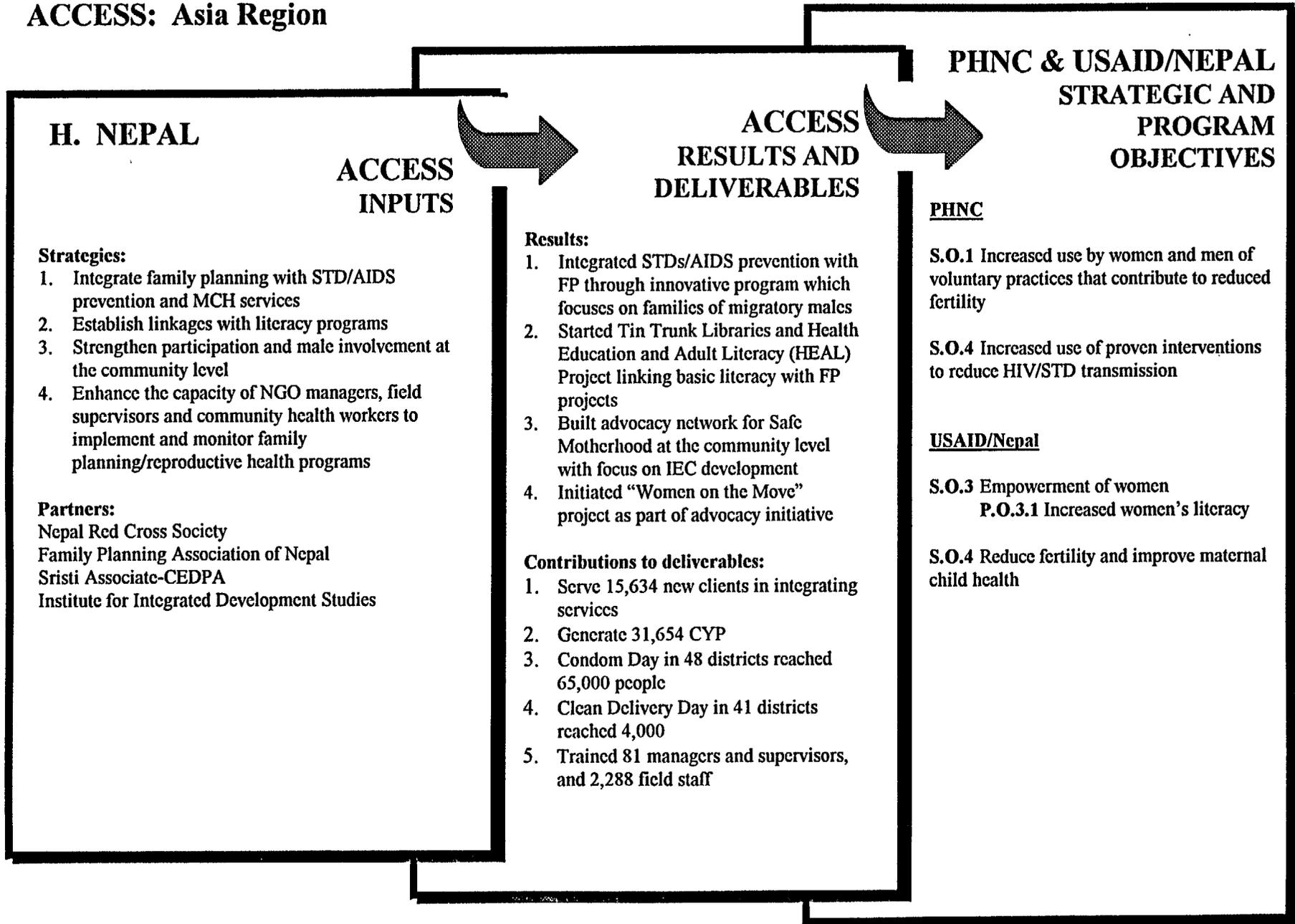
ACCESS: Asia Region



INDONESIA WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
NGO CAPACITY BUILDING					
Develop training materials		X			
Identify an Indonesian local trainer	X				
<u>Phase I</u>					
Plan and conduct in-country IBI workshops:					
A. Training of Trainers in Indonesia			X		
B. Gender and Advocacy Workshops			X		
<u>Phase II</u>					
A. Conduct a follow-up gender workshop and project design				X	
B. Develop a follow-up training implementation plan				X	
C. Provide TA to IBI on gender integration				X	

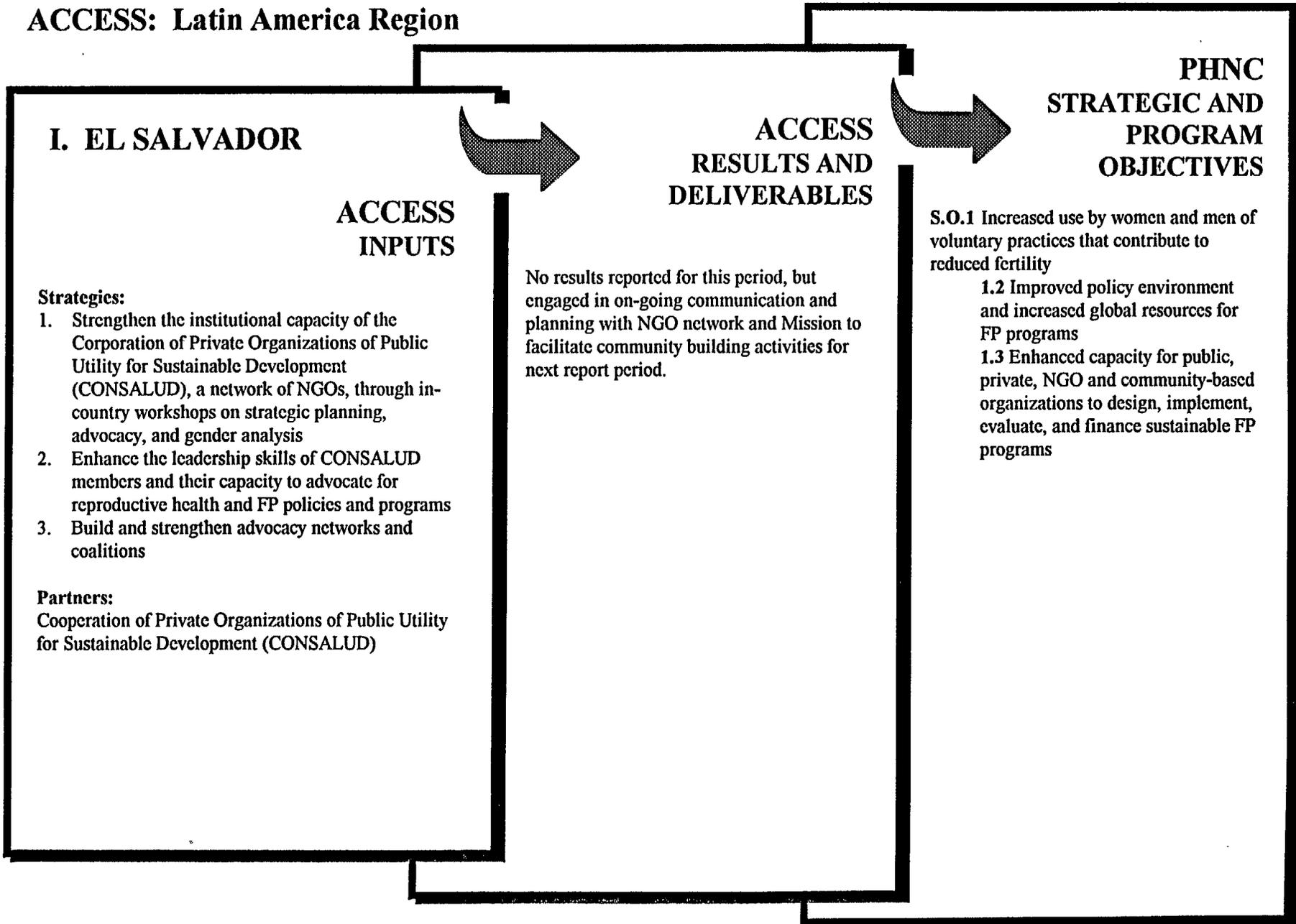
ACCESS: Asia Region



NEPAL WORKPLAN
April 1996 - August 1997
(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
L. FIELD OFFICE MANAGEMENT					
Prepare and develop no-cost subproject extensions	X			X	X
Develop refunding proposals		X			
Participate in a follow-up to the ACCESS Project planning meeting		X			
Develop a new Nepal country strategy for USAID/Nepal			X		
Disseminate lessons learned from ACCESS subprojects					X
II. SERVICES					
Conduct regional CTU training	X	X	X	X	X
Conduct an STD/AIDS and Gender workshop					
Provide TA on STD/AIDS integration			X		
Integrate FP service with MCH			X		
Develop a male condom strategy				X	
Develop a strategy and provide TA for income generation				X	
III. CAPACITY BUILDING					
Conduct trainings on proposal development		X			
Conduct a workshop on project management (NRCS and FPAN)		X			
TA in sustainability	X	X	X	X	X
Conduct district exchange visits	X	X	X	X	X
Conduct study tour of India					
Send three participants to IB		X			
IV. ADVOCACY					
Hold advocacy meetings		X	X		
Develop learner generated materials			X		X
V. EVALUATION & DOCUMENTATION					
Conduct final eval. of 3 projects					X

