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NCA QUARTERLY REPORT JULY-SEPTEMBER 1998 (QUARTER 1)

AFRICA

Regional Overview:

Many of the regional initiative highlights this quarter reflect south-to-south collaboration. A representative from the region attended a seminar in Berlin on Sexual Education and Reproductive Health for Unmarried People in African Countries, which was sponsored by the Public Health Promotion Center of the German Foundation for International Development (DSE). The meeting met its objective of influencing interdisciplinary and multi-sectoral discussion within society on **adolescent reproductive health (ARH)**. Participants shared their ARH program experiences; analyzed strengths and weaknesses of country programs to help them improve their own ARH program strategies; and developed skills and techniques to reduce resistance to ARH and to lobby for RH programs. In addition, Pathfinder facilitated the activities of the East African Reproductive Health Network (EARHN). USAID/REDSO has agreed to support EARHN to increase the capacity of its members to address reproductive health (RH) issues, with an initial emphasis on ARH, in three target countries -- Kenya, Uganda, and Tanzania. EARHN works with policy makers and program managers through focal institutions (Kenya --NCDP, Uganda -- Population Secretariat of the Ministry of Planning, Tanzania -- Ministry of Planning and Economic Development (with a strong assist from the MOH's Reproductive Health Unit (formerly the FPU). The initial program will focus on ARH and has several components: a study tour to 2-3 southern African countries; formation of teams working with PI and an international consultant on country-specific documentation of best practices in ARH; production of a directory of youth serving programs and organizations for each country; a regional workshop to disseminate the report findings and documentation; and forward planning for the next set of RH activities in the sub-region.

Two study tours to Kenya further promoted south-to-south collaboration. Pathfinder organized **community based distribution (CBD)** and ARH study tours for visitors from Ethiopia and Mozambique that showcased Pathfinder's work and provided a forum for sharing of experiences. Several lessons have been learned with regard to study tours: (i) appropriate selection of participants is key to ensuring that implementation of best practices observed do result from the study tour -- selection of participants who have highest probability of using their new knowledge/skills is critical; (ii) grantees' home institutions should be willing to make a commitment to make use of the participants' new knowledge and skills; and (iii) a study tour that is intended to have a multiplier effect will work only if specific activities are planned to ensure it is implemented.

The Africa Regional Office in Nairobi conducted a technical workshop on **integration** for select grantee staff. In this workshop, both the grantees' integration goals and implementation plans

were reviewed and updated. This workshop prepared grantee staff in providing technical assistance to other organizations.

The Africa Regional Office held a **Regional Strategic Planning Workshop** in Nairobi for its technical and program staff. The objectives of the meeting were to define strategies for Pathfinder's future activities in the region. The report from this meeting is being finalized so results are not yet available.

USAID/Ethiopia awarded Pathfinder a \$4 million, four-year cooperative agreement. This **new mission agreement** will enable Pathfinder to expand RH services and lead critical program initiatives on a nation-wide basis. Highlights of program activities include: introducing alternative service delivery models: expanding the range of RH services by introducing post-partum and post-abortion services, emergency contraception, and STI and HIV/AIDS prevention activities; and building the technical and management capacity of partner organizations. Further, Pathfinder will increase the number of partner organizations from the private, for-profit sector from its current level of five to ten.

Access:

Pathfinder/Nigeria began implementation of eight (small) NCA subprojects, all with private sector organizations. These service delivery subprojects will improve access by bringing services to hard-to-reach populations including adolescents and males, in select areas throughout the country. Community and women leaders attended orientation seminars as part of the strategy for creating awareness of RH programs and garnering support at the local level. IEC campaigns were conducted at local markets. However, commodities were not available from the identified supplier so time was lost in negotiating supplies from others; therefore the subprojects did not report any service delivery outputs this quarter.

The Family Life Education Project (FLEP) continued its efforts to improve awareness of and access to RH services in **Uganda**. As part of its IEC strategy, FLEP is focusing outreach efforts on young adults as a primary target group for HIV/AIDS prevention; on men as a target audience for STI prevention; and on pregnant women as a primary target audience for maternal health. FLEP showed three films with messages on MCH, STIs and HIV/AIDS (*Time to Care*, *Dilemma*, and *More Time*) in 46 project communities. As a result of the special program focus on men, the number of vasectomy clients served by FLEP increased from an average of six per quarter to nine this quarter. FLEP also provided nutrition education and other child survival activities such as immunization and growth monitoring at 48 static clinics and 144 outreach sites. In an effort to improve and maximize coverage of village health workers (VHW) catchment area and agent coverage, a catchment area review was conducted in FLEP's 48 project areas and in all the CBD areas of East Ankole Diocese (EAD), including Mbarara and Ntungamo. The objectives of the review included finding out the distance or area size covered by each VHW; estimating the population served by each VHW; estimating CPR and other outputs as a result of the efforts of the VHWs; determining the volume of remaining RH work and resources required; and determining which catchment areas were cost effective. The results, which will be available next quarter, will be used to improve project performance.

In **Ethiopia**, the final report of the baseline Ethiopian Evangelical Church Mekane Yesus - Southern/Central Synod (EECMY-SCS) Family Planning Project Catchment Area Survey was produced and disseminated to participating agencies and other interested institutions. The survey confirmed that high fertility and low prevalence of contraceptive use characterize the catchment area; there is a high-unmet need for family planning services and that access to formal health services is limited; and there is a wide gap between HIV/AIDS awareness and behavioral change. The finding of the survey also show that in such under-served communities, non-conventional approaches such as community-based programs can effectively address issues related to knowledge, which in turn, improve use of services. A one-day dissemination workshop of the survey report was conducted in Hossana with more than 40 participants representing federal, regional, and zonal offices as well as participating agencies.

Activities in **Mozambique** straddle the strategic objectives of Access and Quality. Access to services will be greatly increased in four districts of Nampula Province through training for elementary nurses. Elementary nurses provide frontline services in health posts and until this course, did not have the knowledge to provide any RH services, including family planning or STI prevention. The nurses will take part in a pilot project, spearheaded by Pathfinder and approved by the MOH, to evaluate the potential for elementary nurses to provide RH services, which would lead to much greater access to services in Mozambique. Further, Pathfinder is working to increase the number of trained CBDs in the country. Pathfinder facilitated the third meeting of the CBD Task Group, hosting members from the Ministry of Health, USAID and seven PVOs/NGOs (World Vision, World Relief, AMODEFA, SEATS, Save the Children, CARE, and MCDI). Discussions included a summary of the CBD Curriculum Development Workshop, the CBD study tour in Kenya, and plans for TOT and training of CBD agents in during the next quarter.

In **Tanzania**, the Organization of Tanzania Trade Unions (OTTU) introduced RH services at three new work-place based sites which will lead to increased access in the respective areas. Specifically, Tanzania Zambia Railways Cooperation, Kwanza Bottles (cola company), and Tanzania Oil Company have begun offering RH services to their employees.

As planned, NCA funding was terminated for three long-term **Kenyan** grantees, namely Nairobi City Council, Egerton, and Kenyatta Universities. However, Pathfinder will continue to maintain program continuity for the university-based peer education projects using private funds.

Family planning services and counseling have been introduced at the University of St. Louis in Senegal with the training of 11 student peer counselors. These peer counselors are now conducting IEC activities on campus and making referrals for services to the ASBEF clinic at St. Louis.

Ethiopia -- Bring the Family

Abebetch is a 20 year-old Ethiopian mother of an 18-month old boy and a six-month old baby girl. She lives in Kechema Kenchero Peasant Associations, a rural village within the catchment area of the Nazareth Children's Center and Integrated Community Development (NACID) project, which is located about 110 kilometers from Addis Ababa. The CBRH agent who visits Abebetch regularly provides her with oral contraceptives pills because Abebetch and her husband would like to delay the birth of a subsequent child until the baby is three. She and her husband have been happily managing their work and care of their two youngsters. Recently, Abebetch heard a fight between her husband and her father who had come for a seemingly fatherly visit from Shenkora. The father was extremely angry and was heard shouting at his son-in-law, "if you cannot manage your wife, I will take my daughter home!" Abebetch knew the source of the fight; her father discovered that she was taking the pill. She ran to the CBRH agent and told him about the quarrel. The agent told Abebetch to go back and continue with her coffee ceremony. Meanwhile, the CBRH agent contacted the community elder who has been trained in family planning/CBRH and was very supportive of the NACID program. Together they went to talk to the family, arriving just as the coffee was ready. They sat down with the family and had a long discussion about the pill that Abebetch was taking. The father told the village elder that the pill would make his daughter sterile. The village elder and CBRH took their time to dispel this rumor and explain how the pill works, its benefits, and its limitations. The father eventually came to realize that his daughter was doing the best thing for herself and her family. In many Ethiopian villages, it is not only couples who must be educated to gain acceptance of family planning, but the whole extended family, particularly the elders.

Quality:

In **Uganda**, refresher training was conducted for 50 FLEP practitioners using the new training curriculum. The training strengthened the clinicians' competence to deliver high-quality RH services and updated their counseling skills. In addition, 172 FLEP VHVs underwent refresher training. In addition, the FLEP core training team and staff members, with technical assistance from a Pathfinder-supported consultant, developed a supervision curriculum. FLEP trainers who conducted refresher training for 33 supervisors (primarily from NCA subprojects) then used this tool. Quality audits were conducted in 49 clinics supported by Pathfinder under the FLEP subproject to check client satisfaction in IUD use, IUD follow-up, Norplant as a safe method, and informed choice for dual method use. The audit led to suggestions for improving quality of services such as developing a formal ombudsmen approach to monitoring quality of care; strengthening self-assessment style rather than supervisor assessment; improving client waiting time for tubal ligation, vasectomy and Norplant services; and ensuring IUD clients return for follow-up even if they do not experience problems.

A notable implementation issue in Uganda is that FLEP is experiencing a set back in its service provision because it lacks training opportunities in IUD insertion and removal for service providers recruited between 1994 to date. The current DISH training curriculum, the mechanism by which FLEP trains its clinical staff, does not include IUD training. Pathfinder recognizes the need for clinical refresher training for current staff at a minimum as well as IUD insertion

training for new FLEP clinicians, and will take necessary action to ensure that training takes place for FLEP providers. This is consistent with FLEP's strategic direction of becoming more client-focused as evidenced by the "TUD as a Safer Method" theme of quality assurance efforts.

As a means to further improving quality of services in Uganda and in order to promote and strengthen the integration of STI and HIV/AIDS prevention into family planning services, Pathfinder's regional technical staff facilitated a three-day integration workshop for the EAD management team and board. The workshop provided a forum to improve the group's understanding of integration, how it applies to programs, and lessons learned from other programs. As a result of the training, the group was able to set the organization's integration agenda, articulate its purpose and objectives, and set-up an action plan for FY99 for addressing major program areas.

Pathfinder/**Mozambique** developed an RH training manual for facilitators as well as participant materials, and then conducted training in Ribaué District for elementary nurses in four districts of Nampula Province as mentioned in the Access section of this report. Training included upgrading of all reproductive health and family planning skills and knowledge, health education methods, quality of service issues, community participation, and delivery of community-based services. Pathfinder also produced a "Pocket Guide" for RH service providers at the health post level. In addition, the organization began planning and materials development for a TBA TOT course in Nampula. As the lead organization working on CBD curriculum development in CBD in Mozambique, Pathfinder developed materials and conducted a series of workshops and small group discussions with the MOH in the first phase of curriculum development for community agents for reproductive health (CARH). Pathfinder also supported a five-day training of adolescent activists from AMODEFA. One Program Officer from Nampula participated in a nurse supervision course sponsored by CARE, in Malema District.

Training efforts to enhance quality of services continued throughout the region during this quarter. In **Tanzania**, the Organization of Tanzanian Trade Unions (OTTU) trainers applied the new National Integrated RH Curriculum and Manual that was updated with Pathfinder assistance in May 1998, during a refresher course for 78 of its CBD agents.

In **Ethiopia**, method mix was improved through a one-week theoretical and practical training in family planning. As a result of the training, three health assistants are now providing injectables in the Nazareth Children's Center and Integrated Community Development Project (NACID's) five health posts. In addition, qualified trainers from the Family Guidance Association of Ethiopia (FGAE) assisted NACID to train 13 CBRH agents in family planning/RH during a 14-day course.

In **Nigeria**, 23 nurses and doctors representing all eight subprojects attended a one-week Contraceptive Technology Update course. The workshop improved the participants' skills in integrated health care.

Pathfinder's technical staff collaborated on a dual method use/protection study conducted in **Kenya** at the Buomu clinic, Mkomani. The results of the study are still in draft form but should be available next quarter.

Institutional Sustainability:

Institutional capacity building continued in **South Africa**. Pathfinder and PPASA collaborated on five important activities during this quarter. In July 1998, Pathfinder facilitated the first annual review of PPASA's strategic plan. Some of the plan's strategic objectives were updated or revised in light of intervening events since plan formulation. It was agreed that the plan might need further review in light of potential increases in support or innovative new program designs from two donors – DFID and Compton Foundation. Second, Pathfinder facilitated a two-year program planning exercise as a follow-up to the strategic plan review. Third, Pathfinder continues to work with PPASA on fund-raising and resource diversification. Pathfinder has worked with PPASA as a member of its National Fund-Raising Committee and has made suggestions for a software application to produce a fund-raising database for the organization. Fourth, Pathfinder supported the Reproductive Health Research Unit's Reproductive Health Priorities Conference in August 1998. The conference attracted policy makers, academics and researchers, donors, service providers and program managers from all parts of South Africa and the southern Africa region. Pathfinder sponsored an Issues Breakfast and a session on the relationship between integrated reproductive health issues and community-based service delivery. Fifth, Pathfinder provided on-site technical assistance to strengthen PPASA's MIS and provide on-the-job training for staff who have not attended previous MIS workshops.

As a follow-up to the previous consultative and sustainability workshops conducted in **Uganda** with community leaders during the last quarter and this quarter, FLEP secured five memoranda of understanding (MOUs) signed with local government; these MOUs specify expected contributions to each others work. As part of the FLEP's sustainability strategy and in line with its sustainability plan, Baise FLEP Promoters' Association of Uganda gave out loans to 30 VHWs to run micro-projects. Although the loan system does not have enough capital to support all potential candidates, so far it is proving to be a very positive experience for those who participate. VHWs have been trained in simple business plans as well as entrepreneurial skills such as planning, documenting, and banking and saving. Conversely, the executive committee of the VHW association has been trained on how to manage the loan scheme and how to improve low performers. Pathfinder plans to market the micro-credit initiative to attract external funding for FLEP.

FLEP also provided technical assistance to five local institutions; specifically, they provided refresher training to 259 community reproductive health workers (CRHWs) and provided assistance to the Kasese subproject in training 85 CRHWs in nutrition and growth monitoring. Also in Uganda, Pathfinder facilitated strategic thinking and phase-out planning exercises for three partners – EAD, Masindi, and Kasese Dioceses. In the case of EAD, the strategic exercise report will serve as the basis of a strategic plan and will be used to mobilize local and international resources and increase options for income generation and sustainability.

The Pathfinder/Nampula team in **Mozambique** assisted consultants from Family Planning Logistics Management (FPLM) in Nairobi to analyze contraceptive logistics systems in Nampula City and Province, and to make recommendations on improvements from the central to health-post levels. This consultancy was facilitated by Pathfinder and constitutes an important adjunct

activity for SALAMA subgrant implementation, as well as partner PVOs. The Pathfinder Country Representative continued to play a pivotal role in the meetings between MOH and USAID Contraceptive Commodity Logistics. On specific subgrantee activities, PI completed SALAMA's strategic plan, with assistance from CBE (a Maputo-based consultant group) and Cooperação Suíça. SALAMA's project indicators were also reviewed and a baseline rapid survey was planned. In addition, PI assisted AMODEFA in preparation for an Annual Assembly and Workplan Meeting. One Program Officer from Nampula and the Executive Director of SALAMA participated in a workshop on Advocacy, which took place in Maputo. SALAMA and Pathfinder began discussions on how to include advocacy strategies in training courses and in the workplans.

Pathfinder/Mozambique continues to take the leadership position for coordinating PVO RH and other health-related activities in the country. Pathfinder assisted DPS with logistics for the National Polio Vaccination Campaign and participated in the Nampula Provincial Coordination Counsel (presentations of district health data, discussions about provincial/district health activities). PI and SEATS jointly conducted initial planning for national PVO RH biannual Forum. Multiple meetings were held with Northern PVO Health Program counterparts in Maputo to discuss collaborative activities and facilitate coordination between PVOs and with MOH in area of RH (World Vision, CARE, Save the Children, MCDI, local NGOs – PROLIDE, ARO, Street Children – Doctors of the World, IRC/Estamos). Pathfinder is also participating in ongoing meetings on communication with collaborative donors who are supporting local partners e.g. SDC – SALAMA; IPPF – AMODEFA

Pathfinder/**Tanzania**, in collaboration with its local partners, designed and printed CBD diaries, monthly reporting forms, and feedback forms for project service providers. These MIS data collection instruments are currently being field-tested; it is expected that they will improve the quality of reporting and enhance the use of data for decision making. Pathfinder staff and managers from its local partners (OTTU, TOHS, SDA, and SUWATA) participated in a three-day coordination meeting organized by the National Reproductive and Child Health Unit (NRCHU) of the MOH. The purposes of the meeting were to share achievements, lessons learned and emerging issues of MOH four years implementation of the training strategy (1994/99); to plan for the future by focusing on strengthening the organizational relationships; and to reach an agreement on strategic issues which will enable partners to effectively implement programs.

Pathfinder visited and provided program and technical assistance to the **Senegal** Family Planning Association in planning for income generation activities, in preparation of the project's phase-out scheduled for September 30, 1999.

Kenya – Motivating CBD Workers

In 1994, the Anglican Church of Kenya (ACK) Eldoret initiated a CBD family planning project with support from Pathfinder. The goals of the project are to increase contraceptive use; create awareness of family planning and HIV/AIDS; and increase linkages with existing health service provision points. After a well-financed and productive first year, the project experienced major budget cuts in 1995; the exercise of reconciling activities with a significantly smaller budget threw the management team into confusion. Christine K., a CBD supervisor, summarized the fear in everybody's minds: *"All our CBD agents will drop out if we reduce their travel allowance! What will happen to all the people we are serving? All this time and money we have spent training the CBDs!"* In the organization's time of need, the CBD supervisors rose to the challenge and devised a strategy to ensure that their activities would continue unaffected. They created the idea of "prize for best CBD" whereby each member of the management team agreed to contribute 200 shillings (approximately \$3.33) per quarter towards an award in recognition of CBD workers who provide outstanding care.

Meanwhile, the CBDs were holding an informal gathering of their own to discuss the implication of the budget cuts. They knew that reducing their transport allowance would make it difficult to visit distant clients. Sanaipei, a senior CBD worker explained the implications: *"This project is ours and it is our people who will suffer if we stop providing services. We cannot and should not abandon our people in their hour of need."* The CBDs came up with their own plan to motivate the group and while at the same time addressing the transportation problem. They formed a credit society whereby each CBD contributed 50 shillings per month (approximately \$ 0.83) towards the purchase of bicycles as prizes for excellent CBD agents.

Funding for this project has been consistently cut back each year, yet the CBD prizes continue to motivate agents. During the recent monitoring visit, Pathfinder staff observed one of the CBD awards ceremonies. The management staff presented prizes to four agents for their superlative work in condom distribution, effective referrals, and community involvement. The CBDs then awarded bicycles to five outstanding CBD agents. The excitement during the bicycle presentation can be summarized by the words of one recipient: *"There will be a change in my family. There will be more love from my husband. My husband will not believe it-he will be so happy. Thank you all. May God bless."*

In Kenya, Pathfinder continued to work with MYWO to finalize a first draft of its new five-year Strategic Plan; similar activities occurred with Kabiro Kawangware with regard to completing a strategic thinking exercise. Plans to conduct a similar exercise with CPK/Eldoret were also discussed. In addition, Pathfinder/Kenya staff participated in a meeting convened by FHI on the "Ability and Willingness to Pay for family planning Services" in which Mkomani, a Pathfinder project, was identified as one of the study sites. This initial meeting set the stage for the study; a follow-up meeting will be held in January 1999.

Pathfinder/Nigeria's Management Manual project resulted in eight draft modules (Strategic Planning, Organizational Structure, Organizational Development, Program Management, Human Resources Management, Financial Management, MIS/Monitoring and Evaluation, and

Sustainability), four that have been reviewed and graphically enhanced (Strategic Planning, Organizational Structure, Human Resources Management, and MIS/Monitoring and Evaluation). Although the Ford Foundation has supported the Management Manual project, the organization as a whole will benefit. It is hoped that partner organizations in Nigeria, Kenya, and Ethiopia will field test the modules. All modules are expected to be reviewed, revised, and disseminated by the end of the next quarter.

Country Program and Technical Support:

Evaluation

The Consortium of Family Planning NGOs (COFAP) in **Ethiopia**, which is managed under the auspices of Pathfinder, collaborated with FHI to conduct workshops at four program centers. The workshops had three objectives: (i) to review the modified monitoring and evaluation instruments; (ii) to familiarize users with the forms; and (iii) and obtain their approval. Thirty participants including program officers, area managers, nurses, clerks, CBRH agents, supervisors, and coordinators attended each workshop. The instruments which were designed to standardize data collection and reporting systems in the NGO sector were pre-tested; the comments and observations made by users during the pre-test were incorporated and the forms were modified accordingly. Pathfinder-supported organizations in Ethiopia will introduce these instruments in their respective monitoring and evaluation systems beginning November 1998.

Pathfinder's Regional Office in Nairobi provided technical assistance in **Mozambique** to outline an initial monitoring and evaluation plan, including a more comprehensive framework for all PVOs involved in RH. Pathfinder will facilitate the development and implementation of a monitoring system for USAID-funded PVOs, in concert with the MOH and local partner NGOs.

In **Tanzania**, Pathfinder participated in a workshop and was selected to be a member of a Task Force of the Performance Monitoring Plan (PMP). The task force was organized by USAID to identify indicators for monitoring progress and collection data for USAID supported family planning, MCH, and HIV/AIDS in order to standardize reporting for the Health and Population Office of USAID/Tanzania and its partners.

Program Support

In **Mozambique**, several vacant positions in the PI Country Office were filled and staff registered with employment contracts. Computer network systems were installed in both PI Nampula and Maputo offices rendering them accessible by email.

Pathfinder's **Kenya** and **Tanzania** Country Offices exchanged Country Representatives. Orientation was provided for the incoming Kenya Country Representative and the process of recruitment of an additional program officer the Kenya Country Office was initiated.

ASIA AND THE NEAR EAST

Indonesia is the only country in the Asia region that is supported with NCA funding.

Access:

Pathfinder, through the Service Delivery Expansion Support (SDES) project in **Indonesia**, continues to increase access to family planning services through community, clinic, and hospital-based systems. Due to the monetary crisis, BKKBN can no longer afford to purchase the required amount of contraceptives to meet the demand. In 1997, 40% of family planning clients were reported as paying for their services in the private sector. It is expected that this number will decline due to the skyrocketing costs of supplies brought on by the monetary crisis. With fewer clients able to afford contraceptive services, more of the burden is on BKKBN to respond to the contraceptive needs of the population. After reviewing the available supplies and planned donations from other donors, USAID and Pathfinder reallocated funding to purchase Copper-T IUD and Norplant supplies to be donated to the Government of Indonesia. Pathfinder has been assigned the task of monitoring the distribution of the contraceptives and has developed a terms of reference with BKKBN detailing the procedures and requirements for distribution, reporting, and service delivery related to the donated contraceptives. Pathfinder will also solicit bids for a third party to monitor the distribution of the contraceptives.

Pathfinder continued discussions with USAID/Jakarta and BKKBN on other ways to respond to the negative effects of the economic crisis. Pathfinder is working with BKKBN on establishing a crisis information and response center that will assist BKKBN in identifying areas of need and ways in which to respond. Since the negative effects of the crisis seem to be particularly severe in urban areas, Pathfinder has initiated discussions with the BKKBN /Jakarta branch to solicit a proposal for funding. It is expected that SDES will fund service delivery activities in Jakarta to increase access and maintain the utilization and quality of services in poor urban areas.