ACCESS: Latin America Region



I. EL SALVADOR

ACCESS INPUTS

Strategies:

1. Strengthen the institutional capacity of the Corporation of Private Organizations of Public Utility for Sustainable Development (CONSALUD), a network of NGOs, through in-country workshops on strategic planning, advocacy, and gender analysis
2. Enhance the leadership skills of CONSALUD members and their capacity to advocate for reproductive health and FP policies and programs
3. Build and strengthen advocacy networks and coalitions

Partners:

Cooperation of Private Organizations of Public Utility for Sustainable Development (CONSALUD)

ACCESS RESULTS AND DELIVERABLES

No results reported for this period, but engaged in on-going communication and planning with NGO network and Mission to facilitate community building activities for next report period.

PHNC STRATEGIC AND PROGRAM OBJECTIVES

S.O.1 Increased use by women and men of voluntary practices that contribute to reduced fertility

1.2 Improved policy environment and increased global resources for FP programs

1.3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, evaluate, and finance sustainable FP programs

EL SALVADOR WORKPLAN

April 1996 - August 1997

(Updated December 1996)

PROJECT ACTIVITIES	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-AUG
<i>NGO Capacity Building</i>					
Site visit for planning/coordination of adolescent reproductive health workshop				X	
Conduct capacity building workshop for adolescent RH					X

IV. Key Country Activities

A. Nigeria

1. Organizational Changes at CEDPA/Nigeria

CEDPA/Nigeria is now implementing two ACCESS Project initiatives concurrently -- the ACCESS integrated FP/RH programs and the Democracy and Governance (DG) grants program. The DG program was designed to build on the model of NGO partnerships that CEDPA developed through the ACCESS Project. Project implementation through partner NGOs is a hallmark of CEDPA programs, which has demonstrated advantages for projects which incorporate strategies of advocacy and community mobilization. In order to make these partnerships most effective, especially given the geographic spread of partners and the rapid implementation schedule for the DG grants, CEDPA expanded and reorganized the office and staff. The reorganization resulted in (1) decentralization of project management to three field offices and (2) changes in allocation of responsibilities due to growth in staff needed to support the projects.

Three additional Program Officers were engaged to monitor the eight current ACCESS subprojects and to facilitate the start-up of 16 DG projects in the USAID-identified Cluster States. The focus of project implementation shifted to the three new Field Offices, while the Lagos Office provides overall policy and program direction

Key Functions of CEDPA/Lagos

The primary function of the Lagos office is to design new program initiatives and country strategies in consultation with CEDPA/Washington and to secure approval of programs from CEDPA/Washington and USAID for implementation in Nigeria. In addition, CEDPA/Lagos provides program direction for the country programs, including development and monitoring of annual workplans and budget; disbursement of funds to the field offices for subprojects; writing subproject refunding agreements, modifications, and new proposals; and procurement and inventory of equipment and commodities. The CEDPA/Lagos program staff, with the field officers, conduct start-up visits for new or refunded subprojects to ensure compliance with CEDPA's Terms and Conditions. In addition, CEDPA/Lagos develops and implements a technical assistance plan for each subproject, including local, regional, and Washington-based TA, as needed.

CEDPA/Lagos provides overall supervision of the Field Office program officers and the subproject operations and responds to issues related to subprojects raised by the field offices. The office also provides inputs into CEDPA/Washington's annual implementation review and management planning and organizes in-service training for CEDPA/Nigeria staff, subproject managers, and staff.

Key Functions of Local Field Offices

USAID has established the three Field Offices at Kano, Enugu, and Ibadan, representing the Northern, South East, and South West clusters of the USAID focal areas of program implementation. Of these three offices, CEDPA is responsible for management in Kano and Enugu, on behalf of the USAID Joint Services Management Board (JSMB). CEDPA's Program Officers/Field Office Managers are in charge of day-to-day operations of the Field Offices and the overall administrative supervision of the JSMB staff in the Field Office. The Field Office provides logistics to all participating US-IPs under the JSMB arrangement.

As a function of this pivotal role, ACCESS partners within these clusters benefit from the activities of other US-Implementing Partners (IPs), through sharing of information from the Field Office on the activities of the other US-IPs, e.g., training, RRF funding. Field Offices have a cordial relationship with the US-IPs, since they serve as the contact point in these clusters.

The field program staff are responsible for ensuring that ACCESS project implementation is appropriate and that the activities carried out are in line with the subproject agreements and are supportive of, not only CEDPA's, but also USAID strategic objectives. In that regard, the program officers' responsibilities include assessing appropriate NGOs for partnerships at the cluster level. The field officers review subproject quarterly reports, send data analyses to Lagos, and provide feedback and follow-up to subprojects. The line of communication between Lagos and the project partners is indirect, as the field officer is the direct link with partners.

CEDPA/Nigeria believes that this configuration of staffing and responsibilities, among the Lagos and Field Offices, best ensures CEDPA support for the needs of partners in project implementation and for their service to communities. At the same time, this organizational set-up facilitates responsiveness to USAID Strategic Objectives and articulation of how project results contribute to those objectives.

2. Democracy and Governance (DG)

Rationale and Description of the Project

In September 1996, USAID awarded a grant of one million dollars to CEDPA and John Hopkins University/Population Communication Services (JHU/PCS) to implement a Democracy and Governance (DG) initiative in Nigeria. Its purpose is to strengthen civil society's contribution to democratic participation and respect for civil rights through a focus on working with women's groups. Civil society cannot be fully realized in Nigeria until women become involved in all aspects of political and civil life. At present, many opportunities for participation remain closed to women, and cultural norms often make political activity taboo for women. Women's consequent ignorance of, and lack of interest in their rights and political processes also play a role in limiting their participation.

The existing and strong network of women's indigenous NGOs and CBOs in Nigeria is an excellent starting point for women's action on DG. As such, the DG project will build the capacity of these organizations to expand their participation in the political process. This will be done through the award of microgrants to CBOs and NGOs for the implementation of projects focusing on women's empowerment, women's political participation, and/or respect for fundamental human rights. A series of post-Beijing advocacy and strategy meetings of Nigerian women sponsored by CEDPA, JHU/PCS, and USAID were held prior to the funding period and helped to lay the groundwork for the DG program.

JHU/PCS and CEDPA collaborated to conduct a workshop for NGOs to develop proposals under the DG program. Forty proposals were reviewed together by USAID, CEDPA and JHU/PCS. CEDPA is assisting with the implementation of ten proposals (see table below). Nine additional microgrants projects are being implemented with assistance from JHU/PCS.

Nigeria DG Outcomes

Microgrant Outcomes	by Jun. 30, 1997	by Dec. 31, 1997
Trainers trained	360	480
Project Implementation Cmte. members trained	77	77
Rallies/Campaigns	14	32
Workshops/Mobilization Mtgs.	22	49
Advocacy Visits/Discussions	65	65

Geographic Coverage

The DG program will be executed in the following states -- Kano, Jigawa, and Kebbi States in the North; Osun, Oyo, Ondo, and Lagos States in the South-West; Enugu, Abia, Anambra, and Cross River States in the East.

Methodology

The CEDPA/JHU DG project is one of three elements of the U.S. Government's DG program for Nigeria, which is under the overall direction of the Post Democracy Committee consisting of the U.S. Embassy, USIS, and USAID. CEDPA and JHU/PCS work closely together with USAID to determine program direction, content and implementation of the microgrants. Each Implementing Partner (IP) serves as the lead on specific grants. CEDPA and JHU/PCS will provide assistance to one another according to their organizational strengths: CEDPA will provide technical assistance primarily in the areas of training, advocacy, and NGO/CBO capacity building activities, and JHU/PCS in IEC materials development, media training, and project documentation and dissemination. Funds for microgrant projects are being disbursed rapidly using a simplified disbursement mechanism in order to achieve the maximum impact during the project period of September 1996 - September 1997.

Expected Results

Individual CBOs will be trained in monitoring and evaluation techniques so that they can assess their impact at the local level. The overall DG program evaluation will focus on process measures and short-term indicators. Six months from now, CBOs that are involved in the project are expected to have improved organizational capability in the areas of project design, implementation, and management, including monitoring and evaluation skills. Project activities such as training of trainers, workshops, rallies, advocacy visits, and IEC materials will already have reached a substantial number of beneficiaries. Consequently, it can be expected that the number of women who are politically aware and active and who are registered to vote will increase.

By the conclusion of the program, it is expected that more women will be registered to vote, will participate in politics, and will be aware of their fundamental rights. The capacity of CBOs for advocacy and participation will be enhanced, and there will be an increase in specific activities to promote participation and awareness, such as training and campaigns. In addition, the channels available for publicizing DG issues will be greater in number, including networks of media professionals and IEC activities. The IEC activities will include use of modern and traditional media, TV, radio shows and jingles, traditional theater, and products such as T-shirts, posters, brochures, and bowls. Ultimately, it is expected that the program will lead to the formation of a critical mass of coalitions and networks of women at all levels of government that will serve to strengthen women's participation in DG and human rights.

3. Building Organizational Capacity: Refresher Training On Management Information Systems (MIS)

The ACCESS Project is conducting an internal data quality study with collaboration among Washington, Field Office, and Partner staff. In Nigeria, the ACCESS evaluation team worked in direct collaboration with the CEDPA/Lagos office, the National Council of Women's Societies (NCWS), and other local NGOs, to assess CEDPA's partners' local data collection systems and data quality.

Background

This study was undertaken as part of the greater emphasis being given by the ACCESS Project to project documentation and lessons learned. Following an internal assessment and verification of data in the CEDPA/Washington office, the ACCESS evaluation team extended the data quality study to the field -- beginning with the Nigerian subprojects. The Nigerian subprojects are the most recent additions to the ACCESS Project and have the least experience with MIS development and management of ACCESS data. The team spent three weeks in Nigeria working with partner NGOs to validate existing data and consulting with partners to improve each organization's data collection techniques.

Collaborative Discussion

Three MIS workshops were held in Akure, Enugu, and Jos, which included all current Nigerian NGOs implementing ACCESS-funded subprojects. Each workshop was facilitated by a CEDPA/Lagos staff member and a CEDPA Field Office manager, with the CEDPA/Washington evaluation team serving as technical resource persons, especially on issues of data definitions, techniques, and reliability. Each workshop included twenty to twenty-six partner field supervisors, project managers, and financial and administration staff.

Data Quality Highlights

The workshop consultations reached several conclusions important for interpreting the Nigeria data and reaching agreements on common data definitions and procedures across partner NGOs:

- Most of the subprojects are under-reporting confirmed referrals. The inability of NGOs to capture the full number of confirmed referrals is attributed to: 1) logistical difficulties, such as fuel scarcities, that impede the field supervisors' and CBDs in tracking client treatment at clinics; 2) economic impediments, such as the inability of clients to pay for transportation to a referral clinic or to pay for a referral service once s/he reaches the clinic; 3) training issues, especially for CBD workers who may be unaware of the importance of referral data or, in some cases, CBD workers whose illiteracy handicaps their ability to collect verifiable data; 4) in most cases, incentives are given for delivery of commodities but not for referrals, so that some CBDs have less external motivation to focus on confirming effective referrals.
- There are conflicting data definitions between Washington/Lagos and the field and, in some cases, among partners. For instance, the team found that some subprojects define new clients as new to the method, instead of new to the program. Workshop discussions focused on clear definitions of key indicators to assure that Nigeria's substantial contribution to the ACCESS results can be fully represented in future reports.
- Subproject data is reported late to CEDPA/Lagos and Washington. The team presented USAID's strategic objectives to the field supervisors and managers and how the field data flows is the basis for demonstrating the ACCESS project results. The workshop participants agreed on the importance of timely reporting.

Lessons Learned

Several lessons were learned from these workshops which will guide future ACCESS data management in Nigeria and discussions with partners in other countries. The ACCESS Project will:

1. Ensure consistent definitions and interpretations of key indicators;
2. Devise effective training for the full range of abilities among field data collectors;
3. Monitor the effectiveness of data collection forms and modify them when necessary;
and
4. Recognize the effectiveness of selected program incentives.

B. Ghana, Kenya, and Tanzania

1. Ghana

ACCESS Training and Technical Assistance

CEDPA, in collaboration with The Ghana Social Marketing Foundation (GSMF), held a workshop (May 1996) on Planning Strategic Reproductive Health Programmes for NGOs to strengthen capacity for implementation of sustainable reproductive health programs. Eighteen participants representing ten NGOs attended. The workshop was conducted in response to the need for greater entrepreneurship in defining and developing technical and financial sustainability for their organizations. The curriculum included sessions on reproductive health, strategic planning, revenue generation, and sustainability. As a result, participants were able to define and identify strategies for providing integrated reproductive health services. The elements and applications of sustainability also were defined and various strategies for revenue generation were identified.

In October 1996 the Ghana United Nations Students and Youth Association (GUNSA) organized and hosted the 1st African Youth Conference on Sexual Health. This was a CEDPA-supported effort to share lessons and experiences from implementing alternative strategies to reach adolescents with critical reproductive health services. The five-day event focused on providing young Africans an opportunity to discuss the following themes: (1) Youth and Sexual Health Needs; (2) Media Sexuality and Youth; (3) Living with AIDS -- Legal and Ethical Aspects; and (4) Sexuality Education in Schools. Follow-up activities and training programs on AIDS in Africa in the 1990's and the 21st century were also discussed.

A country-wide needs assessment was undertaken in the Central, Greater Accra, and Northern Regions of Ghana in order to plan and implement programs to meet the reproductive health needs of adolescents. This assessment was conducted as part of a national project funded by UNFPA and USAID. Technical assistance for this activity was provided by CEDPA and JHU/PCS.

2. Kenya

Technical assistance in sustainability has been the major focus for Kenya subprojects for this report period. A report by Nairobi-based financial and management systems consultants included an assessment of costs, pricing, and interventions for sustaining the program services of Family Life Promotion Services (FLPS) and Kabiro Kawangware Health Care Trust.

Sustainability strategies for FLPS and Kabiro Kawangware Health Care Trust include:

- Increased contribution from cost recovery through price increases, increased service volume, and cost rationalization;
- Improved cost-efficiency of resources and expanded utilization of staff and facilities;
- Strengthening of the marketing capacity for new and existing services;
- Introduction of new services to increase the revenue base; and
- Development of fund-raising skills, including the ability to identify and utilize local sources of funds.

The Kabiro subproject has demonstrated an exceptional willingness to pursue other avenues of income generation through their clinic and project activities. They have aggressively identified new products and services; revisited services prices that are below costs; and used promotional campaigns with volunteers and support from corporate sponsors to emphasize the quality and value of their services. Kabiro has also launched a new adolescent initiative under private funds.

FLPS traditionally has charged fees for registration and for each service rendered. To add to this revenue base, FLPS will seek to diversify into other curative services and pursue more aggressive marketing strategies in Nairobi and Kisumu.

3. Tanzania

Shirika La Uchumi La Wanawake Tanzania (SUWATA) is implementing a community-based reproductive health and family planning program for youth, with funding from ACCESS. The CBDs have proven instrumental in educating the public to the availability of family planning services and promoting condom distribution for its use for safer sex and the prevention of pregnancy.