SDES supported the renovation of service delivery points to improve access to voluntary surgical contraception (VSC) in hospital and government clinics and to IUDs in clinics and village midwife posts. NGO clinics were also supported, either through renovations, equipment procurement, and/or administrative support to maintain the operations of the clinic during the current economic conditions. Many private and NGO clinics have found it hard to make ends meet with the soaring cost of medical supplies and inability of clients to pay for services.

In addition to supporting static service sites, SDES also funded service visits, to provide long-term method services in areas where access is limited. BKKBN conducted VSC specialist visits, integrated service visits, IUD home visits by midwives, and service visits by teams of doctors and/or midwives in 11 provinces. In addition, SDES renovated and equipped four village midwife posts and supported midwife visits in which village-based midwives expanded their outreach to provide family planning information and services to clients within their respective communities. Since midwives provide the majority of family planning services, SDES has concentrated many of its activities on improving the quality and outreach of midwife services.

To promote family planning services and to increase community knowledge about specific family planning methods, SDES supported the development and dissemination of printed and mass media IEC materials. SDES also supported field workers and cadets in conducting IEC outreach to inform communities about family planning methods and services, both through home visits and community meetings or activities.

Quality:

During monitoring visits to the provinces, it was apparent that the quality of services is threatened by the lack of supporting medical supplies. USAID has requested that Pathfinder work with BKKBN to review the need for medical supplies to support VSC and implant services in order to ensure quality. Pathfinder has entered into discussions with AVSC to procure needed medical supplies and, if possible, will reallocate a portion of the SDES budget for this purpose as AVSC has experience in procurement and distribution of medical supplies for VSC services.

An evaluation of the project is being planned to assess a quality VSC in five sample provinces. The assessment will look at the quality of clinical services according to the standards developed through the National Clinical Training Network. In addition, the evaluation will assess the quality of information given to clients, the quality of service facilities, and access to IEC. An evaluation consultant was identified to develop an evaluation implementation plan and an agency will be chosen to conduct the assessment.

Institutional Sustainability:

Pathfinder will continue to increase the management, financial, and technical capacities of local SDES-partner organizations. Under the current economic conditions, it is difficult to focus on sustainability when an increasing number of resources are needed just to maintain contraceptive use. Family planning services will need to be subsidized and private and NGO clinics cannot be expected to increase their paying client base. Pathfinder will continue to support the operational costs of NGO clinics while training staff in clinic management and program planning. NGO clinic staff from Nahdlatul Ulama were trained in social marketing, in order to find ways to better market and support the costs of their services. The economic crisis has made it apparent that BKKBN and NGO managers require additional skills for program planning and tools for making decisions about how to allocate limited resources. In collaboration with the POLICY project, Pathfinder and BKKBN will plan and conduct a strategic planning training for managers.

Country Program and Technical Support:

Pathfinder provided technical support to the SDES grantees through monitoring visits to the 11 provinces and the NGOs. Technical support included financial monitoring and reporting, preparations for an upcoming audit, distributing donated contraceptives and programmatic reporting. Pathfinder also provided support to the Central BKKBN office in logistics management and development of an economic crisis information and address center to respond to the negative effects of the crisis. Technical support was provided to the BKKBN/Jakarta branch to develop a proposal for SDES funding.

An evaluation consultant was hired to assist the country office to develop an SDES evaluation implementation plan. The evaluation will not only look back at the impact of SDES during the last four years, but also review the effects of the economic crisis on family planning and make recommendations for future programming needs. The evaluation will include four components: an output/impact assessment study; a quality assessment study; a program management effectiveness study; and an assessment of the cost-effectiveness and sustainability of program interventions

LATIN AMERICA AND THE CARRIBEAN

Regional Overview:

In September, Pathfinder convened a Regional Meeting for staff from Latin America and the Caribbean in Mexico City, Mexico. Participants included Country Representatives from Bolivia, Brazil, Ecuador, Haiti, Peru, and Mexico, FOCUS project staff from Bolivia and Peru, and the LAC Regional Program Officer from HQ. Pathfinder's Senior Vice President joined the group for a day. The main themes of the meeting were Rural Service Delivery and Adolescent Reproductive Health Services, two areas of great interest and need in all five program countries. The principal outcome of the meeting was an agreement to pursue regional initiatives in both areas.

Access:

In **Bolivia**, Pathfinder explored ways to increase access to family planning/RH services among NCA subgrantee agencies. In coordination with PROSALUD, Pathfinder visited Tarija to understand why the local PROSALUD clinics were not reporting community-based activities. As it turns out, the CBD agents had been assigned to other duties. Based on Pathfinder's findings and recommendations, PROSALUD re-initiated its CBD activities in Tarija, thus dramatically increasing the outreach potential of the clinics in the target areas. In Cochabamba, Pathfinder helped the NGOs PROMEFA and COMBASE develop a strategy to follow-up new users of clinic services. Health promoters will visit those clients, such as new family planning users and pregnant women, who did not return to the clinic following their initial visit. The promoters will investigate why the clients did not return and will make recommendations to the NGOs. In turn, COMBASE and PROMEFA will use the findings to improve their services in order to meet the users' needs. Through this new initiative, it is expected that the rate of continuing users will rise.

Throughout this reporting period, Pathfinder/**Brazil** supported various activities to promote public-private and private-private linkages among providers in order to increase access to family planning/RH services. In one of the population-environment (P/E) projects, Pathfinder has been working to foster a link between Jupará, an environmental NGO, and the local health unit (DIRES) to improve access to services for the communities in which Jupará works. During this quarter, Pathfinder staff met with Meire Santana, a local DIRES representative, to discuss expanding the role of the municipalities in providing health services to the residents. Further contacts were established between community members and DIRES following a Pathfinder-sponsored training event. In another P/E project, Pathfinder helped the NGO Funatura secure the services of a local physician from the State Secretariat of Health in Chapada Gaucha one day per month. During the first visit to Funatura's park headquarters, the physician saw 60 people. To aid in health education and service delivery activities, Pathfinder donated reproductive health flip charts, 1000 pamphlets of birth control methods, and 50 IUDs. Public-private linkages are also a key aspect of Pathfinder/Brazil's STD/AIDS Prevention Program. During this quarter, the NGO GAPA continued to refer women seeking family planning/STD treatment to two nearby health clinics run by SESAB, thus forging a link between one of the largest AIDS prevention NGOs in the country and the Bahia State Secretariat of Health. Similarly, in Pathfinder/Brazil's project with CETAD, a group that works primarily in AIDS prevention among drug addicts, 451 clients were referred to a health post where they were seen by a BEMFAM doctor for STD treatment

and other reproductive health services. In the workplace-based AIDS prevention project, 18 clinical staff from Pathfinder grantee organization SESI were trained in the syndromic diagnostic approach by the Secretariat of Health of the State of Ceará in order to better provide on-site health care.

In addition to promoting linkages among agencies, Pathfinder/Brazil aims to increase access to services by supporting projects that utilize a variety of media to convey information about STIs and HIV/AIDS prevention. During this quarter, Pathfinder grantee Comunicação e Cultura (C&C) continued teaching adolescents how to write and edit school newspaper articles as a means of conveying age-appropriate information on RH and STD/AIDS themes. To date, 44 schools are actively participating in the project; 76 new adolescent editors have been trained; 114 students have taken part in the C&C-sponsored events; 58 "Equal-to-Equal" Editorials (formerly called "Women's Editorial") were published; 86,500 newspapers were printed; 40 educational activities were conducted in various schools; and 4,000 issues of the "Citizen School Magazine" were distributed. In another AIDS prevention project, "Broadcasting Professionals against AIDS," the 60 disc-jockeys trained in preparing AIDS prevention education continue to broadcast their messages throughout the state of Ceara. Broadcasts include a radio soap opera about the use of condoms ("Auto da camisinha") and a collection of five music spots. In a third AIDS prevention project, staff from SESI, an organization that coordinates various services (social, medical, legal, etc.) for the industrial sector of Ceara, used puppet shows to convey information about STDs and AIDS. By the end of the quarter, SESI had enrolled 13 companies in the project and performed 14 puppet shows to a total of 1,060 employees, mostly women.

A third way by which Pathfinder/Brazil seeks to expand access to family planning/RH services is through its AIDS-RH Integration Program. In the project with SESAB, which ended in August 1998, Pathfinder supported the cross-training of key personnel from both technical areas: reproductive health division staff were trained in syndromic approach to STIs/AIDS and professionals from the STI/AIDS division were trained in reproductive health. The primary achievements of the program were the integration of the two programs in 16 health units; the establishment of a referral and counter-referral system with patients being tracked in both divisions in each unit; the training of 194 health professionals; and the distribution of 183,872 condoms, 9,000 IEC materials on STDs, 104,964 contraceptives, and 400 IEC materials on contraception at the 16 health units.

As the SESAB program drew to a close, Pathfinder/Brazil launched a new RH-AIDS Integration program with public and private sector agencies in the states of Bahia and Ceara, which also aimed to expand access to services through integration. During this reporting period, Pathfinder laid the groundwork for the development of integrated services with the State and Municipal Secretariats of Health and among NGOs with whom Pathfinder has worked previously. This quarter, project activities revolved around meetings to define the roles and responsibilities of participating agencies and the anticipated lines of action. To date, the following results and products have been achieved:

- Work plan for project Year I activities developed with secretariats of Health in Bahia and Ceará;
- *Memoranda of Understanding* between Pathfinder and Secretariats of Health in Bahia and Ceará written;

- Selection Criteria/Service Delivery Points defined;
- Needs assessment tool for integrated services developed; and
- Service delivery points selected in both states.

In **Peru**, Pathfinder employed different approaches to reach adolescents and young adults with family planning/RH messages. Approaches included educating parents, school students, and teachers about family planning/RH and distributing adolescent-focused IEC materials. This quarter, Pathfinder awarded an NCA subgrant to the NGO REDESS-Jovenes to develop a global workplan that would bring together all different actions and activities being conducted regarding adolescent sex, reproductive health, and development. REDESS-Jovenes will be responsible for developing a National Action Plan in Adolescent Sex and Reproductive Health, focusing on the issues of training, service delivery guidelines, relevant IEC materials, policy and advocacy. Five committees met during this quarter to update an assessment of activities conducted after April 1997 in the area of adolescent RH. A draft version of the National Action Plan has been prepared and presented to representatives from public and private sector institutions working with the adolescent population.

Quality:

To help improve the quality of family planning/RH services in the most efficient manner possible, Pathfinder/**Bolivia** continues to support training of trainers (TOT) for both public and private sector providers. During this quarter, Pathfinder/Bolivia conducted a TOT in postpartum contraception for 22 health providers from 11 maternity centers of the MOH located in 8 departments of the country. In turn, TOT participants are expected to implement postpartum training activities in their local areas with Pathfinder support. Following training, the MOH intends to initiate postpartum contraception services in their service delivery sites. In addition, Pathfinder/Bolivia worked in coordination with JHPIEGO to train 22 professionals from public and private maternity hospitals in infection prevention. The trainees will then replicate the training at their respective work sites and subsequently support the implementation of infection prevention procedures in their hospitals. Pathfinder/Bolivia also directly trained 15 health providers from the NGO PROSALUD in Tarija on the subjects of reproductive health and family planning. Results from the training post-test and evaluation indicated an improvement in participants skill and knowledge levels.

Another means by which Pathfinder/Bolivia seeks to improve quality of services is through supervision visits. In collaboration with the Bolivia Ministry of Health, Pathfinder conducted on-site training supervision to health providers from rural areas of the department of Beni who had been trained previously at the MOH RH training center in Trinidad. The supervisors-trainers provided refresher training to reinforce family planning/RH skills and knowledge acquired during the initial training and to strengthen identified weak areas. During another supervision visit to the department of Beni, Pathfinder conducted a rapid needs assessment in order to determine the equipment and material needs of service delivery sites. Based on this information, Pathfinder will provide the commodities necessary to offer high quality RH/family planning services in those areas. In addition, Pathfinder/Bolivia conducted a needs assessment in two intermediate cities of the department of Beni, Riberalta and Guayaramerín, where there is a high

prevalence of STDs and HIV. The results of this assessment will help determine the kind of support Pathfinder will offer those two cities.

In **Brazil**, Pathfinder also provides training and technical assistance to local agencies to help improve the quality of their family planning/RH services. Under the SESAB reproductive health program, Pathfinder supported three family planning/RH training events in the interior of the state this quarter. In the population-environment program, Pathfinder and Jupara co-facilitated one family planning/RH and basic health workshop for 14 community members in August. Training participants are expected to use the skills and knowledge acquired from the workshop within their community, which lacks access to basic health services. The other environmental NGO, Funatura held a workshop in September for 15 community members with the aim of exploring ways to attract and train new community health agents to work with the NGO. The current community health agents have played an active role in improving the health of the community, and they are looking to expand the work they do. Their dedication to the work includes actively disseminating information to their neighbors, petitioning Funatura's headquarters office to send a physician to the community once a month, and, of their own initiative, creating their own TOT group to improve their performance. In the project with Fundacion Jose Carvalho (FJC), a local foundation whose main purpose is improving the education of rural children, Pathfinder supported two training events for approximately 30 teachers, directors and secretaries on sex education. These professionals will then use their new skills and knowledge as appropriate with the children and adolescents under their care.

The FJC project merits special note for its unique focus on a comprehensive sex education program for rural youth in Brazil. By all accounts, the program has been a resounding success. The school and foundation have requested that the Pathfinder-sponsored trainers increase the level of their participation in the project and become permanent consultants to the schools and the foundation itself. Three municipalities situated near FJC's headquarters have also shown interest in replicating the same project in their public schools. In addition, during the health and science fair held at one of the participating schools this quarter, Pathfinder's booth promoting safe and responsible sexual behavior was the most frequently visited during the two days. Pathfinder trainers answered questions from hundreds of students, parents, and teachers and demonstrated and distributed a variety of IEC materials. The FJC Director noted a change in behavior in some of the schools participating in the project. One unusual indicator was a noticeable improvement in the quality of graffiti found on bathroom walls. Since the project began, the content of the graffiti has become "more scientific in nature," i.e. students are using proper and/or scientific names for male and female sexual organs!

The Medical Director traveled to Bolivia to review needs for introducing safe, effective, and voluntary postpartum and postabortion (PP/PA) family planning services. The Director participated in developing plans for service introduction including the review of infection prevention practices. Further, the Medical Director observed postpartum voluntary sterilization services, where currently performed, in order to assess practices of surgeons previously trained in voluntary sterilization and to project needs for future training and reviewed practices of providing counseling and client education to ensure informed choice for PP/PA family planning. The Medical Director also worked with Bolivia/Pathfinder staff to plan programmatic initiatives for expanded PP/PA family planning services and participated in planning future training in

counseling and other programmatic components to strengthen informed choice. Lastly, he reviewed the current experience in provision of DMPA through social marketing and how the current experience may impact further expansion of DMPA delivery through social marketing channels.

In **Mexico**, Pathfinder continues to support training activities as a means of improving the quality of services provided by its grantee agencies. During this period, the three primary family planning/RH service delivery institutions supported by Pathfinder/Mexico (IMSS, SSA and ISSSTE) conducted a training on adolescent reproductive health for approximately 205 providers from rural and urban clinics and hospitals in the states of Guerrero, Estado de Mexico, and Puebla. In addition, in an effort to improve provider-client interactions and to reinforce the principles of informed consent, the three primary Mexican public health institutions, IMSS, SSA and ISSSTE, conducted TOT courses on interpersonal communication, informed choice, and counseling for 250 service providers. Participants are expected to replicate the training course at the state level.

In another effort to improve the quality of programs, Pathfinder/Mexico developed five quality-related instruments as a means of standardizing data collection and monitoring for quality including informed consent. The instruments, which were field-tested in three states: Puebla, Veracruz and Guanajuato, addressed the following aspects of service delivery: the transference of information from service provider to user; the service provider's technical competence; the relationship between client and provider; and availability of a wide variety of methods.

During this quarter, Pathfinder/Mexico learned many lessons learned from in-house experiences on adolescent's activities. These lessons will be used to improve service delivery activities for adolescents; they include the following:

- The agenda on adolescent's reproductive health care in the health institutions has been too broadly defined to be effective. In order to increase the effectiveness of the interventions within the SDES framework, the agenda was reoriented to address the prevention of unwanted pregnancies - including unsafe abortions - and STDs.
- The original agenda on adolescent RH was based on biased decisions, and not on reliable diagnoses of the data.
- To address existing negative attitudes towards adolescent sexual behavior, service providers need to be informed/educated. In order to meet this need, specific contents were introduced in the SDES training curricula.

Pathfinder/**Peru** contributed to improvement of QOC by providing support to strengthening family planning/RH provider technical competence and counseling skills. In the Adolescent RH Program, Pathfinder conducted a total of 16 training events for 315 service providers. The training was on counseling skills as part of the effort by the MOH and the FOCUS project to improve the quality of adolescent RH services. In addition, in coordination with the FOCUS project, Pathfinder/Peru is developing a comprehensive handbook on Communication Skills and Counseling for Adolescents on Reproductive Health Care that will be used by trainers and health service providers working with adolescents. Pathfinder/Peru has also provided equipment and supplies to hospitals and clinics. The English version of Pathfinder Training Module #13 "Postpartum/postabortion Contraception" was translated into Spanish, printed and is currently

being distributed. Under the PASARE project, Pathfinder/Peru conducted a Quality of Care and Management Improvement Workshop in Huancavelica with the participation of 21 people working at the departmental hospital. The workshop addressed both clinical and management aspects of quality in order to promote the creation of an environment that supports continuous quality improvement. In addition, Pathfinder provided TA and training to public sector hospitals located within the USAID/Peru priority regions of the PASARE project to help them provide the full range of family planning methods and selected RH services to clients. TA and training included: conducting clinical assessments and developing corresponding workplans; conducting training courses for multiple levels of MOH staff in TOT, infection prevention, counseling, continuous quality improvement, and integrated supervision; and distribution of IEC and training materials.

Brazil – Breaking the Cycle of Violence

Rita lives in Itaparana¹, a small, remote community in the Atlantic Rainforest of Bahia where residents eke out a meager living from the land and the rainforest. There is no running water or electricity and the only dirt road running through the village closes during rainy weather, which happens frequently. Anyone requiring medical attention must travel over 50 miles to the nearest town as local health services are non-existent. Several months ago, Rita began attending a Pathfinder-sponsored training course for community health agents offered by a local development and environmental protection group. The course was designed to train local residents in basic health and reproductive health care in order that they then serve as lay health workers in the community. During each session, the facilitators asked participants to discuss women's and men's roles in the community and how these roles are linked to the health issues discussed. To Rita, this way of thinking was revolutionary. Like her neighbors, Rita never thought about the roles of men and women. She always took it for granted that Paulo, her husband, was the head of their household, the primary decision-maker in the family – his word was law. He could do whatever he wanted, go wherever he wanted, and she had no say in the matter. In fact, it was even his right to beat her when he wanted and, while she did not like being hit, Rita, like the other women in Itaparana, was too intimidated to say anything.

As the weeks went by and Rita continued to attend the training course, Paulo became increasingly angry about her participation. As it turned out, the other men in the community had begun taunting him, saying that his wife was learning techniques to cheat on him as she learned about reproductive health. Infuriated by these comments, Paulo waited for Rita to return home from the course and then beat her until she was bleeding. He told her she was never to attend the course again. Unlike other times, when she suffered the beating silently, this time Rita returned to her group and denounced her husband. From all that she had been learning in the Pathfinder course, she began to see the pattern of beatings as a community-wide problem with serious health and social implications. This incident opened the debate about wife-beating in the community. The problem of domestic violence persists in Itaparana, but, through their work with Pathfinder and the local NGO, residents have begun to work towards a solution.

Institutional Sustainability:

Pathfinder/Bolivia assisted the NGO PROMEFA in the development of a financial sustainability plan for this institution. Physicians will start working under a "shared risk" system in which the institution will pay 50 percent of their salaries and the rest will be paid with the income generated from service fees. It is expected that in two years PROMEFA will be able to reduce its administrative costs and physicians will provide a better health services as they have to earn their own salary.

¹ The names of the individual and the place have been changed to protect confidentiality.

In **Brazil**, Pathfinder continues to support SESAB's institutional sustainability through the overhaul of its health information system, SISMAC – the Continuous Monitoring and Evaluation System. The new version of SISMAC is very different from the previous one, and its development is taking longer than expected. Reasons for the delay included slow response time from SESAB and the sheer size of the new system, which is much wider in scope than its predecessor. SISMAC is now comprised of three modules: service statistics, training data, and logistics information. The service statistics module underwent rigorous testing and has already been deployed at the central level. In November 1998 it will be introduced to 1st DIRES and to the city of Salvador (now a separate administrative unit from 1st DIRES). The training module has also been completed and testing will begin in October. The programming of the logistics module has not begun yet because SESAB is redesigning its logistics system as a whole.

In August, Pathfinder/**Peru** developed and conducted a TOT workshop for its local trainers to help them improve their performance as trainers as well as the quality of their training activities and materials.

Country Program and Technical Support:

Evaluation

During this period, USAID (Pop Tech) conducted a review of the SDES program in **Mexico**. Findings were favorable toward the Mexican family planning/RH program. Other evaluation activities this quarter include Pathfinder/Mexico's support for CONAPO continuing to develop the conceptual and methodological framework of its studies on informed consent and reproductive rights. IMSS is currently completing the final reports of three service delivery strategies implemented under SDES: 1) the role of midwives in reproductive health activities; 2) the evaluation of reproductive health sessions; and 3) a comparison of IUD insertion performed by medical personnel vs. community personnel. Findings from these studies could help improve future planning and implementation of SDES strategies by IMSS. The final reports will be available next quarter.

In **Peru**, Pathfinder under the Adolescents RH Program conducted two survey studies for adolescents: one for the Ministry of Education to assess the impact of its Sexual and Family Education Program and the second to evaluate the Peers Program developed by the IPSS (Social Security). In addition, the FOCUS/NCA Adolescents project carried out a follow-up training evaluation to assess the effects of the training activities on the counseling and communication skills of MOH service providers from five regions (Tacna, San Martin, Huanuco, Ayacucho and Huancavelica). The study will examine the client perspective and the provider's post-training functions, knowledge, and attitudes in providing counseling and service to adolescents.

Technical Communications

During the quarter Pathfinder/**Bolivia** reproduced IEC material for 92 health centers of Caja Nacional de Salud. In addition, Pathfinder/Bolivia reproduced material to be distributed in MOH hospitals and health centers in Oruro, Trinidad, and El Alto. Pathfinder/Bolivia also produced a

video *Hablemos en Pareja* that was adapted to the culture of the eastern part of the country (Santa Cruz, Beni and Pando). The video's message encourages RH clients to family planning/RH information and services. Furthermore, Pathfinder used its postpartum/postabortion (PP/PA) contraception and counseling modules during the postpartum contraception training for MOH providers. At present, the PP/PA training module is being considered by the MOH for use as its official training module for their new postpartum/postabortion contraception program.

During the LAC Regional Meeting in September, Pathfinder/Mexico distributed a draft of the ***Guidelines for Adolescent's Reproductive Health Care*** manual to other Pathfinder staff in the Latin America and the Caribbean region. Staff will assess whether the manual would be useful in addressing issues of adolescent RH in their respective countries.

PATHFINDER HQ UPDATE

Pathfinder continued development of its Program Support System, **NewPSS** which was designed to increase access to and use of information about Pathfinder's work worldwide. During this quarter, the system was installed in three Pathfinder field office locations: Peru, Turkey, and Indonesia. Field-testing of NewPSS provided an excellent learning opportunity, particularly with regard to issues surrounding data consistency and "replication" technology. Much headway was made in refining and defining the Activities and Indicators, which are the nuts and bolts of the data system. Also, a new training module was designed and is being incorporated into the system.

Progress was made on the following products:

- The ***Strategic Planning Manual and Workbook*** developed for use in Mozambique was translated into English and review for a revised global version was begun.
- The French translation of the ***Comprehensive Reproductive Health and Family Planning Curriculum*** continued while the French version of the ***Counseling Cue Cards*** was published
- The ***Service Delivery Guidelines*** revision was completed and is ready for internal review.
- Medical Services staff wrote the module on ***Infection Prevention for Housekeeping Personnel***; was then translated into Spanish for Pathfinder-Peru.
- Medical Services funded the reprinting of the English version of the ***ECP Resource Packet***, and is handling its distribution.