A seminar was held for girls and young women on reproductive health and to introduce the comprehensive services provided by SUWATA. A new privately-funded program provides counseling and reproductive health education to adolescents, with a special focus on preventing teen pregnancies. Additional nutrition education classes have been held for mothers of children with malnutrition and a one-day advocacy workshop was held for 100 women to share information on Safe Motherhood, nutrition, and breastfeeding.

C. India

1. Improving Quality of Care in Reproductive Health

Training of Trainers

The Innovations in Family Planning Services (IFPS) Project utilizes NGOs as a vehicle to promote the benefits of family planning and to increase access, quality, and demand for family planning services through the community based distribution (CBD) approach. To improve the quality of CBD services, CEDPA has developed a kit to standardize the quality of training for reproductive health service delivery projects in Uttar Pradesh (U.P.). The kit is comprised of two training manuals, *Reproductive Health Manual for Trainers of Community Health Workers* and *Community Mobilization and Service Delivery Manual for Trainers of Community Health Workers*, which are supplemented by a video film, *Towards Change*, focusing on the roles and responsibilities of the Community Health Worker. The training kit presents family planning as an integral part of reproductive health and stresses informed choice, quality of care, and increased sensitivity to women's needs.

The training kit is now the core set of resource materials for training Community Health Workers in U.P. About 2,000 CHWs have been trained by Master Trainers from the Prerana Population Resource Center (PPRC), the apex training center, and by other Lead Trainers in the districts. PPRC anticipates training an additional 9,000 Community Health Workers by 1999.

Technical Assistance

NGOs in U.P. have had very little experience in providing community reproductive health services. Regular, sustained technical assistance in the area of management and quality of care are an integral part of building capacity and increasing service quality. CEDPA has developed a technical assistance plan for continuous quality improvement which will dovetail with PPRC's plan for technical assistance in management.

Considering the large size of the IFPS Project's NGO program, CEDPA's TA strategy for increasing the quality of care called for developing a wide network of consultant physicians who would be willing to nurture a long-term relationship with the NGOs. As the first step in this strategy, CEDPA conducted a three-day workshop in November 1996 to orient 18 medical doctors on CEDPA's Reproductive Health training manual. The workshop was aimed at developing a core group of medical consultants at the district level who will be paired off with local NGOs to provide on-going technical assistance until the NGOs achieve a satisfactory quality of care. The doctors will be provided with a checklist

on the “topic of the month” for assessing critical skills* that all field workers must have before the quality of care is deemed satisfactory. These checklists will be returned to CEDPA for analysis and feedback to the consultants, NGOs, and SIFPSA. The doctors will meet with CEDPA every quarter for updates, feedback, and further fine-tuning of the TA strategy.

Field-Testing the Strategy

To field-test the above approach, CEDPA contracted the services of eight consultant medical doctors to provide technical assistance to 13 NGOs in U.P. during December 1996 and January 1997. The topic for December focused on non-clinical contraceptive methods, i.e., condoms, pills, and LAM. The topic for January will be clinical methods, i.e., IUDs, vasectomy, and tubectomy. Subsequent months’ topics will include safe motherhood and RTI issues. The task of the consultant doctors are to:

1. Interview senior program manager(s) to determine the status of referral linkages and contraceptive supplies. Assist with problem-solving.
2. Assess and score the critical skills of trained Community Health Workers (CHWs), using a scoring checklist provided by CEDPA.
3. Give technical assistance/refresher training to CHWs based on the gaps identified in the assessment.

Monitoring Improvements in the Quality of Care

A rapid assessment tool was developed by CEDPA for use by the consultant doctors to determine the quality of services by community-based projects. The critical skills scores will be returned to CEDPA for analysis, graphing, and feedback on whether the level of CHWs’ critical skills has improved over time as a result of the training and technical assistance.

2. Leadership and Management Program (LAMP)

The Leadership And Management Program (LAMP) pilot workshop was organized by the Institute for Career Studies (ICS) in Lucknow, November 18-20, 1996. The workshop focused on improving skills in management, leadership, and advocacy among public and NGO sector managers.

The workshop focused on Delegation and Mentoring; Giving and Receiving Feedback; Community Participation Tools; Linkages with Networking; and Advocacy.

* “Critical skills” of the CHW is her/his ability to provide correct information on how a contraceptive method works, how to use it, benefits, side-effects, warning signs, management of side-effects and warning signs, and follow-up and resupply plan.

Thirty-two participants from SIFPSA's six focus districts attended the training. The workshop provided a forum for skills development and facilitating convergence action plans. Four District Chief Development Officers from U.P. participated in the "convergence action planning," in which each organization detailed its actions to coordinate and, where possible, collaborate with other organizations and agencies to best reach and serve their clients.

ICS will write a proposal for a district-level training program for submission to SIFPSA in early 1997. The proposal is for the development of ICS as a LAMP training and resource center, through which they will conduct six additional LAMP workshops for the U.P. Project.

D. Nepal

Strengthening CBD Family Planning By Broadening Services

CEDPA/Nepal is implementing the ACCESS Project in partnership with four NGOs, each of which bring different experiences and strengths to their family planning programs. The experience of the ACCESS Project and its partners in providing community-based family planning to traditionally underserved client populations has highlighted the need to mobilize the community for a more supportive environment for family planning services while building local capacity to serve that unmet need. This experience also has indicated that the provision of integrated services for each client population has mutually reinforcing effects and that synergistic impacts can be expected, including community-driven access and choice, continued increases in contraceptive prevalence, and related improvements in reproductive health.

ACCESS Services in Nepal

ACCESS Partner	Primary Mission	ACCESS FP Services	Integrated Services	Linked Program(s)
NRCS	Relief Services	36,571 NC+Ref 63,513 CYP	<ul style="list-style-type: none"> - Safe Home Delivery Kits - Nutrition Project/Vit A - STD/HIV counseling 	<ul style="list-style-type: none"> • Basic and Post Literacy
FPAN	Family Planning	13,413 NC+Ref 22,680 CYP	<ul style="list-style-type: none"> - Malnutrition - ORT - Vaccination - STDs counseling 	
IIDS	Research and Income Generation	2,094 NC+Ref 594 CYP	<ul style="list-style-type: none"> - Antenatal Care Info. - Dispense ORT, general medicines - STDs/AIDS counseling 	<ul style="list-style-type: none"> • Income Generation Group Formation & Support
Sristi	Training	22,777 NC+Ref 43,226 CYP		

Integrating Services

When CEDPA began funding the Nepal Red Cross Society (NRCS) and Family Planning Association of Nepal (FPAN) in 1993, both programs were experienced in community-based family planning service delivery. In partnership with ACCESS, the emphasis has remained on family planning service delivery, but reproductive health, MCH, and STD/AIDS prevention are given increased emphasis. The partners have reported that, although their work has increased due to the broadening of the program, it has improved their standing in the community and the credibility of their field workers. The workers

gain more respect because they have a greater knowledge of health beyond family planning. In addition, community members are more receptive to family planning messages if they feel that other areas of their lives are also being addressed.

To integrate reproductive health into the family planning program, the training needs of field workers and supervisors have been carefully addressed. For instance, it was found that training of trainers (TOT) for male workers, who then must train female workers, is insufficient if gender-specific reproductive health issues are to be effectively addressed. The partners explored new ways of providing training to women by women. Initially, local women doctors were used to provide direct training in the field. However, the technical information and presentation by the doctors were found to be too complex for the NGO field staff. Nurses now go to the field and directly train the women community workers.

Under the FPAN program, 30 outstanding community volunteers were chosen as *Adarsha Bektis* (Guiding Lights) to be trained by women doctors. These women then serve as resources to other community volunteers. Many of the *Adarsha Bektis* have been promoted to assistant supervisor. This is a significant advancement of gender in service delivery since, prior to partnering with ACCESS, there was no precedent for women at the field level working their way up to levels of FPAN management.

The NRCS has developed and integrated an STD/HIV component into their FP programs. To introduce STD/HIV counseling and communication, the NRCS field workers form Communication Action Groups in the communities and develop IEC materials with integrated messages on STDs/HIV and Family Planning, including male responsibility.