Technical Leadership:

- Medical Services staff attended the FOCUS Training Workgroup Meeting in Washington D.C. The training needs of program staff, how to incorporate adolescent specific training into existing programs, and the tools needed to identify needs and appropriate curricula were discussed.
- Medical Services staff attended the FOCUS Training Workgroup Subcommittee on Assessment Criteria for Adolescent Training Curriculum. A tool for assessing materials was developed.
- Both the Medical Director and the Senior Quality Improvement Advisor reviewed the ***Population Reports: Improving Quality*** for Johns Hopkins/PCS.
- The Medical Director attended both the Open Forum on STIs, organized by the Reproductive Health Interest Group (RHIG) and held at USAID, and the 12th World AIDS Conference in Geneva, Switzerland. The purpose was to gain better understanding of current data, discuss field experiences and programmatic implications, and take a broad look at ways to maximize our impact on STI prevention and treatment in both clinical and non-clinical settings.
- Medical Services staff researched, compiled, and submitted Pathfinder International's Status of Postabortion Care Activities Report as requested by USAID.
- Medical Services staff participated in the "Tools for Better Management: A Professional Exchange" meeting which was sponsored by MSH, FHI, and AED.

- Medical Services staff reviewed the MAQ/CPI Organizational Context Document, which was produced by the MAQ/CPI subcommittee on Organizational Development.

ACRONYMS

AMODEFA	Associano Mocambicana para o Desenvolviement da Familiar
ARH	adolescent reproductive health
ASBEF	Association of Senegalese pour le Dien-Etre Familiar
BEMFAM	Sociedade civil Bem-Estar Familiar No Brasil
BKKBN	The National Family Planning Board of Indonesia
C&C	Comunicacao e Cultura
CARH	community agents for reproductive health
CBD	community based distribution
CBRH	community based reproductive health
CETAD	Centro de Tratamento e Apoio ao Drogado
COFAP	Consortium of Family Planning NGOs
COMBASE	Comision Boliviana de Accion Social Evangelica
CONAPO	Consejo Nacional de Poblacion
CPR	contraceptive prevalence rate
CRHW	community reproductive health worker
DFID	Department for International Development
DIRES	Diretoria Regional de Saude (Regional Health Directorate)
DISH	Delivery of Improved Services for Health
EAD	East Ankole Diocese
EECMY-SCS	Ethiopian Evangelical Church Mekane Yesus - Southern Central Synod
FGAE	Family Guidance Association of Ethiopia
FJC	Fundacion Jose Carvalho
FLEP	Family Life education Project
FP	family planning
FPLM	Family Planning Logistics Management
GAPA	Grupo de Apoio e Prevencao a AIDS
GOI	Government of Indonesia
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDHS	Indonesian Demographic and Health Survey
IEC	information, education, and communication
IMSS	Instituto Mexicano del Seguro Social
IPSS	Instituto Pervano de Suridad Social
ISSSTE	Instituto de Seguridad y Servicios Sociales para los Trabajadores del Estado
IUD	Intra Uterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
LAC	Latin America and the Caribbean
MCH	Maternal and Child health
MIS	management information system
MOH	Ministry of Health
MOU	memorandum of understanding

MYWO	Maendeleo Ya Wanawake
NACID	Nazareth Children's Center & Integrated Development
NCA	New Cooperative Agreement
NGO	non-governmental organization
OTTU	Organization of Tanzania Trade Union
P/E	population/environment
PASARE	Programa de Apoyo en Salud Reproductiva
PI	Pathfinder International
PMP	Performance Monitoring Plan
PPASA	Planned Parenthood Association of South Africa
PP/PA	postpartum and postabortion
PROMEFA	Programma Social de Salud
PROSADES	Programa Social de Salud
PVO	private voluntary organization
QOC	quality of care
REDSO	Regional Economic Development Services Office
RH	reproductive health
SDA	Seventh Day Adventist
SDES	Service Delivery Expansion Support
SESI	Service Social da Industria
SISMAC	Continuous Assessment and Monitoring System
SSA	Secretaria de Salud
STI	sexually transmitted infections
SUWATA	Silika la Wananake Tanzania
TOHS	Tanzania Occupational Health Services
TOT	training of trainers
USAID	United States Agency for International Development
VHW	village health worker
VSC	voluntary surgical contraception

Strategic Objective I: Increased access and availability of FP and RH services

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	1.1. Expanded public and private sector FP & selected RH services through multiple service delivery systems	1.1.a. Consolidate & strengthen programs at existing sites and initiate CBD program at 3 new sites	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 PF/ETH:005-1	No. of CBD sites in operation	Raised CBD sites from 31 to 33	31 CBD sites in operation.	31 CBD sites in operation.
		1.1.b. Continue providing services at existing market place sites & initiate similar programs at new sites	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:007-1 E2/ETH:008-1	No. of marketplace sites	Increased marketplace programs from 1 to 7	1 market place program in operation	1 market place program in operation.
		1.1.c. Continue providing services at existing workplace sites & initiate similar programs at new sites	E2/ETH:002-1 E2/ETH:003-1	No. of workplace sites	Increased workplace programs from 9 to 11	9 existing sites in operation	9 existing workplace programs in operation.
		1.1.d. Consolidate & strengthen program center clinics; establish additional program center clinics; provide RH/FP services	ETH/E2:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1	No. of clinics supported No. CYP referred/provided No. new acceptors by method	Provide services at 54 clinics (including 8 program centers) 45,138 new users served 61,770 CYPs generated 5,330 CYPs referred	29 clinics providing long acting methods, out of which 10 clinics provide permanent methods; 11,371 New Users served; 8,705 CYPs generated and 431 CYP referrals referred.	29 clinics providing long acting methods; 11,371 New Users served; 8,705 CYPs generated and 431 CYP referrals referred.
		1.1.e. Equip and renovate clinics	E2/ETH:002-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1	No. of clinics equipped and renovated	Renovate 3 clinics Equip 38 clinics	No data reported	No data reported
SO 1	1.2. Expanded access for underserved groups and those at risk, including young adults, men, and hard-to-reach populations	1.2.a. Strengthen existing adolescent programs at 2 sites; initiate adolescent programs at 4 new sites	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1	No. of adolescent centers providing services to young adults No. of young adults informed, counseled & provided clinical services	Provide youth programs at 4 centers 25,002 young adults informed 4,200 young adults counseled 445 young adults provided with contraceptives	17,365 young adults informed.	17,365 young adults informed.
		1.3. Enhanced environment for use of FP & RH services through selected IEC & advocacy interventions	1.3.a. Conduct IEC activities at clinics, CBD sites, adolescent centers, and workplace sites targeted at different groups, including men, through different channels	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1	No. of persons informed	449,770 persons informed	149,578 persons informed.

Ethiopia

Strategic Objective I: Increased access and availability of FP and RH services

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	1.3. Enhanced environment for use of FP & RH services through selected IEC & advocacy interventions	1.3.b. Develop/adapt and distribute culturally appropriate IEC materials targeted at different groups, including men	E2/ETH 002-1 E2/ETH 003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1 COFAP	No. IEC materials developed/adapted by type No. IEC materials distributed	16,500 copies of 2 posters & 23,000 copies of 2 leaflets developed/adapted 900 copies of FLE booklet printed and distributed	No data reported	No data reported
		1.3.c. Strengthen existing Project Advisory Committees (PAC) and establish new ones where new CBD programs are to be initiated and provide sensitization for community leaders	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1	No. PACs established No. community leaders sensitized	No of PACs increased from 12 to 15 507 community leaders sensitized	No data reported	No data reported
		1.3.d. Develop IEC/Counseling guidelines for clinic based providers	E2/ETH:009-1	No. of guidelines developed	IEC/Counseling guideline developed	No data reported	No data reported
		1.3.e. Develop IEC/Counseling curriculum for clinic based providers	E2/ETH:009-1	No. of curriculums developed	IEC/Counseling curriculum developed	No data reported	No data reported
		1.3.f. Develop adolescent life skills/FLE curriculum	E2/ETH:009-1	No of curriculums developed	Adolescent life skills/FLE curriculum developed	No data reported	No data reported
		1.3.g. In collaboration with FHI, conduct operations research on male involvement and the effectiveness of various service delivery approaches, such as CBD, workplace etc.	COFAP	No. of research outputs produced	2 research results produced	No data reported	No data reported
		1.4. Increased availability of high-quality long-acting methods	1.4.a. Strengthen the capacity of the 7 model clinics to provide long acting methods to increased number of clients; Introduce long acting and permanent methods at the new model clinic	E2/ETH:002-1 E2/ETH 003-1 E2/ETH 006-1 E2/ETH:007-1 E2/ETH 008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH 005-1	No of clinics strengthened in long acting methods as evidenced by provision of permanent methods	39 clinics provide long acting and permanent methods	29 clinics providing long acting methods, out of which 10 clinics provide permanent methods.

Ethiopia

Strategic Objective II: Improved quality of services and contraceptive method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements						
SO II	II.1. Expanded range of appropriate contraceptive methods available	II.1.a. In collaboration with AVSC, train service providers in IUD/Norplant Insertion/removal, and mini-lap and vasectomy	E2/ETH: 007-1	No. of providers trained	TBD	5 Service Providers trained.	5 Service Providers trained.						
	II.2. Strengthened provider competence to deliver high-quality FP & selected RH services	II.2. a. Train service providers in clinic, CBD, workplace, marketplace, & Adolescent programs	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH 007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH 015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH.005-1 COFAP	No. FP providers trained	Practitioners Trained: 988 CBD Agents; 54 marketplace providers; 30 depot holders; 55 workplace providers; 94 Peer Promoters; 112 clinical service providers	37 adolescent promoters, 21 CBRH Agents, 3 supervisors and 5 service providers trained.	37 adolescent promoters, 21 CBRH Agents, 3 supervisors and 5 service providers trained.						
								II.2.b. Provide TOT in the use of adolescent curriculum	E2/ETH:009-1	No. of persons trained	15 persons trained	No data reported.	No data reported.
								II.2.c. Train CBRH trainers in home based care to PWAs	COFAP	No. of persons trained	15 persons trained	No data reported.	No data reported.
								II.2.d. Develop a national RH/FP training strategy	E2/ETH:009-1	No. of strategies developed	RH/FP training strategy developed	No data reported.	No data reported.
								II.2.e. Develop a national RH/FP training master plan	E2/ETH:009-1	No. of training master plans developed	National training master plan developed	No data reported.	No data reported.
								II.2.f. Develop a national RH/FP management and supervision guideline	E2/ETH:009-1	No. of management and supervision guidelines developed	National RH/FP management and supervision guideline developed	No data reported.	No data reported.
	II.3. Enhanced constellation of FP & RH services available, where necessary and appropriate, including referral links	II.3.a. Strengthen & expand integration of HIV/AIDS/STD prevention & control in all service delivery outlets of existing and new sites	E2/ETH 002-1 E2/ETH.003-1 E2/ETH.006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH.013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH 016-1 E2/ETH:017-1 PF/ETH 005-1	No. SDPs offering FP/HIV/STD integrated services No. clients informed/screened/treated/referred for HIV/STDs	HIV/AIDS/STD information and education provided to 97,000 persons STD diagnosis and treatment offered at 9 clinics 5,183 clients screened and treated for STD	3 clinics (existing) provided integrated STD/HIV; all SDPs provided STD/HIV/AIDS information.	3 clinics (existing) provided integrated STD/HIV; all SDPs provided STD/HIV/AIDS information.						
								II.3.b. Strengthen & expand the integration of MCH programs in the existing clinics and the new model clinic	E2/ETH:002-1 E2/ETH.003-1 E2/ETH:006-1 E2/ETH.007-1 PF/ETH.005-1	No. clinics offering integrated FP and MCH programs	MCH integrated in 15 clinics 5,049 children served 4,657 mothers attended	7 clinics provided MCH integrated program	7 clinics provided MCH integrated program
								II.3.c. Integrate postabortion and postpartum care with FP services	E2/ETH 002-1 E2/ETH:003-1 E2/ETH 007-1	No. of SDPs with integrated FP/postabortion care No. of SDPs with integrated FP/postpartum care	All SDPs offer integrated postpartum care; all clinics offer postabortion care	No data reported.	No data reported.

Ethiopia

Strategic Objective II: Improved quality of services and contraceptive method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.3. Enhanced constellation of FP & RH services available, where necessary and appropriate, including referral links	II.3.d. Introduce ECP at clinics	E2/ETH.002-1 E2/ETH.003-1	No. of SDPs providing ECP	8 clinics provide ECP	No data reported.	No data reported.
		II.3.e. Develop HIV/AIDS integration guideline	E2/ETH.009-1	No. of guidelines developed	HIV/AIDS integration guideline developed	No data reported.	No data reported.
	II.4. Improved quality assurance and quality management systems	II.4.a. Provide Infection Prevention and Clinical Service Delivery TOT	E2/ETH: 009-1 COFAP	No. of persons trained as trainers	45 persons trained as trainers in infection prevention and clinical service delivery	No data reported.	No data reported.
		II.4.b. Develop clinical service delivery curriculum	E2/ETH.009-1	No. of clinical service delivery curriculum developed	Clinical service delivery curriculum developed	No data reported.	No data reported.
		II.4.c. Provide TOT in the use of RH/FP management and supervision guidelines	E2/ETH.009-1	No. of persons trained as trainers	15 persons trained as trainers to use of RH/FP management and supervision guidelines	No data reported.	No data reported.
		II.4.d. Provide TOT in IEC/counseling	E2/ETH:009-1	No. of persons trained as trainers in IEC/counseling	15 persons trained as trainers in IEC/Counseling	No data reported.	No data reported.
		II.4.e. Strengthen referral linkages between CBD programs & clinics of existing programs and establish referral linkages between new CBD programs & clinics	E2/ETH.002-1 E2/ETH.003-1 E2/ETH.006-1 E2/ETH.007-1 E2/ETH.008-1 E2/ETH.013-1 E2/ETH.014-1 E2/ETH.015-1 E2/ETH.016-1 E2/ETH.017-1 PF/ETH.005-1	No referral linkages strengthened, No referral linkages established	All CBD sites to be linked up with clinics	Referral links in operation between 30 clinics and 31 CBRH sites.	30 referral links and 31 CBD sites in operation.
II.4.f. Train CBD supervisors in CBD program management and supervision	E2/ETH.002-1 E2/ETH.003-1 E2/ETH.006-1 E2/ETH.007-1 E2/ETH.008-1 E2/ETH.013-1 E2/ETH.014-1 E2/ETH.015-1 E2/ETH.016-1 PF/ETH.005-1	No. CBD supervisors trained in CBD program management and supervision	29 CBD supervisors trained in CBD program management and supervision	No data reported.	No data reported.		

Ethiopia

Strategic Objective III: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program management capabilities of local service delivery organizations	III.1.a. In collaboration with FHI, institutionalize the standardized M & E instruments at all levels of the organization	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1 COFAP	No. of M & E Instruments institutionalized by type	M & E Instruments institutionalized at all levels of the grantees	M & E review & orientation workshop conducted at 4 program centers (Hossana, Addis Ababa, Awassa & Bahir Dar); instruments revised and in the process of finalization.	M & E Instruments being implemented by the grantees; M & E unit established for EECMY & COFAP; client exit interviews conducted at 6 clinics, M&E instruments field tested (daily registering, counseling, Monthly Summary Sheet, and Client Cards.
		III.1.b. Provide TA in program/finance management	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:009-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1 COFAP	No person-months of TA provided	49 person-months of TA provided	No data reported.	No data reported.
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Implement the master sustainability and the specific sustainability plans, introduce cost-accounting system, and initiate income generation and cost recovery activities, including fee-for-services, cost-based pricing, and contraceptive sales in all the programs of the organization	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:004-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1 COFAP	No. plans implemented No grantees for which cost accounting system is introduced No. SDPs with cost-recovery activities Cos/CYP No. cost centers established Amount of costs recovered	The master sustainability and the specific plans implemented Cost accounting system introduced at FGAE and MSI-E All SDPs will have some degree of cost-recovery instituted	Finalization of the sustainability plan document in progress.	The sustainability master plan and specific plans under review.
	III.3. Improved technical capacity of local service delivery organizations	III.3.a. Train managers in sustainability planning and financial management	COFAP	No. of persons trained	15 managers trained	No data reported.	No data reported.

Ethiopia							
Strategic Objective III: Increased management, financial, and technical capacity of local organizations							
Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.3. Improved technical capacity of local service delivery organizations	III.3.b. Train managers in program/finance management	E2/ETH:002-1 E2/ETH:003-1 E2/ETH:006-1 E2/ETH:007-1 E2/ETH:008-1 E2/ETH:009-1 E2/ETH:013-1 E2/ETH:014-1 E2/ETH:015-1 E2/ETH:016-1 E2/ETH:017-1 PF/ETH:005-1 COFAP	No of persons trained	126 managers trained	No data reported.	No data reported.

Kenya

Strategic Objective I: Increased Access to and availability of FP and RH services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I	I.1. Expanded FP and selected RH services through multiple service delivery systems (including public, private, clinic-based, hospital-based, workplace-based, CBD, and social marketing)	I.1.a. Support community-based FP and RH services	NCA/KEN:001-9 NCA/KEN:032-3 NCA/KEN:034-1 NCA/KEN:033-2 NCA/KEN.035-1 NCC	No. of New Acceptors CYP No. of Referrals No. of Persons Informed	Serve 151,662 new acceptors Generate 103,611 CYPs Refer 132,455 persons Inform 1,736,840 persons	All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.	All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.
		I.1.b. Consolidate clinic- and mobil-based FP and RH services	NCA/KEN:032-3 NCA/KEN.033-2 NCA/KEN:035-1	No of New Acceptors No. CYP Total No. of SDPs	Support 30 SDPs and 18 mobile clinics Serve 11,500 new acceptors Generate 23,500 CYPs	21 SDPs and 8 Mobile Clinics supported. All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.	22 SDPs and 8 Mobile Clinics supported. All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.
		I.1.c. Support workplace-based FP and RH services	NCA/KEN:032-3 NCA/KEN.034-1	No of workplace No. of people informed	Work in at least 5 new industries in Mombasa and 8 in Eldoret Inform 31,200 persons	None this quarter	None this quarter
	I.2. Expanded access for underserved groups and those at-risk, (including young adults, men, and hard-to-reach regions and populations)	I.2.a. Support postpartum and postabortion FP services at Pumwani Maternity hospital, Kenyatta National Hospital, Machakos, Eldoret and Coast General Hospital Mombasa	NCA/KEN.029-3	No of New Acceptors No. of CYP Total no hospitals providing services	Expand services to 3 additional sites Serve 2,600 new PP/PA acceptors Generate 1,600 PP/PA CYPs	Postpartum and post abortion services expanded to three additional sites. All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.	Postpartum and post abortion services expanded to three additional sites. All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.

Kenya

Strategic Objective I: Increased Access to and availability of FP and RH services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	1.2. Expanded access for underserved groups and those at-risk, (including young adults, men, and hard-to-reach regions and populations)	1.2.b. Redesign and expand university based FLE/peer education to 6 public universities	PF/KEN TBD	No of university-based programs No of young adult new acceptors No. of young adult confirmed referrals No. of peer educators per university program No. of young adult CYP generated	Number of universities conducting young adults/adolescent RH activities from 2 to 6 FLE/peer education program in 4 additional public universities initiated For young adults, new acceptors TBD CYPs - TBD Referrals - TBD	Activity not conducted as private funds were only available for two sites	Activity not conducted as private funds were only available for two sites
	1.3. Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions.	1.3.a. Support client-focused IEC activities for FP, RH and MCH services (including home visits, community meetings educational talks and IEC materials dissemination)	NCA/KEN:001-9 NCA/KEN.029-3 NCA/KEN:032-3 NCA/KEN.033-2 NCA/KEN.034-1 NCA/KEN 035-1	No of home visits conducted No. of community meetings and educational talks conducted No. of persons informed	Conduct 477,920 home visits Hold 63,980 community meetings and educational talks Inform 2,443,520 persons	All method specific and IEC data and referrals are aggregated. See Quantitative Program Data Reports for outputs.	No data reported.
		1.3.b. Support ECP and dual method use advocacy activities for MOH and implementing partners	Emergency Contraceptive Pill Initiative	No. of policy makers sensitized	Conduct sensitization workshop for an additional 50 policy makers (total 170)	Activity not done and is scheduled for 3rd quarter	Activity not done and is scheduled for 3rd quarter
	1.4. Increased availability of high quality long-acting methods	1.4.a Support provision of long-acting methods	NCA/KEN 032-3 NCA/KEN.033-2 NCA/KEN.035-1	No of New VSC and implant acceptors No. of CYP Total No. of SDPs	Increase VSC sites to 4 by adding Kabiro Kawangware Perform 500 VSC procedures Perform 400 Norplant insertions Generate 7,629 CYPs	All method specific data and referrals are aggregated. See Quantitative Program Data Reports for outputs.	No data reported.

Kenya

Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Expanded range of appropriate contraceptive methods available	II.1.a. Support and expand ECP services and link with ongoing FP services	NCA/KEN:001-9 NCA/KEN.029-3 NCA/KEN:032-3 NCA/KEN.033-2 NCA/KEN:034-1 NCA/KEN.035-2	No. of ECP acceptors No. of ECP referrals Total no. of SDPs offering ECP services	No. of ECP acceptors-TBD No. of referrals-TBD Incorporate ECP activities into the CBD programs of 5 grantees	21 static Clinics sites and 8 mobile clinics offering ECP	21 static Clinics sites and 8 mobile clinics offering ECP
	II.2. Strengthened provider competence to deliver high quality FP and selected RH services (including MCH and STD and HIV/AIDS)	II.2.a. Conduct refresher-training for service providers in FP, selected RH, and MCH services and integrated service delivery	NCA/KEN:029-3 NCA/KEN:033-2 NCA/KEN:035-1	No of service providers trained No. of training activities conducted	No of service providers trained - TBD No. training activities conducted - TBD	Activity not conducted	Activity not conducted
	II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STD and HIV/AIDS services	II.3.a. Support clinic managers, providers and trainers to integrate STDs and HIV/AIDS prevention services with FP programs	NCA/KEN:001-9 NCA/KEN:033-2 NCA/KEN:032-3 NCA/KEN:034-1 NCA/KEN:035-2 NCA/KEN.029-3	No. of SDPs (including mobile clinics) offering integrated services	At least 30 SDPs plus 50% of the mobile clinics (8) offering integrated services	21 SDPs and 8 mobile clinics offering integrated services	21 SDPs and 8 mobile clinics offering integrated services
		II.3.b. Pilot community-based models for STD and AIDS (Home-based) care among coverage populations	NCA/KEN.001-9 NCA/KEN:033-2	No. of community members trained on home-based care for People with AIDS	At least 360 community members trained per year	No data reported.	No data reported.

Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.4. Improved quality assurance and quality management systems	II.4 a. Strengthen QOC systems, including QOC assessments and use of standard of practice tools/protocols	NCA/KEN:001-9 NCA/KEN:029-3 NCA/KEN:032-2 NCA/KEN:033-1 NCA/KEN:035-2	No. of SDPs using QOC standard of practice protocols No. of CBD agents using CBD protocols	30 SDPs and 18 mobile clinics using QOC standard of practice protocols 80% (1,220) of CBD agents using CBD protocols to guide motivational activities	Activity not conducted this quarter	Activity not conducted this quarter
		II.4.b. Renovate/upgrade clinics and expand urban initiative for quality input	NCC Mombasa Municipal Council Urban Initiative Project	No. of clinics renovated/upgraded	Renovate 6 additional clinics at NCC (Nairobi) and 3 at Mombasa Municipal Council	No renovation done in the quarter but the 6 clinics were equipped	No renovation done in the quarter but the 6 clinics were equipped

Kenya

Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a Conduct long-term strategic planning activities with local institutions	NCA/KEN:001-9 NCA/KEN:035-2	Strategic plans developed and in use	Develop strategic plans for two organizations	Strategic plans developed for MYWO and Kabiro.	Strategic plans developed for MYWO and Kabiro.
		III.1.b. Increase development and utilization of management information systems (MIS) for local implementing organizations	NCA/KEN:001-9 NCA/KEN:029-3 NCA/KEN:033-2 NCA/KEN:034-1 NCA/KEN:035-1	No. of institutions with increased utilization of MIS	5 grantees with computerized MIS in place and using it for management decision-making	5 grantees with computerized MIS in place and using for management decision making	5 grantees with computerized MIS in place and using for management decision making
	III.2. Improved financial sustainability of local service organizations	III.2.a. Improve financial sustainability and resource diversification efforts	NCA/KEN:001-9 NCA/KEN:029-3 NCA/KEN:033-2 NCA/KEN:034-1	No. of institutions developing resource diversification and sustainability plans	At least 4 institutions assisted to develop resource diversification and sustainability plans	Two institutions (MYWO and Kabiro) were assisted developing diversification and sustainability plans	Two institutions (MYWO and Kabiro) were assisted developing diversification and sustainability plans
		III.2.a. Improve management of clinic costs, including developing cost-based plans, and cost-recovery/income generation	NCA/KEN:001-9 NCA/KEN:029-3 NCA/KEN:023-3 NCA/KEN:033-2 NCA/KEN:034-1 NCA/KEN:035-2	No. of cost studies/analyses conducted	Conduct detailed cost analysis for Mkomani and Kabiro Kawangware	Activity not conducted in the quarter	Activity not conducted in the quarter

Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.3. Improved technical capacity of local service delivery organizations	III.3.a. Provide TA to local service delivery organizations in QOC, IEC, integration, reproductive health and monitoring and evaluation	NCA/KEN:001-9 NCA/KEN:029-3 NCA/KEN:032-3 NCA/KEN:033-2 NCA/KEN:034-1 NCA/KEN:035-2	No. of institutions with in-house capacity to conduct training	At least 4 grantees with in-house capacity for training own staff in QOC, integration and reproductive health	Maseno West, MYWO and Eldoret have in-house capacity for training own staff in QOC, IEC and integration and reproductive health	Maseno West, MYWO and Eldoret have in-house capacity for training own staff in QOC, IEC and integration and reproductive health

Mozambique

Strategic Objective I: Increased access to and availability of FP and RH Services

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded, improved RH delivery system with increased SDPs (public and private)	I.1.a. Train MCH and elementary nurses in FP service delivery C10at health posts/centers	NCA/MOZ:001-1	No (%) of health posts/centers capable of providing FP services (with at least 1 trained staff member and functional FP supply system)	80% of health posts/centers in target districts with at least 1 trained staff member and functional support system	Conducted RH training for 15 Elementary Nurses in 4 districts; hosted FPLM consultants for improvement of contraceptive supply system;	Conducted RH training for 15 Elementary Nurses in 4 districts; hosted FPLM consultants for improvement of contraceptive supply system;
		I.1.b. Train MCH nurses and physicians in adolescent RH skills in focus provinces	NCA/MOZ:001-1	No. (%) of targeted SDPs offering adolescent health services (with at least 1 trained provider) in focus provinces	5 SDPs in target cities, focus provinces	Conducted Study Tour for 6 Mozambican participants to Kenya to observe adolescent RH programs;	Conducted Study Tour for 6 Mozambican participants to Kenya to observe adolescent RH programs;
	I.2. Expanded community based RH services/providers	I.2.a. Introduce 3 CBD models	NCA/MOZ:001-1 NCA/MOZ:002-1	No functioning CBD agents per pilot site No. of new acceptors per pilot site CYPs per pilot site	100 trained Functioning agents in 3 pilot projects 10,000 new acceptors per year	Conducted Study Tour for 6 Mozambican participants to Kenya to observe CBD programs; conducted workshop to develop CBD curriculum for Mozambique;	Conducted Study Tour for 6 Mozambican participants to Kenya to observe CBD programs; conducted workshop to develop CBD curriculum for Mozambique;
		I.2.b. Train TBAs, basic midwives, and traditional healers	NCA/MOZ:001-1	No. (%) of TBAs, PE and healers completing emergency OB course/safe motherhood training per target district (1 district - yr 1)	50% TBAs in target district complete training 80% of those completing course using new skills	Began planning and materials development for TBA TOT course in Nampula for November;	Began planning and materials development for TBA TOT course in Nampula for November;
	I.3. Functioning alternative delivery systems reaching underserved groups and expanding availability of services (adolescents/youth; men; urban poor)	I.3 a. Set up worksite services	NCA/MOZ:002-1	No. of functioning Worksite SDPs CPR among target worksite population CYPs No. of new acceptors No. (%) condom use with non regular partners	4 new worksite SDP 200 new acceptors (50 per site)	No data reported.	No data reported.
		I.3 b. Establish adolescent peer counselor networks	NCA/MOZ:001-1 NCA/MOZ:002-1	No. of peer activities No. of school focused networks No. of events per year No. of new acceptors Condom use among sexually active student target population	40-50 active peer counselors 5 school focused networks in 5 target urban communities 2,000 new acceptors (50 new acceptors per activity per year)	No data reported.	No data reported

Mozambique

Strategic Objective I: Increased access to and availability of FP and RH Services

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.4. Increased availability of postpartum and postabortion services	I.4.a. Train medical providers	PI program	No. of providers trained No. of SDP with trained provider and functioning supply system No. (%) of eligible clients receiving postpartum or postabortion counseling/services per annum (vs missed opportunity)	50% eligible clients per SDP receive postpartum and/or postabortion services 8 providers successfully complete CTUs (2 per focus province) 2 sites per focus province offering postpartum and/or postabortion services	No data reported.	No data reported.
	I.4. Increased availability of postpartum and postabortion services	I.4.b. Improve supply systems for related services	PI program	No. of providers trained No. of SDP with trained provider and functioning supply system No. (%) of eligible clients receiving postpartum or postabortion counseling/services per annum (vs missed opportunity)	50% eligible clients per SDP receive PP/PAB services 8 providers successfully complete CTUs (2 per focus province) 2 sites per focus province offering postpartum and/or postabortion services	No data reported.	No data reported.
	I.5. Increase availability of expanded method mix, including high quality, long acting methods	I.5.a. Expand method mix, including long acting methods.	PI program	No. (%) target district or focus provinces participating in at least one CTU per annum No (%) of SDPs offering at least 3 short acting methods No. (%) of target hospitals offering long acting method (definitive)	8 providers successfully completed 2 CTUs 20 long-term methods for each skilled provider	No data reported.	No data reported.

Mozambique

Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Strengthened provider competence to deliver high quality RH services, including counseling activities	II.1.a. Train MCH and elementary nurses of 3-4 districts, Nampula	NCA/MOZ:001-1	No. of nurses trained % of total target districts % of nurses using skills/providing FP/RH services [of total trained] % of nurses counseling [of total trained] % clients who receive FP counseling/service out of # eligible [or vv "missed FP opportunities"] per SDP or aggregate % increase in FP clients per SDP or over all involved SDPs No. of SDPs offering integrated services No. training materials/guidelines distributed No. of training events offered CYPs No. of new acceptors No. of referrals	80% of all nurses in target districts complete training 80% of SDPs with at least 1 trained nurse providing FP services 80% nurses using skills 80% nurses doing some counseling 75% of "eligible" clients receive service/counseling 50% increase in FP clients 75% of SDPs offering integrated FP/STD/AIDS services Training manual/guidelines developed and distributed 2 training events per type of provider per year Service stats TBD after baseline	Conducted RH training for 15 Elementary nurses in 4 districts; produced RH training manuals for Elementary nurse training (facilitator and participant guides); produced "Pocket Guide" for RH service providers; began preparing follow-up guide and conducting follow-up visits to MCH and Elementary nurses on site; Participated in CARE course for nurse supervisors	Conducted RH training for 15 Elementary nurses in 4 districts; produced RH training manuals for Elementary nurse training (facilitator and participant guides); produced "Pocket Guide" for RH service providers; began preparing follow-up guide and conducting follow-up visits to MCH and Elementary nurses on site; Participated in CARE course for nurse supervisors
		II.1.b. Adolescent RH training for doctors/MCH nurses	NCA/MOZ:002-1	No. of providers trained, % of total in target group, % of trained staff using skills, % of SDPs offering adolescent RH services, No. training manuals/guidelines developed/adapted, No. training materials/guidelines distributed, No. of training events offered, CYPs (adolescent), No. of new acceptors (adolescent), No. of referrals (adolescent)	80% of staff complete training, 75% of SDPs in target group have at least 2 persons trained, 80% of those trained using skills, 50% increase in adolescent clients, Training manual/guidelines developed and distributed, 2 training events per year, Service stats TBD after baseline	Conducted Study Tour to Kenya for 6 Mozambican officials to observe adolescent RH programs/services	Conducted Study Tour to Kenya for 6 Mozambican officials to observe adolescent RH programs/services

Mozambique

Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Strengthened provider competence to deliver high quality RH services, including counseling activities	II.1.c. TA to international PVOs in RH	PI Program	Facility assessments (include exit interviews and observation) Training reports Supervisor reports Clinic records No. of PVO TA plans developed (% of total PVOs in 3 focus provinces) No. of PVOs receiving at least 1 TA visit No. of PVO trainers receiving TOT in selected topics (eg SMI or EE RH course, CTU)	100% have TA plan 100% received at least 1 TA visit/intervention 2 trainers per PVO have participated in annual TOT on selected topics	No data reported.	No data reported.
		II.1.d. Set up syphilis screening in district hospital	NCA/MOZ:001-1	No. (%) of eligible staff trained % of pregnant women screened % of pregnant women received appropriate treatment Reagent supply [number of stock out episodes per annum]	90% receive training 90% pregnant women screened 100% receive appropriate treatment, including referral <2 stockouts per year	No data reported.	No data reported.
	II 2. Increased number of SDPs with expanded method choice	II.2 a. Train physician/nurse teams from target districts in surgical methods	PI Program	1 team from each target district successfully completes course in surgical methods No (%) of eligible staff trained	All target districts have at least one team trained All target district hospitals are providing surgical method services or have effective referral system No. of surgical procedures performed % Increase	No data reported.	No data reported.
		II 2.b. Expand availability of method choice in 3-4 target districts	NCA/MOZ:001-1 NCA/MOZ 002-1	Method mix % SDPs offering at least 3 methods	75% SDPs offering at least 3 methods	Trained Elementary nurses in use of all types of contraceptives, promoting method mix; hosted visit of FPLM consultants to improve contraceptive availability	Trained Elementary nurses in use of all types of contraceptives, promoting method mix; hosted visit of FPLM consultants to improve contraceptive availability

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Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.3. Increased provider skills to deliver postpartum and post abortion services	II.3.a. CTU training in postpartum and postabortion services	PI Program	No. (%) of eligible providers attending at least 1 CTU No. training manuals/guidelines developed/adapted No. training materials/guidelines distributed No. of CTU's offered No(%) CBDs providing postpartum and/or postabortion services	80% eligible providers attend at least 1 CTU/yr 100% target districts have at least 2 appropriate individuals trained 75% SDPs providing PP and/or Pab services Training manual/guidelines per topic developed and distributed	Adolescent RH Study Tour included visits to high-risk clinics conducting post-abortion care	Adolescent RH Study Tour included visits to high-risk clinics conducting post-abortion care
	II.4. Increased/expanded community level provider skills in RH	II.4.a. Train TBAs/Elementary Midwives; community based agents/activistas (CBD); traditional healers,	NCA/MOZ.001-1 NCA/MOZ.002-1	No. of individuals trained per type of community level provider Ration of community agents to community population or eligible couples No training manuals/guidelines developed/adapted per type No training materials/guidelines distributed per type No.of training events offered per type No (%) of target communities with at least 1 functioning depot site No (%) of trained individuals actively using their new skills	50 community based providers trained per subgrant partner 1 agent per 200 eligible families Training manual/guidelines developed and distributed 2 training events per type of provider per year Service stats TBD after baseline	Began preparing materials for TBA TOT; conducted curriculum development workshop for CBD agents; began planning CBD TOT; supported training for adolescent activistas with AMODEFA.	Began preparing materials for TBA TOT; conducted curriculum development workshop for CBD agents; began planning CBD TOT

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Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.5. Enhanced referral systems and community linkage with SDPs	II.5.a. SDP and catchment community develop referral plans, transport mechanism; referral standards/guidelines	NCA/MOZ:001-1	No. (%) of SDPs with written referral plan (including transport) No (%) of communities with written referral plan No. (%) of SDPs with written referral guidelines No. of referrals No. (%) confirmed	75% of SDPs and communities with referral plan 75% of SDPs with written guidelines 60% confirmed referrals	No data reported.	No data reported.
	II.6. Improved quality assurance and quality management systems (CQI)	II.6.a. Develop supportive supervisory systems	PI Program	No (%) providers trained in self/peer assessment tool No. (%) providers using self/peer assessment tool No. (%) supervisors trained No. SDPs with quarterly supervisory visit Assessment tool and supportive supervision guidelines	75% providers trained and using assessment tool 75% supervisors trained 50% of SDPs with quarterly supervisory visit Assessment tool and guidelines developed and disseminated	Participated in CARE course for nurse supervision; began follow-up of MCH and Elementary nurses on site	Participated in CARE course for nurse supervision; began follow-up of MCH and Elementary nurses on site
		II.6.b. Provincial QA guidelines in RH	PI Program	Development of QA Group - provincial and target districts QA Group tasks defined QA guidelines for RH developed and disseminated No QA Group participate in training	Provincial and target district QA groups developed and meet at least quarterly QA tasks Membership defined QA guidelines written, disseminated 60% of SDPs with copy of guidelines 1 member from each district/provincial QA Groups attend QA workshop/methods training	No data reported.	No data reported.
SO II	II.6. Improved quality assurance and quality management systems (CQI)	II.6.c. Logistics model	NCA/MOZ:001-1 PI Program	Logistics STTA - assessment and recommendations Training plan Written model No (%) of SDPs with at least 1 person trained in model No (%) of SDPs implementing model No. (%) of SDPs with <2 stockouts per year	75% of SDPs and with at least 1 person trained 60% of SDPs implementing model 50% of SCPs with <2 stockouts per year	Hosted FPLM consultants to Nampula to work with logistics at provincial and district levels	Hosted FPLM consultants to Nampula to work with logistics at provincial and district levels

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Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I, III	III.1. Enhanced environment for use of RH services (through research and advocacy)	III.1.a. Study tours - advocacy group (CBD)	PI Program	No. participants Reports and written recommendations No. follow-up activities per province	2 trips - 4 provinces (advance groups) plus Maputo 2 follow on activities per province Write paper on CBD policy 2 advocates per province and centrally	Conducted 2 Study Tour groups to Kenya, for CBD and Adolescent RH (6 per group)	Conducted 2 Study Tour groups to Kenya, for CBD and Adolescent RH (6 per group)
		III.1.b. Advocacy training	NCA/MOZ:002-1	No. of advocates per target province No. of advocates complete training No. of advocate events/year	2 advocates per target province and centrally 90% complete training 2 events per advocate per year	Participated in Advocacy seminar in Maputo	Participated in Advocacy seminar in Maputo
		III.1.c. Formative research; pretesting IEC messages	NCA/MOZ:002-1	Research protocol Pretest messages Dissemination plan - findings Communications strategy for IEC messages Incorporation of messages into training, other modalities	Formative research protocol Pretesting initial messages 3 main RH IEC messages and related materials developed	No data reported.	No data reported.
		III.1.d. Dissemination plan for target groups in target districts [Nampula and Maputo - yr1]	NCA/MOZ:002-1	Written plan	Written plan and distribution/discussion at target district level	No data reported.	No data reported.
		III.1.e. Study tour - worksite services [Swaziland]	NCA/MOZ:002-1	No. participants Reports and written recommendations No follow-on activities per province	1 trip - 3 provinces plus Maputo Establishment of worksite programs White paper on worksite services	No data reported.	No data reported.
		III.1.f. Capacity building seminar for grantees on community participation/organization - participatory assessment methods	NCA/MOZ:001-1 NCA/MOZ:002-1	1 seminar per year Year 1 PRA methodology No. participants Application of method/findings or new skills in annual workplan	1 seminar per yr per grantee	No data reported.	No data reported.

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Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I, III	III.2. Improved knowledge and attitudes regarding RH in target populations	III 2.a. Community health committees/circles of interest	NCA/MOZ:001-1	No of CHC and/or COI per target community No participants No. of CHC or COI events/meetings per quarter No. (%) of respondents with RH knowledge (in relation to 3 messages)	75% of target community have CHC or COI One activity per month per CHC/COI 75% respondents with knowledge about 3 messages	No data reported.	No data reported
		III.2 b. Theatre groups	NCA/MOZ:001-1 NCA/MOZ:002-1	No. of theatre groups per province No. of events per month/year No. of participants	2 groups per focus province (1 per target district) 1 event per group per month 50 participants per event	No data reported.	No data reported.
	III.3. Increased community-level participation in RH	III.3.a. Sensitization of leaders	NCA/MOZ:001-1 NCA/MOZ:002-1	No. of leaders per target district participate in sensitization exercise	50 leaders per province participate in sensitization exercise Minimum of 2 exercises per year Manual and action plan for mobilization/heightened awareness	No data reported.	No data reported.
		III.3.b. Activista orientation/training [see III.4.c.]	NCA/MOZ:001-1 NCA/MOZ:002-1	Development/adaptation of curriculum/participant materials Trainers guide Onsite exercises No. (%) of activistas/community agents trained	80% of activistas of grantees participate in training	No data reported.	No data reported.
SO I	III.4. Improved preventive practices among target populations	III.4.a. Communication strategy/mode	NCA/MOZ:002-1	Written communication strategy	Communication strategy implemented in Nampula and Maputo	No data reported.	No data reported.

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Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
		III.4 b. Production of materials	NCA/MOZ:002-1	Research findings applied to materials development No. of types of materials developed (in accordance with communication strategy) No. of SDPs and associated community networks supplied with at least 1 type of RH communication material	IEC materials developed and distributed to 80% grantee SDPs and 50% of partner health posts and centres in focus districts or communities in Nampula and Maputo IEC materials developed and distributed to all grantee community networks in Nampula and Maputo	No data reported.	No data reported.
SO I	III.4. Improved preventive practices among target populations	III.4.c. Training of health providers and activistas to use materials: condom use/safe sex; planned pregnancies	NCA/MOZ:001-1 NCA/MOZ.002-1	No (%) of total activistas/community agents of grantees trained to use RH communication materials No. (%) of total activistas/community agents of grantees effectively using RH communication materials No. (%) SDPs in target districts with at least 1 provider trained to use RH communication materials Activista Manual [pocket guide] Curriculum for Activistas [use of communications materials]	80% of total activistas/community agents of grantees trained to use RH communication materials 80% of total activistas/community agents of grantees effectively using RH communication materials 50 (%) SDPs in target districts with at least 1 provider trained to use RH communication materials [Nampula, Maputo]	No data reported.	No data reported.

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Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
		III.4.d. Community members receiving and using RH communication	NCA/MOZ:001-1 NCA/MOZ:002-1	No. of individuals receiving any form of RH communication through grantee community networks Age breakdown of DHS data - current practices No (%) of respondents currently practicing safe sex No. (%) of respondents with knowledge about safe sex No. (%) of respondents with knowledge of at least 1 modern method of FP CPR	TBD	No data reported.	No data reported.

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Strategic Objective IV: Expand adolescent RH services/decrease teen pregnancies and STDs

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	IV.1. Increased SDPs offering quality adolescent RH services	IV.1.a. Train staff and equip school focussed SDPs in Maputo and Nampula, Zambezia	NCA/MOZ:002-1	No. of SDPs with at least 1 trained staff member and appropriate equipment/material to provide adolescent RH services	5-10 SDPs (3 in Maputo, 1 in Nampula and 1 in Zambezia) with at least 1 trained staff member and equipment/materials to provide adolescent RH services or refer to trained provider	Trained elementary nurses in 4 districts, including introduction to adolescent RH issues.	No data reported.
	IV.2. Increased number of providers with specific adolescent RH skills	IV.2.a. Adolescent RH training for doctors/nurses/counselors working in grantee adolescent RH clinics/centers	NCA/MOZ:002-1	No. (%) of providers trained out of total needed to service grantee adolescent SDPs	5 SDPs per year with at least 2 trained staff members each	Trained elementary nurses in 4 districts, including introduction to adolescent RH issues.	No data reported.
		IV.2.b. Adolescent RH TOT for provincial providers from target districts	NCA/MOZ:002-1	No. (%) of target districts with at least 1 trainer participating in TOT for adolescent RH	6 each year	No data reported.	No data reported.
	IV.3. Increased numbers of school related RH services for adolescents	IV.3.a. TOT for peer counselors and professors	NCA/MOZ:002-1	No. (%) of peer counselors trainers (coordinators) and professors trained in adolescent RH life skills curriculum out of total needed for all grantee school based programs	80% of professors and peer counselor trainers needed for 5 school programs per yr	No data reported.	No data reported.
		IV.3.b. Activistas/peer counselor training in adolescent RH counseling and communication	NCA/MOZ:001-1 NCA/MOZ:002-1	No Activistas trained per network Development per modules, materials	40-50 trained peer counselors (10 per network) per year	Supported 5-day training of adolescent activistas of AMODEFA.	No data reported.
	IV.4. Increased adolescent/youth peer networks linked with counseling sites/service centers	IV.4.a. Development of peer networks	NCA/MOZ:002-1	No. of school focused networks in 5 urban sites	5 networks in 5 target urban communities [50 activistas peer counselors]	No data reported.	No data reported.

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Strategic Objective IV: Expand adolescent RH services/decrease teen pregnancies and STDs

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1		IV.4.b Implementation of ARH "Events" per school network	NCA/MOZ:002-1	No events per year per all networks No. of beneficiaries per year from all events [not including individual counseling contacts] No. of individual contacts for all activistas per year No. of new acceptors per all networks per year No. of continued acceptors per all networks per year No. of referrals into participating SDP or counseling center per year	30 events per year 1,000 beneficiaries from all events 6000 contacts from all activistas 2000 new acceptors	No data reported.	No data reported.
	IV.5. Functioning adolescent RH training site/clinic/community centers in 2 provinces	IV.5.a. Initiate adolescent RH training site/clinic in Maputo [yr 1] and 2 school sites in Maputo	NCA/MOZ:002-1	No. staff hired and oriented No. facilities renovated No. staff trained No. clients No. new acceptors No. continued users Method mix CYP	1 RH clinic fully staffed 1 clinic renovated and equipped for service (counseling, direct clinical services or referral) 80% staff at RH clinic trained 500 new acceptors Other data TBD	No data reported.	No data reported.
	IV.6. Effective mass communication strategy and dissemination plan for adolescent RH	IV.6.a. Develop mass communication strategy and dissemination plan for adolescent RH; introduce in Maputo and Zambezia	NCA/MOZ:002-1	Development of strategy and plan	Introduction of plan for subgrantees and partners	No data reported.	No data reported.
	IV.7. Available, widely disseminated IEC RH messages and related materials specific for adolescents/youth	IV.7.a. Pretest messages; revise messages and incorporate into training materials, communication strategy	NCA/MOZ:002-1	Pretest results Messages	Pretest results Key messages (3) developed and incorporated into training modules for nurses, community agents	No data reported.	No data reported.
	IV.8. Active Intersectoral Committee for Adolescent Development	IV.8.a. Technical support, capacity building CIADAJ	PI Program	Measurable Indicators	Workplan Technical support plan	No data reported.	No data reported.
	IV.9. Supportive policy environment at provincial and national levels	IV.9.a. Study tours - adolescent programs	NCA/MOZ:002-1	Reports and recommendations Related policy advocacy activities	Policy recommendations Policy advocacy actions/materials	Conducted study tour for Adolescent RH to Kenya for 6 Mozambican participants.	No data reported.
		IV.9.b. Adolescent policy/planning technical forum for decision makers	NCA/MOZ:002-1	No. forum No. participants	1 forum per yr, 25 participants	Began planning adolescent policy advisory group.	No data reported.