There is, of course, some risk to the integrity of the family planning program by adding additional reproductive health services. Integrated service programming requires strong organizational foundations, including good training and supervisory systems. Both FPAN and NRCS already had established programs and, in most cases, the field workers welcomed the new challenges. However, in the case of the Institute for Integrated Development Studies (IIDS), their family planning program is new. This component is being added to IIDS' successful community-based income generation program.

Linking with Other Programs

IIDS brings to the ACCESS Project its unique experience of action research in income generation. The IIDS model, called Self-Reliant Development (SRD), employs a process-oriented, holistic approach to community development by engaging community members in Income Generation Groups (IGGs). The IGGs organize savings accounts and revolving credit funds (repayment rate of 94%) that are used to finance individual expenses (e.g., medical, trade, and farming) and community projects (e.g., construction of public latrines and reforestation). The SRD process has served to build communities' capacity for managing self-sufficiency through group motivation techniques and institutional learning.

Under ACCESS, IIDS is linking its SRD model of IGGs with family planning service delivery -- an approach that is the first of its kind in Nepal. The key to the program is IIDS recruitment of volunteers and depot holders from IGGs for focus groups, where they are encouraged to offer their insights on the demand for family planning and strategies for its delivery. These volunteers are then trained by IIDS staff to offer family planning information and services to the community at the IGGs and through home visits.

ACCESS also is supporting the running of literacy classes which are linked with family planning programs, based on years of USAID multi-sectoral experiences in providing literacy programs to support programs ranging from agriculture to health and family planning. The Nepal Red Cross is running 73 literacy classes in the four project districts, with the capacity to provide literacy to over 2,000 women.

Anecdotal evidence from ACCESS partners in Nepal suggested that linking literacy with community-based family planning should further legitimize and enhance the FP/RH program while providing the literacy, numeracy, and group participation skills normally associated with literacy classes and needed in the communities being served by ACCESS-supported programs.

Community Awareness and Mobilization

Building community awareness of FP/RH issues and community involvement in the program has become an important part of increasing access to quality FP. This strategy is centered on participatory, high-profile events such as Condom Day and Safe Motherhood Day.

Nepal Red Cross gained much of the recognition for their community programs through their sponsorship of Condom Day. This event involved networking, collaboration, and a great deal of organization. CEDPA provided very close TA for the first year. Following the success of the first program, NRCS was confident to plan the second year's program with less assistance. In the second year, Condom Day was conducted in 48 districts of Nepal's 75 districts -- almost 20 more than the first year. More than 80,000 people were reached this year, making it an effective advocacy and community mobilization tool. Not only is awareness raised, but community members are involved in the planning and implementation of activities which give them recognition in the community. Their involvement also raises the esteem of family planning workers and builds a good beginning for recruiting new clients.

A support group for Safe Motherhood (SM) at the Community Level grew out of the Clean Delivery Day held on International Women's Day. This event was modeled after Condom Day and reached more than 30 districts. While CEDPA/ACCESS is recognized for family planning service delivery, it is also serving as a catalyst for collaboration and coordination among NGOs. More than 30 INGOs and NGOs are involved in Condom Day and in the SM group. The SM group is chaired by the Prime Minister's wife, lending

visibility and legitimacy to the issue. Family planning is a key part of Safe Motherhood, and neither issue can be addressed in isolation.

These public events are important as a means of building community involvement and support. Men and women, and many castes and ethnic groups, have participated, going beyond traditional barriers of social segmentation. Through planning and implementing the events, partners have learned the value of networking and collaboration. In addition, through the development of new IEC, which includes street dramas and specially written materials, more people have been reached with important health information.

These initiatives are serving to change the social and behavioral norms in communities regarding FP/RH, so that communication between spouses and among community members, articulation of personal needs and interests, and seeking and utilizing services are possible for both women and men. The expected results from broadening of FP services, linking them with other community-based programs, and sponsoring awareness and mobilization events are that FP/RH services will be more readily accessed and used by women and men as a regular part of life in their community.

E. Indonesia

1. Indonesia

The fundamental component of any successful family planning program is the involvement and empowerment of women. In Indonesia, community participation has long been a critical aspect of the family planning program. Ninety-nine percent of the volunteers in every village and sub-village are women who plan, implement, and evaluate the government program. Through their volunteer activities and organized groups, women are ideally placed to promote participation in the national family planning movement while also benefiting from it.

Although many women have worked in family planning programs as staff and volunteers, few have been involved in the design or management of programs. There are a number of NGOs, including the Indonesian Midwife Association (IBI), with the potential to contribute at the management and policy levels. To enable IBI to actively participate in the design and implementation of gender-sensitive family planning programs, USAID/Jakarta asked the ACCESS Project to provide technical assistance and training to IBI members in management and leadership, and gender and advocacy.

In April 1996, ACCESS assisted IBI in determining its training needs in leadership and management, and gender and advocacy. A training needs assessment was conducted for 27 participants from both IBI's national and provincial levels. The needs assessment was the first step in the design of Phase I of the CEDPA/IBI workshops.

During Phase I (October 28 - November 8, 1996), two workshops were conducted on Training of Trainers (TOT) and gender and advocacy. The goal of the workshops was to improve the knowledge, attitudes, and skills of trainers and managers to create gender-responsive programs and policies, and to influence policy and program changes in reproductive health. The workshops also provided IBI members at the national and provincial levels, with an opportunity to build networks between organizations. By the end of the second workshop, the participants developed action plans to incorporate gender into programs and to advocate for gender-sensitive reproductive health programs.

To build on the work done in Phase I, a follow-up workshop will be conducted in Phase II from February 17-22, 1997. The goal of the workshop will be on the design and implementation of gender-sensitive reproductive health programs. The workshop will be based on CEDPA's *Project Design* and *Gender and Development* training manuals.

Over the last year, CEDPA has worked closely with its alumni to strengthen the network and to build coalitions of women leaders and managers who will be able to advocate for gender-sensitive reproductive health programs at the national and provincial levels. Worldwide, CEDPA's network has grown rapidly since ICPD in Cairo and, increasingly, women's empowerment through networking has proven to be an effective strategy to build women's confidence and to share ideas, issues, and advocate for solutions.

F. STDs/AIDS Prevention Pilot Projects in India & Nepal

In India and Nepal, where ACCESS is providing FP/RH services in remote and underserved areas, a large proportion (40-80 percent) of the male population migrate for employment, cross-border from Nepal to India and within India from rural to urban areas. There was an increasing demand in these service areas for information and counseling on STDs/HIV prevention, particularly in regard to sexually active male migrant workers who were transmitting STDs/HIV from their travels to their partners at home.

The ACCESS Project received a grant from the USAID Asia-Near East Bureau in late 1995 to develop innovative pilot approaches to reach at-risk groups to prevent STDs/HIV transmission. The predominant STDs/HIV interventions in those areas focused on men and did not directly address the reproductive health needs of women or adolescents. With support from the Asia-Near East grant, CEDPA, in collaboration with four local NGOs, developed STD/HIV pilot project to create awareness and promote sexuality communication and risk reduction behaviors among women, men, and adolescents.

Four ACCESS partners are currently implementing pilot approaches under this grant: (1) the Nepal Red Cross Society; (2) Adithi (Bihar, India); (3) the YWCA of India (New Delhi); and (4) the Gujarat (India) State Crime Prevention Trust.

1. Nepal Red Cross Society (NRCS)

The NRCS STDs/HIV project is being implemented in four districts in the terai of Nepal, where a large percentage of men migrate seasonally for work in India. The return of sexually active men to their homes, especially during festivals, is a key point of introduction of STDs/HIV to these communities and transmission to their partners. While other projects have targeted truck stops and bus depots in the major India-Nepal transit towns, this project addresses the need for women, at home, to practice safe sex with their husbands, including negotiation of condom use. The NRCS project trains "roving educators" to discuss STDs/HIV at awareness and mobilization events, like Condom Day; forms Communication Action Groups in communities, in which women can discuss issues and strategies for dealing with risk behavior; trains Junior Red Cross Leaders for peer education; trains NGO staff to perform street dramas and puppet shows; and develops IEC materials with integrated messages on STDs/HIV and Family Planning, including male responsibility.

Training of the field workers was completed in late 1996, and the community work recently has begun. NRCS conducted a baseline survey and is documenting the process of preparation of community workers; actual community activities; and changes in knowledge, spouse communication, and practice for STD/HIV prevention as a result of this pilot project.

2. Adithi (Bihar, India)

Adithi, a non-governmental organization based in Patna, is pilot testing a STDs/HIV prevention project in the Gaighatti Block in Bihar. The goal of the Adithi STDs/HIV project is to increase awareness of STDs and HIV/AIDS prevention among the population, particularly for migrant workers and their wives, and to increase the use of condoms as means of preventing transmission. Adithi conducted focus group discussions among the migrant populations in Gaighatti to obtain a baseline of knowledge and practice to serve as a basis for training community mobilizers/discussion leaders and to develop a "curriculum" to guide women's discussion groups. The training for community workers on technical information and facilitation skills was completed in November, and the community workers have begun awareness activities.

Initially, the community mobilizers, working individually, found resistance to discussing the topic of STDs/HIV. They grouped together to conduct public events in the service communities, such as processions which concluded with an introduction of the topic and of the field worker to the community. The field workers reported that subsequent discussions have been facilitated by these events and that the formation of discussion groups has begun. The migrant male workers of Gaighatti will return home in March for the Holi festival. This will provide the first large-scale opportunity for the project to assess the ability of women to act on the information and skills they have obtained.

3. YWCA of India (New Delhi)

The YWCA of India, which unites 62 local YWCA's in its effort to reach out to street children, began the "ASHA Project" in 1988 in Delhi. The objective of the project is to improve the social, economic, health, and education status of street and working children, and to mainstream them into the formal education system and/or gainful employment. These children earn a living selling cheap wares, such as newspapers or balloons, or working as laborers in the market.

Children and adolescents living on the streets are at a higher risk of disease, including STDs and HIV. Research has shown that these children are sexually active, often with multiple partners, at a very young age. The YWCA, in conjunction with CEDPA, designed a project to focus on the provision of family life/sexuality education to increase awareness of STDs/HIV among street children and adolescents. The project will reach 300 children through five centers in Delhi.

FGD's were conducted with the street children, which were the basis for developing a training syllabus for the eight street educators and 40 street volunteers. The YWCA has field staff who work with the street educators, providing guidance and support. The street educators are maintaining diaries of their work with the children, which can be assessed along with end-of-project focus groups to identify changes in children's prevention awareness, knowledge, or practice and to describe how those changes were effected by the pilot project.

4. Gujarat (India) State Crime Prevention Trust (GSCPT)

The GSCPT, a non-governmental organization based in Ahmedabad, is piloting a new STDs/HIV integration strategy in Vadaj, an urban slum area. Vadaj, like many urban slum areas in Ahmedabad, is a highly migratory area, where men must travel in search of work, often to manufacturing or construction centers in Surat and Kutch. In some of these slums, it is estimated that over 40% of the men are gone most of the year. Although the primary client group of the pilot are women, IEC and counseling activities are also available for men. The goal of the project is to increase awareness and knowledge of STDs/HIV and to promote risk-reduction behaviors among women and men.

The Gujarat project focuses on integrating STDs/HIV awareness into existing family planning programs, primarily through training family planning field workers to provide more effective information and counseling to family planning clients. A training curriculum has been developed for the field workers, with an emphasis on door-to-door visits for awareness on condom promotion, and referrals for clinical screenings. The Gujarat project will track its service data to determine increases in the number of STDs/HIV counseling sessions, IEC activities, and persons effectively referred to clinics or hospitals for testing or treatment. The effect of this intervention on family planning clients will be assessed in June 1997.

Documentation of STDs/HIV Prevention Pilots

The monitoring and evaluation (M&E) design, which has been built into each of these four pilots, will provide routine monitoring data and produce the documentation necessary to assess three major questions about the STDs/HIV project:

1. What are the impacts of these pilot interventions to empower individuals, especially women and adolescents, to reduce their risk of STDs/HIV transmission?
2. For projects which achieve demonstrable impact, how was it achieved?
3. What are the characteristics of NGOs and client populations for which pilot interventions proved successful?

The final evaluation report for this project will provide a basis for continuation and replication of successful pilots, feedback for promising pilots, and lessons learned across all four projects. Appropriate dissemination fora for lessons learned will be explored with partners, AID/W, and USAID Missions in India and Nepal, such as monographs, papers, or conference presentations.

**ACCESS PROJECT
OPEN SERVICE DELIVERY SUBPROJECTS
JANUARY - SEPTEMBER 1996 ACHIEVEMENTS**

COUNTRY	SUBPROJECT NUMBER AND NAME	SUBPROJECT DATES	NEW CLIENTS & REFERRALS ACHIEVED			CYP ACHIEVED		
			THROUGH DEC '95	JAN-SEPT '96	TOTAL TO DATE	THROUGH DEC '95	JAN-SEPT '96	TOTAL TO DATE
KENYA	Kenya 01-B FAMILY LIFE PROMOTION AND SERVICES	9/91 - 7/97	59,013	13,910	72,923	29,502	9,710	39,212
	Kenya 05 KABIRO KAWANGWARE Health Care Trust	11/92 - 7/97	64,846	7,393	72,239	32,186	6,700	38,886
TOTAL KENYA			123,859	21,303	145,162	61,688	16,410	78,098
MALI	Mali 05 ASDAP INTEGRATED FAMILY HEALTH PROJECT	3/95 - 9/96	1,825	1,526	3,351	574	436	1,010
TOTAL MALI			1,825	1,526	3,351	574	436	1,010
NIGERIA	Nigeria 01 NCWS - PLATEAU	11/95 - 2/97	9,278	7,278	16,556	2,070	2,778	4,848
	Nigeria 02 NCWS - NIGER	11/95 - 2/97	**	**	**	**	**	**
	Nigeria 03 NCWS - OSUN	11/95 - 8/97	23,702	3,231	26,933	**	**	**
	Nigeria 04 NCWS - ABIA	11/95 - 8/96	**	**	**	893	452	1,345
	Nigeria 05 NCWS - ENUGU	11/95 - 8/97	**	1,066	1,066	353	502	855
	Nigeria 06 NCWS-ANAMBRA	11/95 - 8/97	**	**	**	560	4,828	5,388
	Nigeria 07 COWAN-ONDO	11/95 - 8/97	17,316	12,757	30,073	5,459	5,863	11,322
TOTAL NIGERIA			50,296	24,332	74,628	9,335	14,423	23,758

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COUNTRY	SUBPROJECT NUMBER AND NAME	SUBPROJECT DATES	NEW CLIENTS & REFERRALS ACHIEVED			CYP ACHIEVED		
			THROUGH Dec-95	JAN-SEPT '96	TOTAL TO DATE	THROUGH Dec-95	JAN-SEPT '96	TOTAL TO DATE
TANZANIA	Tanzania 01 SUWATA	5/95 - 7/97	295	2,727	3,022	757	815	1,572
TOTAL TANZANIA			295	2,727	3,022	757	815	1,572
TOTAL AFRICA (OPEN)			176,275	49,888	226,163	72,354	32,084	104,438
INDIA	India 01-B GUJARAT State Crime Prevention Trust	1/92 - 9/96	35,695	5,209	40,904	165,830	35,132	200,962
	India 03-C PRERANA	1/94 - 9/96	*	*	*	*	*	*
	India 04-B BIHAR/COMPFED	1/92 - 7/97	22,926	4,156	27,082	39,288	12,344	51,632
TOTAL INDIA (OPEN)			58,621	9,365	67,986	205,118	47,476	252,594
NEPAL	Nepal 00 NCO Nepal Country Office	7/88 - 7/97	21,709	1,068	22,777	38,563	4,663	43,226
	Nepal 02 NEPAL RED CROSS	7/93 - 7/97	26,316	10,255	36,571	46,055	17,458	63,513
	Nepal 03 FAMILY PLANNING ASSOC. OF NEPAL	1/94 - 7/97	11,196	2,217	13,413	13,741	8,939	22,680
	Nepal 04 Institute for Integrated Development Studies	10/95 - 7/97	***	2,094	2,094	***	594	594
TOTAL NEPAL (OPEN)			59,221	15,634	74,855	98,359	31,654	130,013
TOTAL ASIA (OPEN)			117,842	24,999	142,841	303,477	79,130	382,607
TOTAL ACCESS (OPEN)			294,117	74,887	369,004	375,831	111,214	487,045
TOTAL ACCESS (CLOSED)			248,346	***	248,347	226,842	***	226,842
TOTAL ACCESS (OPEN + CLOSED)			542,463	74,887	617,351	602,673	111,214	713,887