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Strategic Objective IV: Expand adolescent RH services/decrease teen pregnancies and STDs

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	IV.9. Supportive policy environment at provincial and national levels	IV.9.c. Regional program exchanges/meetings	NCA/MOZ:002-1 PI Program	No. of program exchanges (intra and inter provincial/national) No. participants/organizations involved	4 exchanges per yr, 2-5 organizations; 10 individuals	No data reported.	No data reported.
		IV.9.d. Advocacy package and training - adolescent RH	NCA/MOZ:002-1 PI Program	No. of advocates per target province No. of advocates complete training No. of advocate events/yr	2 advocates per focus province and centrally 90% complete training 2 events per advocate per yr	No data reported.	No data reported.
		IV.9.e. Utilization of data for policy decisions [DHS, PSI, formative research findings]	NCA/MOZ:002-1 PI Program	No. summary reports with research results or data analysis ["user friendly" presentation] No. forum to discuss policy implications of data	2 forum per yr [yr 1 DHS - and PSI data; results from initial formative research]	No data reported.	No data reported.
		IV.9.f. Adolescent RH clearing house/resource library	NCA/MOZ:002-1 PI Program	Clearing house established Processing monthly requests	Quarterly update of resource list Processing 5-10 requests per quarter	No data reported.	No data reported.

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Strategic Objective V: Strengthen NGO management capacity/capability

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	V.1. Strengthened NGO program/institutional management capacity	V.1.a. Annual institutional assessment with implementation of institutional capacity building (ICB) action plan	PI Program	Assessment report and ICB action plan	Annual ICB assessment and plan	No data reported.	No data reported.
		V.1.b. Strategic plan implementation and monitoring	NCA/MOZ:001-1 NCA/MOZ:002-1	Per monitoring plan	Monitoring plan	Finished SALAMA strategic plan; began developing annual workplan and monitoring plan	Finished SALAMA strategic plan; began developing annual workplan and monitoring plan
		V.1.c. National and/or provincial annual meetings/workplan development	NCA/MOZ:001-1 NCA/MOZ:002-1	National meeting agenda proceedings for each grantee National, provincial and/or district plans per grantee	1 national meeting and workplan AMODEFA 1 provincial meeting and workplan per focus province District plans per each target district	Finalized plans for AMODEFA national assembly; began plans for SALAMA general assembly	Finalized plans for AMODEFA national assembly; began plans for SALAMA general assembly
		V.1.d. Develop organizational database [membership, volunteers, training, health services]	NCA/MOZ:001-1 NCA/MOZ:002-1	3-4 databases - software and instructions for system implementation/maintenance	3-4 systems [membership, volunteers, training, health services/impact] adapted for each grantee	No data reported.	No data reported.
	V.2. Improved financial systems and sustainability of partner NGOs	V.2.a. Grantee financial officer training	NCA/MOZ:001-1 NCA/MOZ:002-1	No. of people participating in training	1 officer per grantee attends at least 1 training per year (incountry or external)	No data reported.	No data reported.
		V.2.b. Seminars in grant management and cost monitoring	NCA/MOZ:001-1 NCA/MOZ:002-1	No of seminars No of participants	2 seminars per year (including both grantees), 5-10 participants	Assisted AMODEFA and SALAMA in finalizing grant proposals, including identification of indicators, narrative writing, and budget preparation.	No data reported.
		V.2.c. Implement revised financial monitoring/reporting system per grantee	NCA/MOZ:001-1 NCA/MOZ:002-1	Financial monitoring system Quarterly reports	Financial monitoring system and instructions per grantee Quarterly financial reports per grantee	No data reported.	No data reported.
		V.2.d. Develop and implement sustainability plan, including revenue generation plan	NCA/MOZ:001-1 NCA/MOZ:002-1	Sustainability plan	Sustainability plans in progress for each grantee	No data reported.	No data reported.
	V.3. Expanded NGO capability in human resources and MIS	V.3.a. Develop procedures/personnel manuals	NCA/MOZ:001-1 NCA/MOZ:002-1	Manuals per grantee	1 manual per grantee	Assisted AMODEFA in developing personnel guidelines, hiring procedures	Assisted AMODEFA in developing personnel guidelines, hiring procedures

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Strategic Objective V: Strengthen NGO management capacity/capability

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	V.3. Expanded NGO capability in human resources and MIS	V.3.b. Develop membership orientation guides/training	PI Program	Orientation guide No. of members trained	1 guide per grantee Associated training materials 50% old members re-oriented 90% new members oriented	Assisted AMODEFA in developing draft membership orientation guide	Assisted AMODEFA in developing draft membership orientation guide
		V.3.c. Salary structure review, refinement of position descriptions	PI Program	Salary review Revised structure and position descriptions	Revised salary structures per grantee Position descriptions and qualification for each employee per grantee	Worked with AMODEFA to define new positions, review existing personnel structures and develop hiring procedures.	No data reported.
		V.3.d. Develop/refine personnel evaluation and personal development plans	NCA/MOZ:001-1 NCA/MOZ:002-1	Revised personnel evaluation forms/system No. personal development plans	50% of employees have personal development plan	No data reported.	No data reported.
		V.3.e. Seminars for implementation and use of PSS [including related analysis]	NCA/MOZ:001-1 NCA/MOZ:002-1	No seminars No. of participants PSS analysis and implication reports	2 seminars 1 per year thereafter [including both grantees] 5-10 participants Quarterly PSS reports with analysis of program implications	No data reported.	No data reported.
		V.3.f. Seminar on data for decision making; baseline study results and program implications	NCA/MOZ 001-1 NCA/MOZ:002-1	1 seminar per year per grantee No of participants	1 seminar per year, 5-10 participants per grantee	No data reported.	No data reported.
		V.3.g. QA workshop and plan/intervention development	PI Program	No. workshops per year [including both grantees] No. participants QA plan	1 workshop per year, 5-10 participants [both subgrantee and district partners] QA plan	No data reported.	No data reported.
		V.3.h. Develop GIS system per grantee and PI	NCA/MOZ:001-1 NCA/MOZ:002-1	GIS system and instructions	Working on development of GIS system per grantee	No data reported.	No data reported.

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Strategic Objective VI: Strengthen RH capacity in NGOs and improve public sector capability to utilize NGOs/PVOs to maximize delivery of RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	VI.1. Improved RH coordination among PVOs	VI.1.a. Facilitate provincial RH task groups in focus provinces	PI Program	No. meeting per yr/province Development of subgroups, objectives and operating guidelines Products/key decisions No.(% of total) health PVOs/NGOs participating	1 RH task group in each focus province, 6 meetings per yr per province with written minutes, written membership and objectives, guidelines for each RH task group, 80% of health PVOs [100% USAID funded] participation	Began planning for RH task group meeting in Nampula in October	Began planning for RH task group meeting in Nampula in October
		VI.1.b. Host NGO administrative practices forum	PI Program	No. participating NGOs/PVOs Production of common administrative guidelines, esp for per diems	1 forum per year 90% participation of USAID funded health PVOs Per diem guidelines	No data reported.	No data reported.
		VI.1.c. Facilitate PVO health for a - national and provincial	PI Program	No. forum per year	1 national, 1 northern provincial/yr	No data reported.	No data reported.
		VI.1.d. Facilitate communication and programmatic exchange between PVOs and between PVOs and NGOs	PI Program	No. of inter-program visits, joint activities	3 per year	Participated in 2 NGO coordinating meetings in Nampula	Participated in 2 NGO coordinating meetings in Nampula
	VI.2. Strengthened district and provincial planning capacity in RH, incorporating NGOs/PVOs	VI.2 a. Annual target district RH work planning exercise with subgrantee and public sector officials	NCA/MOZ:001-1	No. (%) of target districts with workplans integrating efforts of subgrantee NGOs	4 No data reported.	Worked with SALAMA, DPS and CARE in developing short and longer-term workplans	Worked with SALAMA, DPS and CARE in developing short and longer-term workplans
		VI.2 b. GIS workshop for NGOs/PVOs/public sector	PI Program	Workshop report No. organizations, districts/provinces attending No. districts/provinces or NGO/PVOs implementing GIS	3 No data reported	No data reported.	No data reported.
		VI.2.c. Perform district RH inventories, mapping in target districts	NCA/MOZ:001-1	No. target district inventories completed/updated	4 No data reported.	No data reported.	No data reported.
		VI.2 d. Perform baseline facility assessments	NCA/MOZ:001-1 NCA/MOZ:002-1	No. PVO assessments completed/analyzed per focus province	Representative sample for each target district per grantee	Began preparations for baseline facility assessment in Ribaua district	Began preparations for baseline facility assessment in Ribaua district

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Strategic Objective VI: Strengthen RH capacity in NGOs and improve public sector capability to utilize NGOs/PVOs to maximize delivery of RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I, II	VI.3. National NGO/PVO guidelines/protocols/clinical standards for quality RH services	VI.3 a. Facilitate development of NGO/PVO RH clinical protocols and treatment [eg family planning, STDs, safe motherhood and early infant home case management of common illnesses]	PI Program	No. of approved protocols per year	1-2 approved protocols per yr	No data reported.	No data reported.
		VI.3.b. Develop NGO/PVO guidelines for quality RH services, consistent with GRM norms	PI Program	No. of approved guidelines per year	1-2 approved/implemented per yr	No data reported.	No data reported.
		VI.3.c. Assist in development/implementation of common NGO/PVO RH program indicators	PI Program	USAID approved RH indicators for SO3	USAID approved RH indicators for SO3	No data reported.	No data reported.
		VI.3.d. Assist in development of common NGO/PVO RH and facility and program assessment instruments	PI Program	No. approved assessment instruments	1 per yr	No data reported.	No data reported.
		VI.3.e. Facilitate CBD Task Force	PI Program	No meetings per yr No. organizations participating No. events sponsored or key recommendations made [CBD curriculum and CBD design - yr 1]	3-4 meetings/yr 75% of member organizations participating in at least 2 meetings or sponsored activities/yr CBD curriculum development workshop CBD design workshop	Coordinated national CBD task group meeting in Maputo	Coordinated national CBD task group meeting in Maputo
SO I	VI 4. Expanded RH services among international PVOs	VI.4.a. Perform PVO needs assessments and develop TA plans/MOU	PI Program	No. PVO assessments completed No. TA plans/MOUs signed	6 assessments MOUs and TA plans - across all 3 provinces	No data reported.	No data reported.
		VI 4 b Provide RH TOTs for PVO trainers	PI Program	No. TOTs per yr No organizations receiving TOTs No. participant trainers	1 TOTs per yr 6 PVOs 15 participants	No data reported.	No data reported.
		VI.4.c. Facilitate PVO technical seminars and contraceptive technology updates (CTUs) on selected topics	PI Program	No. CTUs No. of PVOs receiving CTU No. of participants	1-2 peryr 6 PVOs 15 participants	No data reported.	No data reported.

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Strategic Objective VI: Strengthen RH capacity in NGOs and improve public sector capability to utilize NGOs/PVOs to maximize delivery of RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	VI.4. Expanded RH services among international PVOs	VI.4.d. Initiate and maintain RH clearing house and STTA directory	PI Program	Clearing house established Processing monthly requests	Quarterly update of resource list Processing 5-10 requests per quarter	No data reported.	No data reported.
		VI.4.e. Sponsor study tours [including PVOs, NGOs and public sector] [see III.1.a. and IV.9 a.]	PI Program	Reports and recommendations Related policy advocacy activities	2 study tours Policy recommendations Policy advocacy actions/materials	Sponsored 2 study tours to Kenya for CBD and Adolescent RH (6 participants per group)	Sponsored 2 study tours to Kenya for CBD and Adolescent RH (6 participants per group)

Nigeria

Strategic Objective I: Increased access to and availability of FP and RH Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded improved or established FP and RH service delivery systems and infrastructure through multiple service delivery points (including public, private, NGOs, clinic, hospital, community, and market-based outlets; cross-sectoral NGOs; and social marketing)	I.1.a. Support newly established community and market-based FP and RH services	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV mgmt	No. of CBD and market-based project sites No. of new acceptors No. of CYPs No. of referrals	13 CBD and market services established No. of new acceptors-TBD No. of CYPs-TBD No. of referrals-TBD	CYP will be generated when commodities have been supplied.	CYP will be generated when commodities have been supplied.
		I.1.b. Support clinic-based FP and RH services at Sagamu community center (SCC)	STD/HIV mgmt	Clinics operational No. of new acceptors No. of STI/HIV cases counseled and referred	Operational RH services at center 2,106 new acceptors 906 referrals for STIs and HIV 2,106 clients counseled on STI/HIV prevention	Condom supplies in SCC is only for STD/HIV management. About 533 STD/HIV cases were treated this quarter. 618 patients were counseled and screened for HIV.	Condom supplies in SCC is only for STD/HIV management. About 533 STD/HIV cases were treated this quarter. 618 patients were counseled and screened for HIV.
		I.1.c. Support hospital-based FP/RH services at St. Vincent and Ogun State University Hospital (OSUTH) facilities	STD/HIV mgmt	No. of CYP generated No. of STD/HIV patients treated No. of STD/HIV cases screened No. of sites with upgraded RH service	Upgrade RH service implemented at 2 sites No. CYP generated-TBD 5,530 STI/HIV cases/patients	Discussion towards procurement of laboratory equipment is ongoing.	Bids obtained from dealers in clinic equipment have been reviewed.
		I.1.d. Support FP/RH service delivery through private for-profit practitioners in 9 locations	NCA/NIR 017-1 NCA/NIR.018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:022-1 NCA/NIR.023-1 NCA/NIR:024-1 NCA/NIR:025-1	No. of operational FP/RH clinics No. of CYP generated No. of new acceptors served with FP/RH services	Increase clinic-based FP/RH services from 10-13 38,689 CYP generated 24,755 new acceptors of FP services	CYP will be generated in quarter 2 when all commodities have been supplied.	CYP will be generated in quarter 2 when all commodities have been supplied.
		I.1.e. Design new program to increase FP/RH service delivery through Muslim Sisters Organization and community organization at Kano and Nembe	Ford/RH	No. of programs developed and implemented	2 community-based programs addressing FP/RH needs of the high risk and underserved groups designed, implemented and operational in Kano and Nembe	Ongoing	Accommodation has been secured for health clinic services and women development center at the 2 communities.

Nigeria

Strategic Objective I: Increased access to and availability of FP and RH Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I	I.2. Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions	I.2.a. Support client-focused IEC activities for FP, RH and MCH (including home visits community meetings, educational materials for dissemination)	NCA/NIR 017-1 NCA/NIR.019-1 NCA/NIR:020-1 NCA/NIR:023-1 NCA/NIR:024-1 Ford/RH STD/HIV mgmt	No. of home visits and community meetings conducted No IEC program-specific materials developed No. of persons informed	98,650 home visits, community meetings conducted by health workers, peer/CSW educators, male motivator and MSO members 143,900 persons informed 175,472 IEC materials distributed	475 PLWHAs received home-based care services in STD/HIV Management project. About 3,097 persons were informed on STD/HIV and health promotional messages. IEC materials development is scheduled for quarter 2.	475 PLWHAs received home-based care services in STD/HIV Management project About 3,097 persons were informed on STD/HIV and health promotional messages. IEC materials development is scheduled for quarter 2.
		I.2.b. Strengthen community level participation through sensitization/advocacy/stakeholders meetings and joint participation in project management	NCA/NIR:017-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:023-1 NCA/NIR:024-1 Ford/RH STD/HIV mgmt	No community leaders sensitized and stakeholders meetings conducted	2,135 community leaders sensitized 12 stakeholders meetings conducted	720 community and women leaders were sensitized on FP services, prevalence of STI/HIV and its prevention.	720 community and women leaders were sensitized on FP services, prevalence of STI/HIV and its prevention.
		I.2.c. Revise/develop targeted IEC strategies/approaches to reach high risk underserved populations	Ford/RH STD/HIV mgmt	No. of IEC materials developed and implemented	No data reported.	IEC materials development for Ford/RH (Kano) is ongoing. IEC materials development for STD/Management project is slated for quarter 3.	Ford/RH materials development is currently being reviewed and pre-tested.
		I.2.d. Conduct operational research on FP/RH programs	Ford/RH STD/HIV mgmt	Result of operational research conducted	Better designed FP/RH programs incorporating funding recommendations and lessons learned	The final copy of operational research document is currently being reviewed in Liverpool.	Research document was developed by OSUTH and forwarded to Liverpool.
	I.3. Increase availability of high quality, long-acting methods	I.3.a. Support provision of long-acting methods at 9 private institutions	NCA/NIR 017-1 NCA/NIR:018-1 NCA/NIR 019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR.025-1	No. of new acceptors No. CYPs achieved Total number of SDPs	12,214 new acceptors of long-acting methods 38,689 CYPs achieved 9 clinics offering VSC, IUDs, and injectables	Efforts are currently geared towards the supplies of commodities. VSC services was not provided this quarter.	Efforts are currently geared towards the supplies of commodities. VSC services was not provided this quarter.

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Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II 1. Expand range of appropriate contraceptive methods available	II.1.a. Support provision of VSC services at 9 private institutions	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1	No. of VSC performed No. CYP achieved	Expanded services at 9 private institutions 2,035 CYPs achieved 188 VSC performed	This is a quarter 2 activity.	This is a quarter 2 activity.
		II.1.b. Expand ECP services under the UCH project	PF/NIR 011-1	Increased no. of FP clinical sites providing ECP services	Expanded ECP services in the South West of Nigeria ECP introduced to 5 new (10 total) FP clinical sites	PF/011-1project was not extended beyond Dec. 31, 97.	PF/011-1project was not extended beyond Dec. 31, 97.
	II.2. Strengthened providers' competence to deliver high quality FP and selected RH services (including MCH and STIs and HIV/AIDS)	II.2.a. Train/retrain CBDs/MBDs/Health workers to provide integrated health services (FP, selected RH and MCH) at all participating sites, including ECP training	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt PF/NIR.011-1	No/type of trained CBD/MBD agents No/Type of staff/Cadre trained No. of peer educators trained	Increased technical competence of service providers at all levels of service delivery 1,284 service providers trained	23 staff members from 8 sub-projects attended a 1-wk contraceptive technology update training for clinic providers.	23 staff members from 8 sub-projects attended a 1-wk contraceptive technology update training for clinic providers.
		II.2.b. Review/Update curricula, protocols, standard of practice (SOP) for all cadres of service providers including ECP	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt PF/NIR 011-1	No/Type of curricula, protocols SOPs reviewed and updated	22 updated curricula, protocols, SOPs for all cadres of providers	Protocols for AIDS home-based care and syndromic management training were developed for STD/HIV management project. NCA sub-projects will not develop/review any protocol in year 1.	Drafts copies of protocols developed were given to Stakeholders for pretesting.
		II.2.c. Conduct TOT for STI Management Technical Working group	STD/HIV Mgmt	No. of persons trained to provide TA on STI Management	Availability of STD Management Technical Resources 25 people trained in TOT	24 staff members were trained on AIDS Patient Care and Management in Mildmay II Training	24 staff members were previously trained on AIDS Patient Care and Management in Mildmay I training.

Nigeria

Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.3. Enhanced integration of STIs and HIV/AIDS services into FP programs (including referrals)	II.3.a. Strengthen and consolidate integration of STD and HIV/AIDS prevention control in all service delivery points; continue support to CBD home based care for people with AIDS (PWA) at Otukpo	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt PF/NIR:011-1	No. of sites with FP and STI and HIV/AIDS integrated services No. of people with AIDS cared for by the CBDs No. of STI/HIV persons counseled, screened and treated	STI and HIV/AIDS fully incorporated into 9 SDPs 15,000 persons with STI and HIV/AIDS provided with services 400 PWAs cared for by CBDs 13 sites with FP and STI/HIV/AIDS integrated services	Efforts are ongoing by the grantees on integration of HIV/AIDS into NCA activities.	Efforts are ongoing by the grantees on integration of HIV/AIDS into NCA activities.
		II.3.b. Develop/strengthen referral linkages between CBD/MBD, peer educators; clinics; hospitals and other STIs and HIV/AIDS referral centers in all project sites	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt	No. of cases of STD/HIV/AIDS referral linkages established and functioning	Availability of effective referral linkages 13 referral linkages established 2,000 cases of STI/HIV/AIDS referred	Ongoing.	Ongoing.
		II.3.c. Establish community-and clinic-based models for STI and HIV care among Otukpo community and at St. Vincent Hospital	STD/HIV Mgmt	No. of models for STI and HIV care established	No established models for STI and HIV care - TBD	Ongoing.	Ongoing.

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Strategic Objective II: Improved quality of Services and Contraceptive Method mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.4. Improved quality assurance and quality management systems	II.4.a. Introduce/ strengthen QOC system, including Quality Improved Self Assessment tools, development of protocols; infection prevention checklist at all project sites	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt	No. of project sites with effective QOC system	Improved quality of care at all 14 project sites	Ongoing.	Ongoing.
		II.4.b Conduct on site training on utilization of QOC systems, tools, checklist and protocols	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt	No. of sites with effective QOC systems (using tools, checklis)	QOC systems protocols tools/checklist finalized and in use	Negotiation with dealers in clinic equipment have commenced.	Negotiation with dealers in clinic equipment have commenced.
		II.4.c. Equip and renovate 33 SDPs/clinics	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR:025-1 Ford/RH STD/HIV Mgmt	No. of clinics equipped No. of clinics renovated	33 clinics/SDPs with appropriate equipment and environment to promote QOC	Ongoing.	Ongoing.
		II.4.d. Update laboratories and technicians' skills at Otukpo and Sagami	STD/HIV Mgmt	No. of laboratories and technicians' skills upgraded	2 laboratories upgraded (at Otukpo and Sagami) 4 technicians' skills upgraded	This activity is slated for quarter 3.	This activity is slated for quarter 3.

Nigeria

Strategic Objective III: Increased Management, Financial and Technical Capacity Local and Communities

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program management capabilities of local service delivery organizations	III.1.a. Conduct strategic planning activities with 13 local NGOs	Ford/ICB	No. of NGOs with strategic plan No. of NGOs participating in strategic planning activities	10 NGOs with strategic plan 10 NGOs participating in strategic planning activities	0 NGO developed a strategic plan.	1 NGO developed a strategic plan.
		III.1.b. Provide on-site TA to develop/strengthen local partners' human resources to design, manage and evaluate FP/RH programs	NCA/NIR:017-1 NCA/NIR.018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR.025-1 Ford/RH PF/NIR:011-1	No. of institutions/CBDs/NGOs provided with on-site TA No. of program managers with management skills	16 institutions CBOs/NGO with improved program management 16 program managers with management skills	8 NCA sub-projects were given on-site TA on project management while plans are underway to conduct MIS/Financial Management Workshop to foster their skills.	8 NCA sub-projects were given on-site TA on project management while plans are underway to conduct MIS/Financial Management Workshop to foster their skills.
		III.1.c. Continue the provision of TA on capacity building to 13 local NGOs and plan for expansion to include 5 more	Ford/ICB	No. of local NGOs receiving TA under ICB initiative	Increased number of NGOs from 13 to 18 benefiting from ICB initiative	ICB activities were rounded up this quarter with 13 NGOs in anticipation of possible extension.	ICB activities were rounded up this quarter with 13 NGOs in anticipation of possible extension.
		III.1.d. Conduct workshops/training to strengthen local management committees (LMC) at Otukpo and Sagamu to better manage the STD/HIV management project	STD/HIV mgmt	No. of workshops and/or trainings conducted for LMC members No. of LMC members that participated in workshop	Improved management skills of LMC at the 2 project sites 2 workshops and 10 members trained	Ongoing	Monthly LMC meetings convene at Otukpo and Sagamu project sites.
		III.1.e. Finalize development of manual/guidelines on Management and Supervisory Skills Development (MSSD) for Nigerian NGOs	Ford/ICB	Completed MSSD manual No. of copies of MSSD manual produced and distributed	A self explanatory MSSD manual for Nigerian NGOs produced 100 copies distributed	The MSSD manual development is ongoing and will be distributed when the exercise is completed.	The MSSD manual development is ongoing and will be distributed when the exercise is completed.
		III.1.f. Develop/strengthen ICB partner NGOs, Board of Directors capacity to function more effectively	Ford/ICB	No. of NGOs Boards that participated in development activities No. of NGOs with functional Board No of board development activities/type	18 NGOs with internal governance to ensure proper accountability 13 NGO boards participating in depot activity 13 NGOs with functional boards 3 board development activities conducted	13 NGOs supported by Ford/ICB are scheduled to participate in the next quarter's MIS/Financial Management Workshop to further strengthen their financial/MIS management capabilities.	13 NGOs supported by Ford/ICB are scheduled to participate in the next quarter's MIS/Financial Management Workshop to further strengthen their financial/MIS management capabilities.