* Technical Assistance only

** Based on recent CEDPA data quality study, these subprojects were utilizing different definitions than ACCESS and their data will not be ready for ACCESS reporting until mid 1997

*** Project was not open during this report period

NOTE: CYP figure differs by 3 between the charts and this worksheet due to time sequence of rounding and addition of data; core data is identical

**ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT
LOCAL AND INTERNATIONAL CONSULTANTS
APRIL 1996 - DECEMBER 1996**

COUNTRY	NAME	PERIOD	BRIEF DESCRIPTION	LEVEL OF EFFORT (days)
India	KHAN, Abrar Ahmed	2/26/96 - 5/31/96	Provide technical assistance to the Prerana Population Resource Centre (PPRC) in the area of CBD training. Develop training manual and reference handbook.	30
Kenya	MUNANIE, Eunice	3/19/96 - 10/31/96	Provide services to assist the Kabiro and FLPS subprojects in developing strategic plans for NGO sustainability.	50
Kenya	KIMUNYA, Amos	3/19/96 - 7/12/96	Provide services to assist the Kabiro and FLPS subprojects in developing strategic plans for NGO sustainability.	40
El Salvador	HERNANDEZ, Gloria	3/20/96 - 4/5/96	Serve as a facilitator for CEDPA's Gender Training of Trainers (TOT) Workshop in Lago Coatepeque, El Salvador.	5
El Salvador	PENA, Marina	3/20/96 - 4/5/96	Serve as a co-facilitator for CEDPA's Gender Training of Trainers (TOT) Workshop in Lago Coatepeque, El Salvador.	5
U.S./India	POLLY, Waneen	3/25/96 - 4/30/96	Assist the PPRC to strengthen the supervision training for Program Managers and Field Supervisors(FS) in UP. Develop training manual for FS.	20

COUNTRY	NAME	PERIOD	BRIEF DESCRIPTION	LEVEL OF EFFORT (days)
Nepal	SHERPA, Helen	4/1/96 - 9/30/96	Provide assistance to develop support activities for HEAL, Condom Day/AIDS, Clean Delivery Day follow-up/MCH and IEC development.	80
Nepal	ROE, Susan D.	4/17/96 - 12/1/96	To assist in adapting the CEDPA manual which integrates AIDS/STDs into a family planning program.	70
Nepal	DOLMA, Tshering	4/25/96 - 7/25/96	To provide assistance in coordinating the distribution of the advocacy booklet for and by Nepali women.	40
U.S./Indonesia	SUTHERLAND, Heather	6/14/96 - 7/8/96	Assist in the preparation of the Phase I of the training program for Indonesian Women on Leadership, Management and Gender and Advocacy Workshops.	15
Ghana	AMOA, Baffour D.	6/15/96 - 2/28/97	Assist in developing a pilot project for promoting FLE and services through Kumasi YWCA club activities and to develop a pilot project for resuscitation FLE and male motivation strategies through YWCA network.	27
India	RAO, AmIa Rama (local)	5/20/96 - 12/31/96	Assist the Prerana Population Resource Centre (PPRC) and CEDPA to provide training and technical assistance in reproductive health to the NGOs of Uttar Pradesh.	30

COUNTRY	NAME	PERIOD	BRIEF DESCRIPTION	LEVEL OF EFFORT (days)
U.S. (*)	Participants from Nigeria; India; Nepal; Ghana; Ethiopia, S. Africa	6/17/96 - 7/5/96 (YLRH workshop) 7/8/96 - 8/9/96 (IB/WIM)	Attend Youth Leadership & Reproductive Health; and IB/WIM Workshops at CEDPA Headquarters.	n/a
U.S./India (*)	SINGH, Bahnu	7/8/96 - 7/26/96	Attend an MIS training course conducted by MSH/Boston.	n/a
India/Bangladesh (*)	15 Participants from IFPS, India	7/21/96 - 7/31/96	Study Tour to Bangladesh by Participants from IFPS, India	n/a
Ghana	GIFTY, Alem-Mensah	8/5/96 - 3/31/97	Provide technical services in conducting follow-up downstream training to approximately 700 CBDs among network partners. Responsible for administering of funds to 3 NGOs, Phillip Foundation, NYOC and GAARH.	55
Ghana	Kofi Awusabo-Asara	8/26/96 - 11/30/96 (No-cost extension till 1/31/97)	Provide technical services to conduct policy analysis and review draft adolescent reproductive health policy in Ghana.	45
Ghana	Josephine Martei	9/16/96 - 12/31/96 (No-cost extension till 3/31/97)	Provide technical services in conducting follow-up downstream training to approximately 700 CBDs among network partners.	30

COUNTRY	NAME	PERIOD	BRIEF DESCRIPTION	LEVEL OF EFFORT (days)
Ghana	Clara Fayorsey	9/25/96 - 11/30/96 (No-cost extension till 1/31/97)	Provide technical services to the Ghana United Nations Student Association (GUNSA) to develop a pilot project for promoting FLE and services through GUNSA second cycle and tertiary institutions to complement activities planned by GSMF.	25
Ghana	Dela Kwaku Afenyadu	9/25/96 - 11/30/96 (No-cost extension till 1/31/97)	Provide technical services to the Ghana YMCA to develop a pilot project and to promote interventions for providing information and services to adolescent through YMCA; and the Muslim Family Counselling Services (MFCS) to develop pilot project for addressing adolescent reproductive health through MFCS network in semi-urban areas to reach Muslim youth.	40
Ghana (Invitational) (*)	Madeline Mohimi (S.Afr.); Diana K.Nkata (Uganda); Adeymi Adekoya (Nigeria); Ambawe Kebede (Ethiopia) & Abia Magembe (Tanzania)	9/30/96 - 10/4/96	Attend the "1st. African Youth Conference on Sexual Health in Ghana."	n/a

COUNTRY	NAME	PERIOD	BRIEF DESCRIPTION	LEVEL OF EFFORT (days)
Nepal	Helen Sherpa	10/1/96 - 12/31/96	Provide assistance to Safe Motherhood Program and to Nepal Red Cross Society for the IEC component of Condom Day.	24
Indonesia	Linawati Nasrif	10/19/96 - 11/14/96	Provide technical assistance to assist in carrying out the Phase I of the "Training of Trainers (TOT) and Gender and Advocacy Workshops" in Indonesia.	19
Kenya	Christine Brokenshire	11/9/96 - 1/15/97 (no-cost extension till 2/28/97)	Provide technical assistance to Family Life Promotion and Services (FLPS) Project in Kenya to evaluate the project with particular emphasis on the results of STD integration.	30
U.S./Nepal	Elizabeth Nisbet	11/20/96 - 12/6/96	Provide technical assistance in documenting lessons learned from Nepal on the effects of family planning and literacy programs on women's empowerment in Nepal.	10

(* (Participants attending Youth Leadership & Reproductive Health; and IB/WIM workshops; MIS training course; Bangladesh Study Tour and Invitational Travel to attend First African Youth Conference on Sexual Health in Ghana.)

ACCESS PROJECT TECHNICAL ASSISTANCE ACTIVITIES REPORT

STAFF

APRIL 1996 - DECEMBER 1996

NAME	COUNTRY	PERIOD	BRIEF DESCRIPTION
RAY-ROSS, Sumali	Indonesia	3/25/96 - 4/11/96	o Assessment of CEDPA's Leadership, Gender and Advocacy Training for Indonesian Women
LAU, Fred	Uganda	4/1/96 - 4/3/96	o Hold briefings with YWCA Health Improvement Project to review independent audit report findings and perform project close-out.
LAU, Fred	Kenya	4/4/96 - 4/18/96	o Hold briefings with subprojects and review draft audit findings if available. (Maendeleo Ya Wanawake FP/MCH Programme; Taita-Taveta FP and Health Project; Kabiro; and City Ctr. Clinic and Urban Based Distribution Project, provided through FLPS) o Meet with officials and accounting staff of KMWA and CEDPA Nairobi field office manager.
CRAUN-SELKA, Phyllis	Nigeria	4/26/96 - 5/12/96	o Conduct a Training-of-Trainer (TOT) and to assist in the facilitation of a two-week Strategic Planning and Sustainability training program for NGO leaders.
MOJIDI, Khadijat LISSIT, Stacey	Ghana	5/7/96 - 5/31/96	o Participate and provide overall technical assistance in conducting the "NGO Workshop on Planning Strategic Reproductive Health Programs" in Ghana.
BROWN, Jane	Nigeria	6/18/96 - 6/28/96	o Participate in the Planning Meeting in Lagos with other CA representatives."
MOJIDI, Khadijat LISSIT, Stacey	Ghana	9/13/96 - 9/24/96; 9/6/96 - 10/20/96	o To provide support for new initiatives related to supporting adolescent reproductive health interventions. o Provide technical leadership and oversight in the down stream STD training among selected NGOs.

NAME	COUNTRY	PERIOD	BRIEF DESCRIPTION
LUKE, Mary	Nepal	9/15/96 - 9/21/96	<ul style="list-style-type: none"> o To meet with field staff and mission personnel to discuss the ACCESS Project and it's role in assisting USAID/Kathmandu to meet its strategic objectives; o Discussions with Sristi-Associate Director, formerly NCO office, concerning its program, strategies, and relationship with CEDPA.
RUSSELL, Nancy	Cambodia	9/27/96 - 10/8/96	<ul style="list-style-type: none"> o To meet with the Cambodia Women's Development Association in conjunction with an HIV/AIDS prevention proj. o To meet with USAID/Phnom Penh personnel on CEDPA's interests and capacity in supporting NGOs and women's development in Cambodia.
RAY-ROSS, Sumali	Indonesia	10/19/96 - 11/14/96	<ul style="list-style-type: none"> o Work with local consultant and IBI to prepare and conduct Phase I of the CEDPA/IBI TOT and Gender and Advocacy workshops. o Work with USAID and IBI to discuss strategies for post-Phase I and Phase II and to coordinate the second CEDPA alumni advocacy meeting in Jakarta.
WILLIAMS, Howard	Nigeria	10/30/96 - 11/15/96	<ul style="list-style-type: none"> o Plan and organize workshop for subproject managers to introduce results-based monitoring and evaluation framework; o Train and orient program staff on framework for measuring and documenting women's health care decision-making; o Liaise with PCU and subprojects to develop a field-based cost model for CBD programs and o Conduct on-site visits of subprojects service delivery and related data collection activities.
MOJIDI, Khadijat	Nigeria	10/30/96 - 11/15/96	<ul style="list-style-type: none"> o Provide overall supervision & management of CEDPA team; o Orient new Resident Advisor on CEDPA Program and Activities in Nigeria; o Review program status including update on Democracy Initiative; o Develop workplan and refine budget for 1997 program activities and; o Participate in UNFPA Gender and Adolescent Dissemination Workshop.

NAME	COUNTRY	PERIOD	BRIEF DESCRIPTION
SEARING, Hannah	Nigeria	10/30/96 - 11/15/96	<ul style="list-style-type: none"> o Train and orient CEDPA/Nigeria counterpart in MIS data entry and data management; o Liaise with PCU MIS counterparts on MIS data quality and reporting protocols, provide support and inputs for the MIS workshop for subproject managers; o Conduct on-site visits of subprojects and provide TA on data definitions, management, analysis, reporting and data utilization.
MOJIDI, Khadijat	Kenya	11/10/96 - 11/17/96	<ul style="list-style-type: none"> o To conduct monitoring visit to Kenya-02(FLPS) and Kenya -04(Kabiro) projects; o Review status of on-going activities and plan for implementation of final phase of subproject activities; o Review sustainability plans for each subproject and reach agreements on proceeding with implementation plan; o Develop 1997 TA and workplan for remainder of project period; o Meet with USAID on CEDPA programs in Kenya; and o Meet with USAID, REDSO/EA, UNFPA officials and others, as appropriate to update them the Youth Forum in Ethiopia in January 1997.
MOJIDI, Khadijat	Tanzania	11/18/96 - 11/21/96	<ul style="list-style-type: none"> o Conduct monitoring visit to SUWATA Community-Based Reproductive Health and Family Planning Service Project including youth initiative; o Participate in advocacy meeting/workshop for women leaders; o Develop 1997 TA and workplan for remainder of project period; o Meet with USAID on CEDPA programs in Tanzania and o Brief USAID, UNFPA and others on upcoming Youth Forum in Ethiopia in January 1997.
MOJIDI, Khadijat NJUKI, Margaret(*) (* UNFPA)	Ethiopia	11/22/96 - 11/26/96	<ul style="list-style-type: none"> o Technical visit to work with local workshop coordinator and others to follow-up on preparations in connections with the Youth Forum in January 1997; o Update USAID and UNFPA officials to Youth Forum; o Discuss future CEDPA program development with USAID in Ethiopia.
CRAUN-SELKA, Phyllis	India	11/18/96 - 11/29/96	<ul style="list-style-type: none"> o Participate in conducting a pilot workshop, "Leadership and Management Program" (LAMP) at the Institute for Management Development U.P., Lucknow.

NAME	COUNTRY	PERIOD	BRIEF DESCRIPTION
WILLIAMS, Howard	Nepal	12/4/96 - 12/16/96	<ul style="list-style-type: none"> o Consult with Nepal Country Office staff, NRCS, FPAN, IIDS, and Sristi, regarding ACCESS Project MIS data (Data Quality Review). o Develop framework for ACCESS Project Monitoring and Evaluation, in consultation with the Resident Advisor and implementing partners, within the USAID Results Framework. o Develop research design, in consultation with CEDPA and FHI Resident Advisors and USAID/Kathmandu, to determine reproductive health effects of participation in basic literacy and HEAL programs. o Consult with NRCS regarding status of HIV/AIDS project and expectations for project documentation & evaluation. o To plan ACCESS project documentation & eval, in consultation with the Resident Advisor for 1997.
WILLIAMS, Howard	India	12/17/96 - 12/23/96	<ul style="list-style-type: none"> o Develop framework for ACCESS Project reporting, in consultation with the Chief of Party and Sr. Technical Advisor, within the USAID Results Framework. o Consult with Adithi/YWCA regarding status of HIV/AIDS project and expectations for project documentation and evaluation. o Consult with the Bihar State Cooperative Milk Producers' Federation staff regarding cumulative documentation of activities, impact, and sustainability. o Participate in MIS workshop to be conducted in Lucknow.

The ACCESS Project

Professional Papers and Presentations

1996 Annual Meeting - Population Association of America (May 10, 1996)	
Presenter(s)	Title of Paper
Adrienne Allison	<i>Implementing Beijing's Platform for Action in Nepal: A Focus on CEDPA's Partner Projects</i>
1996 NCIH Annual Conference - "Global Health: Future Risks, Present Needs" (June 11-14, 1996)	
Presenter(s)	Title of Presentation / Session
Ngozi Ikeji	<i>Emergence of the Silent Majority: The Role of Women NGOs in Bridging the Health and Development Gap, the Nigerian Experience</i>
Traore Fatoumata Touré	<i>Men: Sexuality and Reproductive Health in Mali</i>
Mary Luke	<i>Strategies to Integrate Women's Health and Development</i>
1996 AWID Forum - "Beyond Beijing: From Words to Action" (September 5-8, 1996)	
Presenter(s)	Title of Presentation / Session
Sumali Ray-Ross Ilaben Dave	<i>Women's Leadership and Political Participation</i>
Khadijat Mojidi	<i>Adolescent Reproductive Health Education</i>
Nancy Russell Sumali Ray-Ross Khadijat Mojidi	<i>Outreach Methods for Reproductive Health Services</i>
Nancy Russell	<i>Progress on Implementation of the Platform for Action Global Results</i>
JHU/PCS Communication and Behavior Change Series - "Reproductive Health Campaigns: Integration at Work" (November 14, 1996)	
Presenter(s)	Title of Presentation / Session
Mary Luke	<i>Coalitions for Condoms in Nepal</i>