Nigeria

Strategic Objective III: Increased Management, Financial and Technical Capacity Local and Communities

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program management capabilities of local service delivery organizations	III.1.g. Provide TA on development and utilization of MIS by all local implementing partners	NCA/NIR 017-1 NCA/NIR.018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR.022-1 NCA/NIR.023-1 NCA/NIR.024-1 NCA/NIR.025-1 Ford/RH Ford/ICB PF/NIR.011-1	No. of project staff participating in MIS workshop No. local NGOs/institutions with effective MIS in place No. of follow-up visits/TA provided to local implementing partners	Improved MIS in place and being used 21 project staff with MIS skills 30 local NGOs with MIS in place 10 follow-up visits 50 project staff participating in MIS workshop	This activity is scheduled for next quarter. Participants will be drawn from NCA, FORD RH/ICB and STD/HIV management projects	All STD/HIV management and NCA projects have benefited from on-site TA on MIS activities
		III.1.h. Provide site TA on commodity logistics to improve capacity to forecast, prepare, warehouse and distribute equipment and supplies	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR.022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR.025-1 Ford/RH Ford/ICB PF/NIR:011-1 STD/HIV Mgmt	No. of NGOs/institutions with established commodity logistics system in place	31 project sites with improved commodity logistics systems	Negotiation with IPs on direct supplies of commodities have been initiated.	Negotiation with IPs on direct supplies of commodities have been initiated.
	III.2. Improved financial sustainability of local service delivery organization	III.2.a. Develop/strengthen financial management systems that are linked to the organizations' MIS for all local partners through workshops, on-site training and development of guidelines/manual and promote the utilization of established systems	NCA/NIR:017-1 NCA/NIR:018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR 025-1 Ford/RH Ford/ICB PF/NIR.011-1 STD/HIV Mgmt	No. of program staff participating in financial sustainability management workshop No of NGOs with effective financial management system and sustainability plan in place	31 institutions with improved financial management system and sustainability plan 62 financial staff participating in workshop	This activity is scheduled for the next quarter. Participants will be drawn from NCA, FORD RH/ICB and STD/HIV management projects	This activity is scheduled for the next quarter. Participants will be drawn from NCA, FORD RH/ICB and STD/HIV management projects

Nigeria

Strategic Objective III: Increased Management, Financial and Technical Capacity Local and Communities

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.2. Improved financial sustainability of local service delivery organization	III.2.b. Provide TA to local implementing partners to improve sustainability plan, management of clinic and community based costs, including developing cost based plans	NCA/NIR:017-1 NCA/NIR.018-1 NCA/NIR:019-1 NCA/NIR:020-1 NCA/NIR:021-1 NCA/NIR:022-1 NCA/NIR:023-1 NCA/NIR:024-1 NCA/NIR.025-1 Ford/RH Ford/ICB PF/NIR.011-1 STD/HIV Mgmt	No. of NGOs with cost-based plans No. of NGOs with established cost recovery/income generating and pricing plans for CBD and clinic-based programs	31 local implementing partners with established systems to track income generated, cost recovery activities and using pricing plans for services and sales of commodities	This activity is scheduled for next quarter. Participants will be drawn from NCA, FORD RH/ICB and STD/HIV management projects	STD/HIV management project previously benefited from financial management workshop
	III.3. Develop capacity of Management and Clinical Services Network	III.3.a. Provide support to Network as an organization to strengthen its strategic approach, forward planning and options for growth	Ford/ICB	No of training activities and consultants' programs implemented by NW organization	Network organization is operationalized implementing activities as per one year action plan No. of training activities implemented - TBD	A 3-day meeting was organized to reactivate the Nigerian Network Management as an NGO. 60 Members were in attendance.	A 3-day meeting was organized to reactivate the Nigerian Network Management as an NGO. 60 Members were in attendance.
		III.3.b. Continue to strengthen select Network members' capacity to provide TA to local NGOs under the ICB initiative	Ford/ICB	No. of Network members participating in update/review workshops	20 Network members with updated skills and knowledge in capacity building and process consulting	No activity this quarter.	15 NMN members received a 3-day update training in process consulting and organizational development.
	III.4. Strengthen community development and resources including community mobilization, income generation, education and literacy, and women's empowerment	III.4.a Continue to support social women empowerment activities among the high risk and under served population in Otukpo, Sagamu, Kano and Nembe	STD/HIV mgmt Ford/RH	No. of activities/type organized and conducted for women No of women empowered through participation in vocational training programs	Improved economic status of women 60 women empowered through participation in vocational training programs	Vocational training for empowerment will commenced in quarter 3 of STD/HIV management project.	Vocational training for empowerment will commenced in quarter 3 of STD/HIV management project.

Senegal

Strategic Objective I: Increased Access to and Availability of FP and RH Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded, improved or established FP and selected RH service delivery systems through two service delivery points	I.1.a. Continue to support clinic-based services in and around Kaolack and St. Louis	NCA/SEN:001-2	No. of new acceptors	7,293 new acceptors	781 new acceptors recruited at the two clinics while 728 new acceptors recruited by CBD agents	781 new acceptors recruited at the two clinics while 728 new acceptors recruited by CBD agents
		I.1.b. Continue to support community-based RH services in and around Kaolack and St. Louis	NCA/SEN:001-2	No of CYPs provided	5,271 CYPs provided	Total of 1,263 CYPs generated	Total of 1,263 CYPs generated
	I.2. Expanded access for underserved groups and those at risk such as young adults and men	I.2.a. Provide peer counseling services at the University of St. Louis	NCA/SEN:001-2	No. of young adults informed	30,000 young adults informed	Peer counselors trained at the University and services here contributed to achievement of 1,505 young adults informed	1,505 young adults informed
		I.2.b. Explore the possibility of affiliating youth services with those of an IPPF funded Youth Center 100km from St. Louis	NCA/SEN:001-2	No of young adults informed	30,000 young adults informed	Youth services affiliated with those of IPPF funded Youth Center at Richard-Toll, a town 100km from St. Louis.	1,505 young adults informed
		I.2.c. Support outreach services to men in and around the St. Louis and Kaolack target population	NCA/SEN:001-2	No. of condoms distributed	123,552 condoms distributed	19,412 condoms distributed	19,412 condoms distributed
	I.3. Enhanced environment for use of FP, RH and MCH services through selected IEC, and advocacy interventions	I.3.a. Continue to support FP IEC campaigns through "causeries" conducted by CBD agents and volunteer FP educators	NCA/SEN:001-2	No. of people informed	190,000 people informed	Total of 26,956 people informed	Total of 26,956 people informed
		I.3.b. Sensitize and involve community members	NCA/SEN:001-2	No. of adults informed	160,000 adults informed	25,451 adults informed	25,451 adults informed

Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Strengthened provider competence to deliver high quality FP and selected RH services	II.1.a. On-site training follow-up and documentation of experiences with CBD agents and peer counselors	NCA/SEN:001-2	No. of new users recruited and people informed	(Achievements combined with those under I.1.b and I.1.3.a)	(Achievements combined with those under I.1.b and I.1.3.a)	(Achievements combined with those under I.1.b and I.1.3.a)
		II.1.b. Continue to support the integration of MCH and STDs/HIV/AIDS services into FP services at St. Louis and Kaolack clinics	NCA/SEN:001-2	No. of new users recruited and people informed	(Achievements combined with those under I.1.b and I.1.3.a)	(Achievements combined with those under I.1.b and I.1.3.a)	(Achievements combined with those under I.1.b and I.1.3.a)

Senegal

Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program and organizational management capabilities	III.1.a. Hold workshop to provide TA to key ASBEF staff for Strategic Plan follow up and implementation	NCA/SEN:001-2	No. people trained through workshop	No. people trained through workshop - TBD	Informal workshop held with key ASBEF staff and volunteers to propose income generation activities geared towards sustainability of the program after Pathfinder's departure.	Informal workshop held with key ASBEF staff and volunteers to propose income generation activities geared towards sustainability of the program after Pathfinder's departure.
	III.2. Improve financial sustainability and resource diversification efforts	III.2.a. The above mentioned workshop will also select resource mobilization strategies for implementation	NCA/SEN:001-2	No. people trained through workshop	No. people trained through workshop - TBD	Specific income generation activities to be undertaken by ASBEF were proposed during above workshop, including; a hotline for answering RH questions from the public, scanning services at both St. Louis & Kaolack, a revolving fund for the purchase and re-sale of pharmaceutical products, a flour-grinding mill, a taxi and commercial fishing	Specific income generation activities to be undertaken by ASBEF were proposed during above workshop, including; a hotline for answering RH questions from the public, scanning services at both St. Louis & Kaolack, a revolving fund for the purchase and re-sale of pharmaceutical products, a flour-grinding mill, a taxi and commercial fishing

South Africa

Strategic Objective I: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	I.1 Implementation of long-term strategic plan	I.1.a. Conduct strategic plan review to ensure PPASA's implementation of plan's specific activities, strategic approach, forward planning, options for growth	Support to PPASA	Strategic plan reviewed, enhanced annually Indicators, tracking process implemented	Timely implementation of planned activities System for annual review and plan tracking implemented	Facilitated first annual strategic plan review workshop; up-dated plan.	Facilitated first annual strategic plan review workshop; up-dated plan.
	I.2. Improve program planning, implementation procedures, and systems.	I.2.a. Implement new protocols, guideline tools, indicators for program planning, development and monitoring	Support to PPASA	No. of managers trained in planning and use of new protocols, guidelines, tools and indicators No. of branches using new planning systems, tools, protocols, guidelines; No. of monitoring visits using new tools	At least 20 managers trained in program planning Guidelines to strengthen program planning, design monitoring completed, disseminated At least 8 branches and national office using new systems No. of monitoring visits - TBD	Facilitated FY99 planning workshop for 14 most senior provincial office/HQ managers.	Facilitated FY99 planning workshop for 14 most senior provincial office/HQ managers.
		I.2.b. Conduct CBD Study Tour so that PPASA's capacity to implement effective systems that support effective CBD programs is enhanced	Support to PPASA	No persons on Study Tour	CBD tour for 6 persons conducted	No data reported.	No data reported.
	I.3. Enhanced management systems	I.3.a. To implement MIS/monitoring, evaluation systems; new guidelines, protocols, formats, tools, indicators; Review computer needs; computerize selected MIS/M & E/computer use	Support to PPASA	New and re-designed MIS, planning, and other management systems, tools, protocols, guidelines, formats introduced No. of MIS/M&E applications, developed installed No. of MIS/M&E workshops conducted by type No. staff trained in MIS use No. staff trained in computer skills upgrade	Enhanced MIS, planning, and management systems in place Protocols, guidelines, formats introduced Better use of data by managers, MIS/M&E computer software applications developed and installed At least 20 managers, technical analysts trained	Conducted 4 on-site TA visits to address systems implementation issues.	Conducted 4 on-site TA visits to address systems implementation issues.
		I.3.c. Conduct "Data for Decision-making Workshop" to strengthen data analysis and use by managers for planning, resource allocation, performance review, monitoring, feedback	Support to PPASA	No. of staff trained in data analysis	Improved data analyses skills; increased use of data for planning, monitoring, evaluating, resource allocation; at least 2 persons from Provincial office and 4 from National office trained	No data reported.	No data reported.

South Africa

Strategic Objective I: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	I.3. Enhanced management systems	I.4.b. Prepare specific fundraising proposal to diversity and increase available resources	Support to PPASA	No. of new fundraising proposals, strategies, guidelines developed Amount of new revenue generated/branch or National Office	At least 3 new fundraising proposals, strategies, guidelines developed % of budget from new revenues TBD	Participated as member of National Fund-raising Task Force; developed first major diversification proposal for innovative RH-environmental program.	Participated as member of National Fund-raising Task Force; developed first major diversification proposal for innovative RH-environmental program.
		I.4.c. Develop/design computerized donor and fundraising database	Support to PPASA	MIS upgraded to include fundraising data component	Donor database designed Substantial new revenues/resources available to support PPASA work and PI/PPASA partnership	Outline of software application capabilities for donor data base completed and under discussion.	Outline of software application capabilities for donor data base completed and under discussion.

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Strategic Objective I: Increased Access to and Availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded, Improved or established FP and selected RH (including MCH) service delivery systems and infrastructure through multiple service delivery points (private, private, clinic-based, hospital-based, workbased-based and CBD)	I.1.a. Expand coverage of community-based FP and RH services by increasing the number of CBD agents in SDA and TOHS sites	NCA/TAN:004-5 NCA/TAN:009-1	No. of new acceptors CYP No. of referrals No. of persons informed	70,168 new acceptors 5,423 cases referred 85,066 CYP distributed 849,320 persons informed	All method-specific data and referrals are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data and referrals are aggregated. See Quantitative Program Data Report for outputs.
		I.1.b. Support clinic-based FP and RH services	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of new acceptors CYP No. of referrals Total no. of child welfare visits No. of antenatal visits No. of STD cases treated	8,340 new acceptors 1,627 referrals 18,564 CYP distributed 66,094 child welfare visits 57,328 antenatal visits 4,627 STD cases treated	All method-specific data and referrals are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data and referrals are aggregated. See Quantitative Program Data Report for outputs.
		I.1.c. Support hospital based FP and RH services	NCA/TAN:004-5 NCA/TAN:009-1	No. of new acceptors CYP No. of childwelfare visits No. of antenatal visits No. of STD cases treated	3,579 new acceptors 7,956 CYP distributed 28,326 child welfare visits 24,569 antenatal visits 4,627 STD cases treated	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.
		I.1.d. Support workplace-based FP and RH services	NCA/TAN:007-1 NCA/TAN:009-1	No. of new acceptors CYP No. of referrals No. of condoms distributed	22,547 new acceptors 15,946 CYPs 522 referrals 349,350 condoms distributed	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.
	I.2. Expanded access for underserved groups and those at-risk, (including young adults and men)	I.2.a. Expand the USDM RH project for youth to two new sites	NCA/TAN:010-1	No. of new acceptors CYP No. of referrals No. of condoms distributed	4,555 new acceptors 6,425 CYPs 345 referrals 337,312 condoms distributed	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.
		I.2.b. Introduce postabortion services into the existing RH activities at TOHS Hospital	NCA/TAN:009-1	No. of new acceptors	TBD	Postabortion services not yet introduced	Postabortion not yet introduced
		I.2.c. Support male-friendly services at SUWATA clinic	PF/TAN:019-1	No. of new acceptors No. of CYP distributed No. of condoms distributed No. of STD cases treated	TBD	Activities on hold due to lack of funds.	Activities on hold due to lack of funds.
	I.3. Enhanced environment for use of FP, RH and MCH services through IEC, and advocacy.	I.3.a. Support client-focused IEC activities for use of FP, RH and MCH services (including home visits, community meetings, educational talks, maternal adaptation, and dissemination)	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1	No. of persons informed No. of IEC materials adapted No. of IEC materials distributed	849,320 persons informed 5 IEC materials adapted 1,000 IEC materials distributed	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for outputs.
		I.3.b. Support advocacy meetings for community leaders to strengthen community participation in FP, RH, and MCH	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of meetings for community leaders held	44 meetings for community leaders held	No data reported.	No data reported.

Strategic Objective II: Improved quality of services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Expanded range of appropriate contraceptive methods at clinic sites	II.1.a. Introduce ECP services and link with ongoing FP services	NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of clinics providing ECP services	15 clinics providing ECP services	ECP not yet introduced. Plans for introduction to be finalized next quarter.	ECP not yet introduced. Plans for introduction to be finalized next quarter.
		II.2. Strengthen provider competence to deliver high quality FP and selected RH services (including MCH and STD and HIV/AIDS)	II.2.a. Train service providers in basic and comprehensive FP and selected RH and MCH services	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of providers trained in basic and comprehensive FP and selected RH and MCH services	25 service providers trained in basic and comprehensive FP and selected RH and MCH services	No service providers trained this quarter.
	II.2.b. Train service providers in ECP		NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of providers trained in ECP	25 service provider trained in ECP	No service providers trained this quarter.	No service providers trained this quarter.
	II.2.c. Train service providers in syndromic diagnosis and management of STDs		NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of service providers trained in syndromic diagnosis and management of STDs	45 service providers trained in syndromic diagnosis and management of STDs	No providers trained. Planning for the course to be done next quarter.	No providers trained. Planning for the course to be done next quarter.
	II.2.d. Conduct refresher-training for CBDs in FP, selected RH and MCH services		NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of CBD agents re-trained in FP, selected RH and MCH services	800 CBD agents re-trained in FP, and selected RH services	No CBDs trained.	No CBDs trained.
	II.2.e. Conduct refresher-training for clinic-based service providers in FP and selected RH and MCH services		NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of clinic based service providers re-trained in FP, selected RH and MCH services	40 service providers trained in CTU and reproductive health updates	No service provider trained in CTU.	No service provider trained in CTU.
	II.2.f. Conduct refresher-training for peer educators in counseling and IEC		NCA/TAN:009-1 NCA/TAN:010-1	No. of peer educators re-trained in counseling and IEC	30 peer educators re-trained in counseling and IEC	Peer educator course scheduled for next quarter.	Peer educator course scheduled for next quarter.

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Strategic Objective II: Improved quality of services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STD and HIV/AIDS services.	II.3.a. Strengthen the integration of STD/HIV/AIDS/CS/SM components into FP services in all PI-funded clinics	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of SDPs providing integrated services	32 SDPs providing integrated services	33 Clinics providing integrated services.	33 Clinics providing integrated services.
		II.3.b. Strengthen the integration of STD/HIV/AIDS/CS/SM components into FP services in all PI-funded community based projects	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:011-1 PF/TAN:019-1	No. of CBD sites providing integrated services	10 CBD sites providing integrated services	34 CBD sites offering integrated services.	34 CBD sites offering integrated services.
		II.3.c. Strengthen referral links for selected FP/RH/MCH services	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of referrals for STD and FP services	5,423 cases referred for FP services and 238 cases referred for STD treatment	STD cases treated 1307	STD cases treated 1307
		II.3.b. Adapt IEC materials for integrated services	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of IEC materials adapted No. of IEC materials distributed	3 IEC material adapted for integrated services 400 IEC materials distributed	No data reported.	No data reported.
	II.4. Improved quality assurance and quality management systems	II.4.a. Strengthen QOC systems, including assessments techniques and adapt appropriate tools	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of SDPs using the adapted tools	32 SDPs using the adapted tools	7 SDPs using adopted tools (TOHS and OTTU)	8 SDPs using adopted tools (TOHS and OTTU)

Tanzania

Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthen program and organizational management capabilities of local service delivery organizations	III.1.a. Conduct long-term strategic planning activities with local institutions	NCA/TAN:004-5 NCA/TAN:009-1	No. of institutions with strategic plans	2 institutions with strategic plans	Strategic planning preparation scheduled for next quarter and workshop quarter 3. (SDA) TOHS workshop to be agreed on during quarter II.	Strategic planning preparation scheduled for next quarter and workshop quarter 3. (SDA) TOHS workshop to be agreed on during quarter II.
		III.1.b. Strengthen organizational capacity to design and manage community-based FP and RH services	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. managers trained in planning and management of community-based FP and RH services	30 managers trained in planning and management of community-based FP and RH services	No managers trained.	No managers trained.
		III.1.c. Increase development and utilization of management information systems for local implementing organizations	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of managers trained in collection and use of data	30 managers trained in collection and use of data	3 Managers trained in Monitoring/Evaluation and 93 Supervisors/CBD workers trained in MIS.	3 Managers trained in Monitoring/Evaluation and 93 Supervisors/CBD workers trained in MIS.
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Improved budgeting, financial planning and management of local organization by providing on-the-job training to financial managers	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1	No. of financial managers trained	3 financial managers trained	5 Financial managers received in job training.	5 Financial managers received in job training.
		III.2.b. Strengthen utilization of standard accounting and auditing systems by reviewing current system and providing instant feedback	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of project finance managers receiving on-the-job training in financial management and accounting	5 project finance managers receiving on-the-job training in financial management and accounting	5 Project finance managers job orientation done.	5 Project finance managers job orientation done.
		III.2.c. Improve financial recordkeeping and reporting of local organization through on-the-job training of financial managers	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of financial managers trained in recordkeeping and reporting	5 financial managers trained in recordkeeping and reporting	No data reported.	No data reported.
	III.3. Improved technical capacity of local service delivery organizations	III.3.a. Provide technical assistance to local service delivery organizations in QOC, integration, reproductive health, financial management, and MIS	NCA/TAN:004-5 NCA/TAN:007-1 NCA/TAN:009-1 NCA/TAN:010-1 NCA/TAN:011-1 PF/TAN:019-1	No. of person-days of TA provided in the following areas: QOC, integration, financial management, reproductive health, and MIS	577 person-days of TA provided in the following areas: QOC, integration, financial management, reproductive health, and MIS	20 Persons days of TA provided in QOC and financial management.	20 Persons days of TA provided in QOC and financial management.

Uganda

Strategic Objective I: Increase access to and availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I	I.1. Expanded, improved, or established FP and RH services delivery system and infrastructure through multiple service delivery approaches (including public, private, hospital based, work based, CBD, home-based and social marketing)	I.1.a. Review CBD catchment areas to determine RH needs, resource requirements and rational allocation/distribution of CBDs	UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	Cost per CYP No. of homesteads per CBD	Significant decrease in cost per CYP 100-150 homes per CBD	Catchment area review done in all project areas of FLEP and EAD. Results expected in next report.	Catchment area review done in all project areas of FLEP and EAD. Results expected in next report.
		I.1.b. Increase number of CBDs in Masindi and Luwero district	UCA/UGA:002-1 UCA/UGA:004-1	Increase in number of CBDs in target district Increase in number of catchment areas	25 new CBDs in Masindi 25 new CBDs in Luwero 4 new areas of operation in Luwero	No data reported.	No data reported.
		I.1.c. Introduce home-based care for PWAs in FLEP, Kasese, IMAU, Masindi for HIV/AIDS services	NCA/UGA:001-3 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of home-based care givers trained No. of HIV/AIDS patients served by trained home care givers	750 home-based care givers trained At least 750 patients served	No data reported.	No data reported.
		I.1.d. Introduce work-based RH services at two sites each in Jinja, Masindi, Kasese	NCA/UGA:001-3 UCA/UGA:004-1 UCA/UGA:005-1	No. of workplaces providing FP and RH services No. of clients served	6 workplaces providing RH services 2,400 clients served	No data reported.	No data reported.
		I.1.e. Pilot cervical cancer screening in Jinja FLEP clinic	NCA/UGA:001-3	No. of facilities equipped No. of service providers trained No. of clients served	Jinja and Kamuli FLEP clinics equipped 12 service providers trained 300 clients served	No data reported.	No data reported.
		I.1.f. Support CBD services in 11 districts	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of new acceptors No. referrals No. of CYP No. of active CBD agents per subproject	206,023 new clients 11,054 referrals 45,330 CYP CBD agents: 172 FLEP, 86 EAD, 60 YWCA, 80 SDA, 57 IMAU, 55 Masindi, 95 Kasese	2,108 new clients for FLEP and EAD, 3,535 referrals and 5,048 CYP generated CBD agents: 172 FLEP, 84 for EAD.	2,108 new clients for FLEP and EAD, 3,535 referrals and 5,048 CYP generated CBD agents: 172 FLEP, 84 for EAD.
		I.2 Expanded services for undeserved groups and those at risk [male, youth, refugees]	I.2.a. Provide services to youth	NCA/UGA:001-3 UCA/UGA:001-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of sexuality education sessions held for youth No. of peer counselors trained No. of types of IEC materials distributed No. of schools participating No. of educational activities for youth	456 session in school or groups 38 schools participating 380 peer counselors trained Distribute 4 types of IEC materials Organize at least two quiz competitions, debates, Q&A sessions per school	23 sexuality education sessions conducted. 20 schools participating 2 types of IEC materials distributed

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Strategic Objective I: Increase access to and availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I	I.2 Expanded services for underserved groups and those at risk [male, youth, refugees]	I.2.b. Provide services to young women	NCA/UGA:001-3 UCA/UGA:001-1 UCA/UGA:005-1	No. of sexuality education sessions held for young women No. of peer counselors trained No. of types of IEC materials distributed No. of groups participating	2310 sessions conducted for 36 groups 10 sexuality educators trained in Kasese 3 IEC materials reproduced and distributed 36 women groups participating	23 session conducted for 12 groups 2 types of IEC materials reproduced and distributed 6 women groups participating	23 session conducted for 12 groups 2 types of IEC materials reproduced and distributed 6 women groups participating
		I.2.c. Provide services to men	NCA/UGA:001-3 UCA/UGA:004-1 UCA/UGA:005-1	No. of male only group talks conducted No. of CBDs trained in male motivation skills No. of peer counselors trained; specialized services provided to target group	Train Masindi and Kasese CBDs in male motivation skills Train peer counselors in Kasese and Masindi Open a male clinic in Masindi and Kasese Support activities outlined in the STD strategy	No data reported.	No data reported.
		I.2.d. Provide services to low income women	NCA/UGA:001-3	No. of sexuality education sessions conducted for target group No. of clients served per service No. of women participating in loan revolving scheme Pre-payment scheme established	70 sessions conducted 6 groups participating in loan revolving scheme Pre-payment scheme established for low income women	15 sessions conducted 6 groups participating in loan revolving scheme Pre-payment scheme established for low income women	15 sessions conducted 6 groups participating in loan revolving scheme Pre-payment scheme established for low income women
	I.3. Enhanced environment for use of FP and RH services through selected IEC and advocacy interventions [male, youth, refugees]	I.3.a. Support community health fair and campaign in CBD catchment areas	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of health fairs conducted	Conduct at least 121 health fairs	2 health fairs conducted by FLEP.	3 health fairs conducted by FLEP.
		I.3.b. Distribute IEC materials	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of types of IEC materials distributed % of target population reached by type of material	Distribute 4 types of IEC materials Reach 80% of target population	4 types of IEC materials distributed.	4 types of IEC materials distributed.
		I.3.c. Support community IEC campaigns focused on men to increase awareness, knowledge and adoption of STI, HIV/AIDS prevention practices	NCA/UGA:001-3 UCA/UGA:004-1 UCA/UGA:005-1	No. of campaigns conducted Increase in utilization of service by men Change in men's knowledge and attitudes	Conduct at least 67 campaigns targeting men Double the number of male clients Change in men's knowledge and attitudes	42 film shows were organized, targeting men for STI prevention. Vasectomy clients in FLEP increased from an average of 6 per quarter to 9 this quarter.	42 film shows were organized, targeting men for STI prevention. Vasectomy clients in FLEP increased from an average of 6 per quarter to 9 this quarter.

Uganda

Strategic Objective I: Increase access to and availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO I	I.3. Enhanced environment for use of FP and RH services through selected IEC and advocacy interventions (male, youth, refugees)	I.3.d. Conduct district campaigns for HIV testing/counseling and family planning	DISH contract	No. of campaigns per district conducted	Conduct 2 campaigns per district	Dish data reported separately.	Dish data reported separately.
		I.3.e. Produce two 25 minute episodes of "Time to Care" video with HIV testing and counseling messages	DISH contract	No. of episodes produced	2 episodes produced	Dish data reported separately.	Dish data reported separately.
		I.3.f. Show "Time to Care" videos in the communities surrounding rural rapid testing sites	DISH contract	No. sites where video shown	Video shown at 20 sites	Dish data reported separately.	Dish data reported separately.

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Strategic Objective II: Improve quality of service and contraceptive method mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Expand range of appropriate contraceptive methods available	II.1.a. Establish VSC services in EAD by equipping facility and training doctor/nurse team.	NCA/UGA:004-2	Facility equipped Doctor/nurse team equipped and deployed	One facility equipped One team trained and deployed	Not to be done (cancelled)	Not to be done (cancelled)
	II.2 Strengthen provider competence to deliver high quality FP and selected RH services	II.2.a. Train nurse/midwives from CBD referral clinics in comprehensive RH including life-saving skills	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1 DISH	No. of service providers trained and providing services	239 service providers trained and providing services (42 supported under NCA and UCA, 197 trained under DISH)	No data reported.	No data reported.
		II.2.b. Provide nutrition training to Kasese CBDs and supervisors	UCA/UGA:005-1	No. of persons trained	78 CBDs and 13 supervisors trained in nutrition	Done earlier- in June	Completed
		II.2.c. Re-enforce IEC skills of CRHWs	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of trained and active CRHWs	545 CRHWs trained and active	258 CRHWs trained and active.	258 CRHWs trained and active.
		II.2.d. Conduct training in PAC for midwives and nurses	DISH contract	No. of nurses and midwives trained	20 nurses and midwives trained	No data reported.	No data reported.
		II.2.e. Conduct follow-up support supervision of nurses and midwives in PAC	DISH contract	No. of PAC trainees supervised at least 3 times	20 trainees supervised at least 3 times	No data reported.	No data reported.
		II.2.f. Conduct follow-up support supervision of nurses and midwives in integrated services	DISH contract	No. of integrated services trainees supervised at least 2 times	850 trainees supervised at least 2 times	No data reported.	No data reported.
	II.3. Improve quality assurance and quality management systems	II.3.a. Conduct workshop to develop tools to monitor the impact of integration and its shortcomings	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:001-1 UCA/UGA:002-1 UCA/UGA:003-1 UCA/UGA:004-1 UCA/UGA:005-1	No. of NGOs monitoring progress of integration using the tools	7 NGOs using the NGOs	No data reported.	No data reported.
		II.3.b. Develop QOC center of excellence (training and demonstration site)	UCA/UGA:005-1	No. of service providers trained No. of QOC facilities developed	15 service providers trained Kasese St. Paul Health center developed as QOC center of excellence	No data reported.	No data reported.

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Strategic Objective II: Improve quality of service and contraceptive method mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.3. Improve quality assurance and quality management systems	II.3.c. Train nurse/midwives from CBD referral clinics in QOC	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:003-1 UCA/UGA:005-1	No. of nurse/midwives trained and deployed in QOC	72 persons trained	No data reported.	No data reported.
	II.3. Improve quality assurance and quality management systems	II.3.d. Institute self-assessment approach to monitor and improve QOC	NCA/UGA:001-3 NCA/UGA:004-2 UCA/UGA:003-1 UCA/UGA:005-1	No. of SDPs using self-assessment approach No. of assessments conducted	69 SDPs using self-assessment approach 2 assessments per year in 78 clinics	49 SDPs using self assessment approach.	49 SDPs using self assessment approach.
		II.3.e. Renovate selected health facilities in DISH districts.	DISH contract	No. of facilities renovated	No. of facilities renovated - TBD	Dish data reported separately.	Dish data reported separately.
		II.3.f. Conduct focus group and client satisfaction surveys	DISH contract	No. of surveys conducted and disseminated	No. of surveys conducted - TBD	Dish data reported separately.	Dish data reported separately.
		II.3.g. Coordinate IEC operations research on client attitude, knowledge and behavior	DISH contract	Operations research conducted and disseminated	TBD	Dish data reported separately.	Dish data reported separately.
		II.3 h Prepare 1999 community and facility surveys	DISH contract	Written implementation plan	TBD	Dish data reported separately.	Dish data reported separately.

Uganda

Strategic Objective III: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthen program management capabilities of local service delivery organizations	III.1.a. Facilitate formal signing of memorandum of understanding between FLEP and districts [sustainability strategy]	NCA/UGA:001-3	Signed memorandum Contribution from local government	4 memorandums signed Local government contribution to 25 clinics	6 memoranda signed with local government. Other sustainability efforts included provision of loans for micro-projects for 25 VHWs	6 memoranda signed with local government. Other sustainability efforts included provision of loans for micro-projects for 25 VHWs
		III.1.b. Facilitate development of marketing strategy [resource diversification strategy]	NCA/UGA:001-3	Marketing strategy developed	Strategy developed	Strategy not ready	Strategy not ready
		III.1.c. Modify HMIS service statistics application to become a more open platform	DISH contract	No. of non-DISH districts (and MOH) using application	No. of districts using application - TBD	Dish data reported separately.	Dish data reported separately.
	III.2. Improve financial sustainability of local service delivery organizations	III.2.a. Conduct consultative meetings with district and sub-county level officials [solicit contribution and participation in FLEP sustainability efforts]	NCA/UGA:001-3	No. of meetings conducted	72 meetings conducted	30 meetings conducted in FLEP	30 meetings conducted in FLEP
		III.2.b. Facilitate management of FLEP's endowment from USAID	NCA/UGA:001-3	Endowment funding well-managed	Endowment fund invested in USA	No data reported.	No data reported.
		III.2.c. Develop financial management systems to monitor cost-effectiveness and efficiency	NCA/UGA:001-3	Financial management system developed	System developed in FLEP	A budget tracking system (tool) has been developed as part of the process of developing the Financial Management System.	A budget tracking system (tool) has been developed as part of the process of developing the Financial Management System.
		III.2.d. Provide TA to UNICEF on TOT for FFS and financial management	DISH contract	No. of people trained on TOT	No. of people trained - TBD	Dish data reported separately.	Dish data reported separately.
		III.2.e. Train 4 hospitals in cost-sharing by establishing fee-for-service programs	DISH contract	No. of hospitals participating in training	4 hospitals participating in training	Dish data reported separately.	Dish data reported separately.

Indonesia								
Strategic Objective I: Increased Access to and Availability of FP and RH Services								
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements	
SO 1	I.1. Ensured Availability of Low Cost FP Services for Poor and Near Poor Populations	I.1.a. Procure contraceptive supplies	SDES	Copper-T IUDs Norplant	1,100,000 Copper-T IUDs 228,000 Norplant	600,000 IUD sent to BKKBN 0 Norplants	600,000 IUD sent to BKKBN 0 Norplants	
		I.1.b. Identify target populations and criteria for distribution of IUD and Norplant in 11 SDES Provinces	SDES	Terms of Reference for distribution	Terms of Reference for contraceptive distribution developed	Terms of Reference developed for distribution of contraceptives	Terms of Reference developed for distribution of contraceptives	
		I.1.c. Monitor distribution of contraceptives by BKKBN	SDES	Report on distribution	Report on distribution of contraceptives completed	SOW and RFP developed for monitoring distribution of USAID/SDES-donated contraceptives	SOW and RFP developed for monitoring distribution of USAID/SDES-donated contraceptives	
	I.2. Ensured Access to FP Services through Multiple Service Delivery Systems	I.2.a. Support clinic-based FP and RH services and ensure access to long-acting sustainable contraceptive methods (particularly IUD and VS)		NCA/IND:055-4 NCA/IND:057-4 NCA/IND:058-4 NCA/IND:059-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2 NCA/IND:067-2 NCA/IND:068-2 NCA/IND:069-2	No. new acceptors by method	3,372,810 new acceptors served by all grantees	1,035,532 new FP acceptors served by all grantees	1,035,532 new FP acceptors served by all grantees
					No. of SDPs renovated, equipped or receiving administrative support	204 SDPs renovated, equipped, or receiving administrative support including: 56 gov't clinics; 14 hospitals; 134 NGO clinics	186 SDPs renovated, equipped, or receiving administrative support	186 SDPs renovated, equipped, or receiving administrative support
		I.2.b. Maintain access to FP and RH services through NGO clinics		NCA/IND:055-4 NCA/IND:057-4 NCA/IND:059-4 NCA/IND:067-2 NCA/IND:068-2 NCA/IND:069-2	No. of NGO clinics providing services	128 NGO clinics providing services	78 NGO clinics providing services	78 NGO clinics providing services
					No. of NGO clinics renovated and equipped	128 NGO clinics renovated, equipped, or receiving administrative support	46 NGO clinics renovated, equipped or receiving administrative support	48 NGO clinics renovated, equipped or receiving administrative support
					No. of FP clients served through NGO clinics	29,863 new acceptors served through NGO clinics	7,247 new acceptors served through NGO clinics	7,247 new acceptors served through NGO clinics
		I.2.c. Conduct medical team visits to provide IUD and VS services in areas where access is limited		NCA/IND:058-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of team visits conducted	1,046 VSC Visiting Specialist Visits 384 Integrated Service Visits 2,258 IUD home visits 902 Specific Visits by IBI/IDI 456 NGO mobile visits	136 VSC visiting specialist visits conducted; 234 Integrated service visits conducted; 6,308 IUD home visits conducted by midwives; and 78 IBI/IDI service visits conducted. No NGO mobile visits were conducted in Q1.	136 VSC visiting specialist visits conducted; 234 Integrated service visits conducted; 6,308 IUD home visits conducted by midwives; and 78 IBI/IDI service visits conducted. No NGO mobile visits were conducted in Q1.

Indonesia

Strategic Objective I: Increased Access to and Availability of FP and RH Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements					
SO 1	I.2. Ensured Access to FP Services through Multiple Service Delivery Systems	I.2.d. Provide FP and RH services through midwives at the village level	NCA/IND:058-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of village midwife posts supported	182 village midwife posts supported	4 village midwife posts supported (renovated or equipped)	4 village midwife posts supported (renovated or equipped)					
				No. of village midwife service visits conducted	90,055 Midwife service visits conducted	12,386 midwife service visits conducted	12,386 midwife service visits conducted					
		I.2.e. Maintain access to contraceptive supplies distributed through combined medicine and contraceptive distribution posts (PAKBD/POD) at the village level	NCA/IND:058-4 NCA/IND:060-4 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:066-2	No. of PAKBD/POD supported to distribute contraceptives	119 PAKBD/POD supported	3 PAKBD/POD supported (renovated/equipped)	3 PAKBD/POD supported (renovated/equipped)					
I.3. FP Services Maintained and Promoted	I.3.a. Develop IEC materials to promote use of IUD and VS and other FP methods	NCA/IND:055-4 NCA/IND:058-4 NCA/IND:059-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2 NCA/IND:069-2	No. and type of IEC materials produced and distributed	94,650 printed IEC materials 2,103 mass media materials	32,750 printed IEC materials produced and 128 mass media materials produced	32,750 printed IEC materials produced and 128 mass media materials produced						
							I.3.b. Support IEC activities to maintain contraceptive use and promote use of sustainable, long-acting methods	NCA/IND:055-4 NCA/IND:058-4 NCA/IND:059-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2 NCA/IND:069-2	No. of IEC outreach visits conducted; No. of IEC meetings conducted; No. of people informed through IEC outreach and meetings	314,412 IEC outreach visits conducted; # IEC meetings conducted; # people informed through IEC outreach and meetings	23,301 IEC outreach visits conducted; 1,683 IEC meetings conducted; 194,707 people informed through IEC visits and meetings	23,301 IEC outreach visits conducted; 1,683 IEC meetings conducted; 194,707 people informed through IEC visits and meetings
									No. of people attending orientations/ seminars	5,347 people attending orientations 195 people attending workshop on VSC	1,613 people attending orientations and 55 people attending workshop on VSC	1,613 people attending orientations and 55 people attending workshop on VSC
I.4. Health Effects of the Economic Crisis Monitored	I.4.a. Collaborate with BKKBN, USAID and other CAs on conducting research that monitors the health effects of the economic crisis.	SDES	Review impact of crisis on FP use as part of the SDES evaluation	Report on impact of crisis on FP use to be included in SDES evaluation	Evaluation consultant hired to develop SDES evaluation implementation plan	Evaluation consultant hired to develop SDES evaluation implementation plan						

Indonesia

Strategic Objective II: Improved Quality of Services and Contraceptive Method Mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to Date Achievements	
SO II	II.1. Strengthened Provider Competence to Deliver High Quality FP Services	II.1.a. Train doctors and midwives in target areas in IUD and VS	NCA/IND:058-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of midwives trained in IUD insertion and removal	542 midwives trained in IUD	108 midwives trained in IUD insertion and removal	108 midwives trained in IUD insertion and removal	
				No. of providers trained in VS	230 providers trained in VS	15 providers trained in VS clinical skills	15 providers trained in VS clinical skills	
		II.1.b. Train midwives and field workers to improve counseling skills	NCA/IND:058-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of midwives and field workers trained in counseling	724 midwives and 568 field workers trained in counseling	80 midwives and 122 field workers trained in IPC/Counseling.	80 midwives and 122 field workers trained in IPC/Counseling.	
		II.1.c. Develop standard guidelines for village midwives/providers	NCA/IND:060-4	No. of guidelines produced and disseminated	600 pocket guides for providers developed and others TBD	600 pocket guides for providers developed	600 pocket guides for providers developed	
		II.1.d. Conduct Peer Review activities for midwives	NCA/IND:067-2	No. of midwives trained in Peer Review	23 midwives trained in Peer Review	0	0	
				No. of Peer Review activities conducted	TBD	Data not yet available	Data not yet available	
				No. of midwives trained as trainers	48 midwives trained as trainers	48 midwives trained as trainers	48 midwives trained as trainers	
		II.1.e. Support Village Midwife Apprenticeship program at IBI clinics	NCA/IND:067-2	No. of IBI clinics conducting Apprenticeship program	10 IBI clinics conducting village midwife apprenticeship program	Data not yet available	Data not yet available	
				No. of village midwives trained through apprenticeship program	120 village midwives trained through apprenticeship program	Data not yet available	Data not yet available	
		II.1.f. Support the National Clinical Training Network	NCA/IND:060-4	No. of Trainers Trained	20 provincial trainers trained in IUD/Implant and 40 trainers trained in IPC/Counseling	40 trainers trained in IPC/Counseling	40 trainers trained in IPC/Counseling	
				No. of Training Manuals produced	1,700 training manuals produced (1,200 IUD and 500 IPC/Counseling)	1,700 training manuals produced (1,200 IUD and 500 IPC/counseling)	1,700 training manuals produced (1,200 IUD and 500 IPC/counseling)	
		II.2. Improved Quality Assurance and Quality Management Systems	II.2.a. Conduct Quality Assessment as part of the SDES evaluation	NCA/IND:060-4	Quality Assessment conducted	Report of Quality Assessment produced	SDES Evaluation consultant hired	SDES Evaluation consultant hired
					II.2.b. Conduct Quality Assurance Team Visits to monitor quality of services	NCA/IND:058-4 NCA/IND:060-4 NCA/IND:061-3 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of QA team visits conducted	436 QA team visits conducted

Indonesia							
Strategic Objective III: Increased Management, Financial and Technical Capacity of Local Organizations							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened Program Management Capabilities of Local Organizations at all levels	III.1.a. In collaboration with the POLICY project, train central BKKBN and provincial staff in strategic planning	SDES	No. of staff trained in strategic planning	317 provincial BKKBN staff trained in strategic planning	0 people trained	0 people trained
		III.1.b. Train NGO staff in clinic management and program planning	NCA/IND:059-4 NCA/IND:067-2 NCA/IND:068-2 NCA/IND:069-2	No. of NGO staff trained	502 NGO staff trained in clinic management and program planning	25 NGO staff trained in clinic management	25 NGO staff trained in clinic management
		III.1.c. Support two Central BKKBN staff for training in logistics management	NCA/IND:060-4	No. of staff trained	2 people trained	0 people trained	0 people trained

Bolivia

Country Strategic Objective I: Increased Access to and availability of FP and RH services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-date Achievements
SO 1	I.1. Expanded Access to and availability of FP and RH service delivery systems and infrastructure through multiple service delivery points (including public, private clinic-based, hospital-based, workplace-based, CBD cross-sectional NGOs)	I.1.a. Support community based FP and RH services	NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:901-2	No. of new acceptors No. of CYPs	10,772 new acceptors 2,580 CYPs	All method-specific data are aggregated. See Quantitative Program Data Report for Outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for Outputs.
		I.1.b. Support clinic and hospital-based services	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of New Acceptors No. of CYPs	31,076 new acceptors 53,505 CYPs	All method-specific data are aggregated. See Quantitative Program Data Report for Outputs.	All method-specific data are aggregated. See Quantitative Program Data Report for Outputs.
		I.1.c. Support integrated services including FP and RH	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of SDPs Total no. of pregnant women with at least one prenatal control before 5th month Total no. of pregnant women with four or more prenatal control	161 SDPs 24,283 pregnant women with at least one prenatal control before 5th month 24,283 pregnant women with four or more prenatal control	101 SDPs	101 SDPs
	I.2. Expanded access for undeserved groups and those at-risk including young adults, men, and hard-to-reach regions and populations	I.2.a. Support adolescents projects	NCA/BOL:901-2 NCA/BOL:022-1 NCA/BOL:024-2	No. of first consultations by adolescents No. of adolescents who receive RH/FP services No. of adolescents who receive PP/PA services	7,200 first consultations by adolescents 1,800 adolescents who receive RH/FP services 180 adolescents who receive PP/PA services	No data reported	No data reported
		I.2.b. Support postpartum projects	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of PP new acceptors	2,618 PP new acceptors	458 PP new acceptors	458 PP new acceptors
		I.2.c. Support postabortion projects	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of PP SDPs No. of PA new FP acceptors before discharge No. of PA new FP acceptors 7 days after discharge No. of PA women who return to a follow-up visit during 7 days after discharge No SDPs	63 PP SDPs 2,930 PA new FP acceptors before discharge 436 PA new FP acceptors 7 days after discharge 1,802 PA women who return to a follow-up visit during 7 days after discharge 5 SDPs	No data reported	No data reported

Country Strategic Objective I: Increased Access to and availability of FP and RH services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year to Date Achievements
SO 1		I.2.d. Incorporate PA care protocols to the hospitals' norms	NCA/BOL:901-2	No. of hospitals utilizing a post-abortion flowchart	5 hospitals utilizing a post-abortion flowchart	No data reported	No data reported
		I.2.e. Expand services to hard-to-reach populations and regions	NCA/BOL:028-1	No. of new users No. of CYPs No. of SDPs No. of CBD agents	567 new users 1,125 CYPs 2 SDPs 72 CBD agents	No data reported	No data reported
	I.3. Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions	I.3.a. Support client-focused IEC activities for FP, RH and MCH services through selected IEC, and advocacy interventions	NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	Total number of home visits No. of adults informed No. of IEC activities No. of PA patients who received counseling before discharge	87,510 home visits 262,500 adults informed 177,097 IEC activities 3,815 PA patients who received counseling before discharge	All IEC data are aggregated. See Quantitative Program Data Report for Outputs.	All IEC data are aggregated. See Quantitative Program Data Report for Outputs.
		I.3.b. Support IEC activities for adolescents	NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:901-2	No. of adolescents informed No. of meetings with adolescents	8,000 adolescents informed 90 meetings with adolescents	All IEC data are aggregated. See Quantitative Program Data Report for Outputs.	All IEC data are aggregated. See Quantitative Program Data Report for Outputs.
		I.3.c. Support IEC activities for adolescents through community interventions	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of promoters carrying IEC activities for adolescents No. IEC materials reproduced/disseminated	15 promoters carrying IEC activities for adolescents 100,000 IEC materials reproduced or disseminated	No data reported	No data reported
		I.3.d. Support the reproduction of IEC materials	FOCUS	No. of organizations motivated and contacted through the adolescents Program	50 Organizations motivated and contacted through the adolescents program	No data reported	No data reported
		I.3.e. Increase and strengthen community-level participation in FP, RH and MCH (advocacy)	FOCUS	Baseline development	3 Baseline developed	No data reported	No data reported
		I.3.f. Support research on FP, RH and MCH, (including epidemiological and demographic or impact surveys, catchment area surveys, KAP studies, client or provider focus groups, program evaluations and needs assessments)	FOCUS	Qualitative research studies developed	3 Qualitative research studies developed	No data reported	No data reported

Country Strategic Objective I: Increased Access to and availability of FP and RH services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year to Date Achievements
SO 1		I.3.g. Development of an evaluation tool for adolescents programs	FOCUS	Evaluation tool developed	1 Evaluation tool developed	No data reported	No data reported
		I.3.h. Evaluation of adolescents programs	FOCUS	No. of RH services on adolescents evaluated	3 RH services on adolescents evaluated	No data reported	No data reported
	I.4. Increased availability of high quality long acting methods	I.4.a. Introduce and distribute long acting methods at clinic sites	NCA/BOL:016-5 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No of new institutions providing DMPA	5 new institutions providing DMPA	2 new institutions providing DMPA	2 new institutions providing DMPA

Bolivia

Country Strategic Objective II: Improved Quality of Services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Expanded range of appropriate contraceptive methods available	II.1.a. Introduce additional modern contraceptive methods	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of new institutions with VSC services available No. of institutions with DMPA services available	2 new institutions with VSC services available 8 institutions with DMPA services available	No data reported	No data reported
		II.1.b. Reduce policy barriers to expanding method mix	NCA/BOL:901-2	VSC norms elaborated, validated and disseminated	1 VSC norms elaborated, validated and disseminated	No data reported	No data reported
		II.1.c. Support to the National Services Subcommittee		No. of meetings held at national level	10 meetings held at national level	3 meetings held at national level	3 meetings held at national level
		II.1.d. Expansion of the National Subcommittee to Local Subcommittees in other cities		No. of Local Subcommittees established	2 Local Subcommittees established	No data reported	No data reported
	II.2. Strengthened provider competence to deliver high quality FP and selected RH services	II.2.a. Train service provider in FP and selected RH and MCH integrated service delivery	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of providers trained No. of training sessions held	808 providers trained 86 training's held	All training data are aggregated. See Quantitative Program Data Report for Outputs.	All training data are aggregated. See Quantitative Program Data Report for Outputs.
				II.2.b. Conduct refresher training for service providers in FP, selected RH and MCH services and integrated service delivery	NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2	No. of providers trained No. of refresher training sessions held	650 providers trained 16 training sessions held
		II.2.c. Conduct training in adolescents integrated health services	NCA/BOL:901-2	No. of providers trained No. of training sessions held	75 providers trained 3 training sessions held	No data reported	No data reported
		II.2.d. Train service provider in PA care including PA contraception	NCA/BOL:901-2	No. of providers trained No. of training held	22 providers trained 2 trainings held	22 providers trained	22 providers trained
		II.2.e. Disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools produced by Pathfinder or FOCUS	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2 NCA/BOL:903-1 FOCUS	Training materials disseminated/ distributed Norms and protocols for adolescent care disseminated and validated	5 Training materials disseminated/distributed 1 norm and protocol for adolescent care disseminated and validated	3 training modules disseminated/distributed	3 training modules disseminated/distributed
				Training curricula on adolescents interviewing techniques and training developed No. of trainers trained	1 training curricula on adolescents interviewing techniques and training developed 13 trainers trained		

Country Strategic Objective II: Improved Quality of Services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II		II.2.f. Train health providers in RH services for adolescents	NCA/BOL:901-2 NCA/BOL:022-1 NCA/BOL:024-2 FOCUS	No. of providers trained No. of providers who are applying the adolescents records National plan of integrated health developed	75 providers trained 60 providers who are applying the adolescents records 1 national plan of integrated health developed	No data reported	No data reported
		II.2.g. Dissemination of the National Adolescents Program	FOCUS NCA/BOL:901-2	National Plan of RH developed	1 National Plan of RH developed	1 National plan developed	1 National plan developed
	II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STD HIV/AIDS services	II.3.a. Strengthen services to integrate STD diagnosis and treatment into FP and RH services	NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:030-1 NCA/BOL:901-2	No of reference clinics offering integrated services	12 reference clinics offering integrated services	No data reported	No data reported
		II.3.b. Incorporate clinical protocols to enhance adolescents participation in STD prevention and care	NCA/BOL:901-2 NCA/BOL:022-1 NCA/BOL:024-2	No. of districts involved	3 districts involved	1 district involved	1 district involved
	II.4. Improved quality assurance and quality management systems	II.4.a. Introduce or strengthen QOC systems, including QOC assessments and tools, development of protocols or establishments of quality improvement partnerships	NCA/BOL:901-1 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:029-1 NCA/BOL:030-1	No. of SDP implementing QOC standards systems	51 SDP implementing QOC standards systems	No data reported	No data reported
		II.4.b. Conduct training of quality of care	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:030-1 NCA/BOL:901-2	No. of trainers trained	21 trainers trained	No data reported	No data reported
		II.4.c. Conduct an adolescent client satisfaction survey	FOCUS	No. of institutions that will apply the survey	3 institutions that will apply the survey	No data reported	No data reported

Bolivia

Country Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Collect data for USAID's Results Framework from institutions funded by USAID	NCA/BOL:902-1	No. of institutions that report to Pathfinder No. of institutions that report timely information	35 institutions that report to Pathfinder 20 institutions that report timely information	No data reported	No data reported
		III.1.b. Increase development and utilization of management information systems for local implementing organizations	NCA/BOL 902-1	Implementation of an Information Monitoring Tool for institutions that report to Pathfinder (Y/N)	Implementation of an Information Monitoring Tool for institutions that report to Pathfinder = Y	Implementation of an Information Monitoring Tool for institutions that report to Pathfinder = Y	Implementation of an Information Monitoring Tool for institutions that report to Pathfinder = Y
		III.1.c. Provide statistical information to local organizations and USAID	NCA/BOL:902-1	No. of reports submitted	94 reports submitted	4 reports submitted	4 reports submitted
		III.1.d. Improved budgeting, financial planning and management of local organizations	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:022-1 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:901-2	No. of institutions with accurate budgeting and financial planning	6 institutions with accurate budgeting and financial planning	6 institutions with accurate budgeting and financial planning	6 institutions with accurate budgeting and financial planning
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Strengthen utilization of standard accounting and auditing systems	NCA/BOL:024-2	Accounting system implemented Y/N	Accounting system implemented = Y	Accounting system implemented = Y	Accounting system implemented = Y
		III.2.b. Improve financial reporting of local organizations	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:901-2	No. of institutions with accurate financial reports	7 institutions with accurate financial reports	4 institutions with accurate financial reports	4 institutions with accurate financial reports
		III.2.c. Improve financial sustainability in selected NGOs	NCA/BOL:024-2 NCA/BOL:022-1	A commercial plan to increase income generation vis a vis sustainability developed	2 commercial plans to increase income generation vis a vis sustainability developed	1 commercial plan to increase income generation vis a vis sustainability developed	1 commercial plan to increase income generation vis a vis sustainability developed
		III.2.d. Develop pricing plans for private sales of commodities	NCA/BOL 902-1	No of institutions that are charging defined prices of commodities as part of the strategy to replace selected donated commodities with social marketing commodities	9 institutions that are charging defined prices of commodities as part of the strategy to replace selected donated commodities with social marketing commodities	5 institutions that are charging defined prices of commodities as part of the strategy to replace selected donated commodities with social marketing commodities	5 institutions that are charging defined prices of commodities as part of the strategy to replace selected donated commodities with social marketing commodities
		III.2.e. Develop pricing plans for services	NCA/BOL:022-1 NCA/BOL:024-2	No. of institutions with pricing plans for services	2 institutions with pricing plans for services	2 institutions with pricing plans for services	2 institutions with pricing plans for services

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Burkina Faso

Country Strategic Objective III: Increased management, financial and technical capacity of local organizations and communities

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year- to- Date Achievements
SO III	III.3. Improved technical capacity of local service delivery organizations	III.3.a. Provide TA to local organizations on utilization and application of management information systems (IMT, SNIS)	NCA/BOL:902-1	No persons-month used to provide TA	3.75 persons-month used to provide TA	0.375 (aprox 10% of the annual figure)	0.375 (aprox 10% of the annual figure)
		III.3.b. Provide TA to local organizations on indicator conceptual framework	NCA/BOL:902-1	No persons-month used to provide TA	1.25 persons-month used to provide TA	1.25 persons-month used to provide TA	1.25 persons-month used to provide TA
		III.3.c. Provide TA for development and evaluation of performance indicators for USAID funded institutions	NCA/BOL:902-1	No of regular meetings	40 regular meetings	4 persons month	4 persons month
		III.3.d. Improve efficiency of training activities	NCA/BOL:016-5 NCA/BOL:019-5 NCA/BOL:022-1 NCA/BOL:024-2 NCA/BOL:028-1 NCA/BOL:029-1 NCA/BOL:901-2	A supervision tool developed Y/N	A supervision tool developed = Y	No data reported	No data reported
		III.3.e. Improve capacity to forecast, procure, warehouse and distribute equipment and supplies	NCA/BOL:902-1	No. of institutions that make accurate forecast needs through CPTs	6 institutions that make accurate forecast needs through CPTs	4 institutions that make accurate forecast needs through CPTs	4 institutions that make accurate forecast needs through CPTs
		III.3.f. Improved use of monitoring tools for commodities management	NCA/BOL:902-1	No. of institutions that are using monitoring tools correctly	9 institutions that are using monitoring tools correctly	5 institutions that are using monitoring tools correctly	5 institutions that are using monitoring tools correctly
		III.3.g. Training in Logistics Management System	NCA/BOL:902-1	No. of training activities held	12 training activities held	No data reported	No data reported

Country Strategic Objective I: Increased Access to and Availability of FP and RH Services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded, improved or established FP and select RH (including MCH) service delivery systems and infrastructure through multiple service delivery points	I.1.a. Support clinic-based FP and RH services	NCA/BRA:901-2 NCA/BRA:088-1	CYP New Users	100,000 CYP 75,000 New Users	No data reported	No data reported
		I.1.b. Support hospital-based FP and RH services	NCA/BRA: 901-2	CYP New Users	Data captured in I.1 a	See I 1 a	See I.1.a
		I.1.c. Support work-based FP and RH services	NCA/BRA: 083-1	No. of people informed	7,500 people informed	2295 workers informed	2295 workers informed
		I.1.d. Support social marketing and contraceptive sales initiatives for FP and RH services	NCA/BRA:911-1 S2/BRA.901-1	No. of injectable units sold to public sector No. of pharmacies visited	40,000 injectable units sold to public sector 1,500 pharmacies visited	No data reported	No data reported
		I.1.e. Support FP and RH serv.delivery through referrals from other sectors (including environmental and educational NGOs)	NCA/BRA.080-1 NCA/BRA.081-1 NCA/BRA 084-1 S2/BRA:001-2 S2/BRA:902-1	No. of referrals	2,500 referrals	No data reported	No data reported
	I.2. Expanded access for underserved groups and those at-risk (including young adults, men, and hard-to-reach regions and population)	I.2.a. Support young adult (15-24 years) projects	S2/BRA:902-1 NCA/BRA:084-1 NCA/BRA:087-1	No. of referrals	1,451 referrals	No data reported	No data reported
		I.2.b. Support postpartum (PP) projects	NCA/BRA:901-2	New Users	Data captured in I.1.a.	See I.1.a	See I.1.a
		I.2.c. Support postabortion (PA) projects	NCA/BRA.901-2	CYPs New Users	Data captured in I.1.a.	See I.1.a	See I.1.a
		I.2.d. Expand services to hard-to-reach populations	NCA/BRA:080-1 NCA/BRA.081-1 NCA/BRA:084-1 NCA/BRA:086-1 NCA/BRA:087-1 S2/BRA.001-2 S2/BRA:902-1	No. of referrals	2,543 referrals	No data reported	No data reported
		I.2.e. Support FP and RH projects for men	NCA/BRA:905-1	No. of New Users	1,000 New Users	No data reported	No data reported
	I.3. Enhanced environment for use of FP, RH and MCH services thorough selected IEC, research and advocacy interventions	I.3.a. Support client-focused IE&C activities for FP, RH and MCH services	NCA/BRA:080-1 NCA/BRA.081-1 NCA/BRA.084-1 NCA/BRA:085-1 S2/BRA:001-2	No. of activities	15 activities	4 activities	4 activities
		I.3.b. Support provider-focused IEC activities to increase support for and reduce provider biases toward FP and to maximize access to a wide range of methods	S2/BRA:902-1 NCA/BRA:080-1 NCA/BRA:910-1 NCA/BRA:905-1	No. of professionals trained	20 professionals trained	No data reported	No data reported
		I.3.c. Increase and strengthen community-level participation in FP, RH and MCH	NCA/BRA:080-1 NCA/BRA:081-1 S2/BRA:001-2	No. of meetings	50 meetings	2 meetings were held	2 meetings were held

Brazil

Country Strategic Objective I: Increased Access to and Availability of FP and RH Services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1		1.3.d. Support IE&C and advocacy activities at national level to create an improved policy environment for FP, RH and MCH	S2/BRA:904-1	No. of meetings	5 meetings	4 meetings held by Depo-Provera Program (NCA/BRA:911-1 S2/BRA:901-1)	4 meetings held by Depo-Provera Program (NCA/BRA:911-1 S2/BRA:901-1)
		1.3.e. Support IE&C activities targeting underserved/at-risk populations	NCA/BRA:080-1 NCA/BRA:081-1 NCA/BRA:084-1 NCA/BRA:086-1 NCA/BRA:087-1 S2/BRA:001-2	No. of activities	30 activities	55 activities	55 activities
		1.3.f. Support research on FP, RH and MCH	S2/BRA:001-2	Research results	TBD	No data reported	No data reported
	1.4. Increased availability of high quality long-acting methods	1.4.a. Introduce and distribute long-acting methods at clinic sites	NCA/BRA:901-2 NCA/BRA:911-1 NCA/BRA:910-1 S2/BRA:901-1	CYP New Users	Data captured in I.1.a.	See I.1 a	See I.1 a

Country Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II.1. Expanded range of appropriate contraceptive methods available	II.1.a. Introduce additional modern contraceptive methods	NCA/BRA:901-2 NCA/BRA:910-1	CYP New Users	Data captured in I.1.a.	See I.1.a	See I.1.a
		II.1.b. Reduce policy barriers to expanding method mix	S2/BRA:904-1	TBD	TBD	No data reported	No data reported
		II.1.c. Introduce, support or expand ECP services and link with ongoing FP services	NCA/BRA 910-1	New Users	500 New Users	No data reported	No data reported
	II.2. Strengthened provider competence to deliver high quality FP and selected RH services (including MCH and STD and HIV/AIDS)	II.2.a. Train service providers in FP and select RH and MCH services and integrated service delivery	NCA/BRA:901-2 S2/BRA:904-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:080-1 NCA/BRA:081-1 NCA/BRA:088-1 NCA/BRA:089-1 S2/BRA:001-2	No. of providers trained in clinical services	100 providers trained in clinical services	No data reported	No data reported
		II.2.b. Conduct Training of Trainers (TOT)	NCA/BRA.901-2	No. of professionals trained in clinical service delivery	20 professionals trained in clinical service delivery	No data reported	No data reported
		II.2.c. Develop and disseminate FP/RH/MCH training materials, including guidelines, standards, curricula	TA HQ	No. of materials produced (guidelines)	1 material produced (guidelines)	No data reported	No data reported
	II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STD and HIV/AIDS services	II.3.a. Support clinic managers, providers and trainers to integrate STDs and HIV/AIDS prevention services	NCA/BRA:088-1 NCA/BRA:089-1 NCA/BRA:903-2 NCA/BRA.906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of trained providers in STD/AIDS R/H	50 providers trained in STD/AIDS RH	No data reported	No data reported
		II.3.b. Strengthened referral links for select FP/RH/MCH services	NCA/BRA:903-2 NCA/BRA.906-1 NCA/BRA:907-1 NCA/BRA.908-1 NCA/BRA.909-1 NCA/BRA.080-1 NCA/BRA:081-1 NCA/BRA:083-1 NCA/BRA.088-1 S2/BRA.001-2	No. referrals	3,000 referrals	No data reported	No data reported
		II.3.c. Introduce clinic-based models for STD and AIDS care among coverage population	NCA/BRA:088-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of pilot initiatives developed for integration of STD and RH services	5 pilot initiatives developed for integration of STD and RH services	2 pilot initiative started (SESAB and SESA-CE)	2 pilot initiative started (SESAB and SESA-CE)

Brazil

Country Strategic Objective III: Increased Management, Financial and Technical Capacity of Local Organizations and Communities

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Targets	Quarter 1 Achievements	Year-to-Date Achievements
SO III	III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Conduct long-term strategic planning activities with local institutions	NCA/BRA:081-1	No. of strategic meetings held	1 Strategic Meeting Held	1 Strategic Meeting Held	1 Strategic Meeting Held
		III.1.b. Strengthened organizational capacity to design, manage, and evaluate FP, RH and MCH services	NCA/BRA:080-1 NCA/BRA:081-1 NCA/BRA:083-1 NCA/BRA:086-1 NCA/BRA:087-1 NCA/BRA:901-1 S2/BRA:901-2 S2/BRA:902-1	No. of professionals trained	40 professionals trained	10 professionals trained	10 professionals trained
		III.1.c. Strengthen human resource capacity to manage FP and RH services	NCA/BRA:080-1 NCA/BRA:081-1 NCA/BRA:083-1 NCA/BRA:086-1 NCA/BRA:087-1 S2/BRA:001-2	No. of professionals trained in project management	5 Professionals trained in project management	5 Professionals trained in project management	5 Professionals trained in project management
		III.1.d. Increase development and utilization of MIS systems for local implementing organizations	NCA/BRA:901-2 S2/BRA:001-1	No. of MIS systems developed	4 MIS systems developed	2 MIS Systems being developed	2 MIS Systems being developed
		III.1.e. Improve capacity to forecast, procure, warehouse and distribute equipment and supplies	NCA/BRA:901-2	No. of professionals trained in logistics	30 professionals trained in logistics	No data reported	No data reported
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Improve budgeting, financial planning and management of local organizations	NCA/BRA:080-1 NCA/BRA:081-1 NCA/BRA:084-1 NCA/BRA:085-1 S2/BRA:001-2	No. of professionals trained in project finance	3 professionals trained in project finance	No data reported	No data reported

Due to a different reporting cycle, data from grantee has not been received.

Brazil

Country Strategic Objective III: Increased Management, Financial and Technical Capacity of Local Organizations and Communities

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III		III.2.b. Strengthen utilization of standard accounting and auditing systems	NCA/BRA:081-1 NCA/BRA:085-1	No. of institutions improved	3 institutions improved	1 institution being improved	1 institution being improved
		III.2.c. Improve efficiency of training activities	NCA/BRA:080-1 NCA/BRA:081-1 S2/BRA.001-2 NCA/BRA.901-2	TBD	TBD	No data reported	No data reported
	III 3. Improved technical capacity of local service delivery organizations	III.3.a. Provide TA to local service delivery organizations in reproductive health	NCA/BRA 080-1 NCA/BRA:081-1 NCA/BRA:083-1 NCA/BRA:084-1 NCA/BRA:085-1 NCA/BRA.086-1 NCA/BRA.087-1 S2/BRA.001-2 S2/BRA:902-1	No. of professionals trained in RH	40 professionals trained in RH	20 professionals trained in RH	20 professionals trained in RH
		III.3 b Support skills development, income generation and social empowerment activities of women and girls	NCA/BRA:080-1 NCA/BRA:081-1 S2/BRA:001-2	No. of empowerment activities (seminars and community meetings)	30 empowerment activities (seminars and community meetings)	No data reported	No data reported

Due to a different reporting cycle, data from grantee has not been received.

Brazil

Country Strategic Objective IV: Increased sustainable and effective programs to prevent sexual transmission of HIV among major target groups

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO III	IV.1. Most effective program interventions identified and disseminated	IV.1.a. Develop and implement integrated services for STI and HIV/AIDS detection and treatment and general reproductive health services	NCA/BRA:088-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of service delivery posts with integrated services	2 service delivery posts with integrated services 20 service delivery posts with integrated services	No data reported	No data reported
		IV.1.b. Cross train RH and HIV/AIDS/STI providers to provide integrated services	NCA/BRA:088-1 NCA/BRA:089-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of providers trained	100 providers trained	No data reported	No data reported
		IV.1.c. Train staff of maternity hospitals in detection and treatment of HIV/AIDS/STI in pregnant and postpartum women	NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of providers trained	50 providers trained	No data reported	No data reported
	IV.2. Management capacity of selected HIV/STI/family planning institutions (to provide STI and HIV services) increased	IV.2.a. Technical Assistance for institutional development, especially referral systems to support integrated services	NCA/BRA:088-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of professionals trained	100 professionals trained	No data reported	No data reported
		IV.2.b. Establish Institutional linkages to community groups and mechanisms for community involvement	NCA/BRA:086-1 NCA/BRA:903-2 NCA/BRA:906-1 NCA/BRA:907-1 NCA/BRA:908-1 NCA/BRA:909-1	No. of referrals	5,000 referrals	No data reported	No data reported

Country Strategic Objective I: Improve the quality of services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	I.1. Strengthened provider competence to deliver high quality family planning and selected reproductive health services	I.1.a. Train providers who deliver FP and selected RH services to undeserved/at risk groups: rural, marginal urban, and adolescents	NCA/MEX:044-1 NCA/MEX:045-1 NCA/MEX:046-1 PF/MEX:023-2	No. of service providers trained by type of provider and by subject, according to PSS categories	548 people trained in adolescent RH	205 services providers trained in adolescent's RH	205 services providers trained in adolescent's RH
		I.1.b. Train providers on FP norms, counseling and informed consent	NCA/MEX:044-1 NCA/MEX:045-1 NCA/MEX:046-1 PF/MEX:023-2	No. of service providers trained by type of provider and by subject, according to PSS categories	1,320 people trained on FP norms, counseling and informed consent	250 people trained on interpersonal communication, counseling and informed choice	250 people trained on interpersonal communication, counseling and informed choice
	I.2. Improve provider-client interaction and facilitate client informed choice as well as to strengthen user's empowerment by providing IEC materials and improving counseling skills of service providers	I.2.a. Support client-focused IEC activities and materials to reinforce counseling and informed consent	NCA/MEX:044-1 NCA/MEX:045-1 NCA/MEX:046-1	No. of brochures No. of posters, flyers & flipcharts No. of videos No. of other IEC material No. of manuals Total No. of IEC materials No. of adolescents informed No. of adults informed Total No. of persons informed	2,392,440 brochures 738,985 posters, flyers, & flipcharts 420 videos 2,885 other IEC material 27,819 manuals 3,162,549 IEC materials 341,510 Adolescents informed 341,510 adults informed 545,910 persons informed	No data reported	No data reported
	I.3. Increase understanding of family planning and reproductive health, and of available services, through mass media and local IEC efforts	I.3.a. Support TV and radio mass media campaigns to disseminate informed consent and reproductive rights	NCA/MEX:047-1	No. of mass media products by type No. of radio spots No. of TV spots	28 radio spots 12 TV spots	No data reported	No data reported
	I.4. Improve quality assurance and quality follow-up systems	I.4.a. To develop evaluation studies on quality of services including clients perception	NCA/MEX:048-1	No. of final results documents by type and subject	11 final evaluations on quality of service	No data reported	No data reported

Country Strategic Objective I: Increased access to and availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1	I.1. Expanded public and private sector FP and selected RH services through multiple service delivery systems	I.1.a Support clinic-based FP and RH services	ALCANCE PASARE PAC	No. of clinics providing FP and RH services No. of acceptors by method No. of CYP generated	14 hospitals providing FP/RH services TBD acceptors, by method TBD CYP generated by method	14 hospitals providing FP/RH services 12,611 acceptors (9% IUD, 21% OC, 41% Injec, 26% Barrier, 3% VSC) 15,142 CYPs generated.	14 hospitals providing FP/RH services 12,611 acceptors (9% IUD, 21% OC, 41% Injec, 26% Barrier, 3% VSC) 15,142 CYPs generated.
		I.1.b. Support hospital-based FP and RH services	PASARE P2000	No. of hospitals providing quality FP/RH services	10 hospitals providing quality FP/RH services	10 hospitals providing quality FP/RH services	10 hospitals providing quality FP/RH services
		I.1.c. Strengthen PP/PA care and FP with MOH hospitals, reinforcing counseling, clinical skills, and infection prevention practices	PASARE PAC	% of clients counseled in PP/PA % of PP/PA acceptors by method No. of hospitals providing quality PP/PA care	100% of clients counseled in PP/PA 60% of PP/PA acceptors by method 18 hospitals and 5 health centers providing quality PAC care	70% of clients counseled 59% of PP/PA acceptors	70% of clients counseled 59% of PP/PA acceptors
		I.1.d. Support FP and RH service delivery through other sectors, including environment or development-oriented NGOs	TBD	TBD	TBD	No data reported	No data reported
	I.2. Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions	I.2.a. Support young adults (15-24 years) projects through multidisciplinary clinics within MOH hospitals and centers and NGO	FOCUS/NCA ALCANCE	No. of SDP providing services to young adults and adolescents No. of young adult new acceptors by method No. of young adults informed and counseled	10 SDP providing services to adolescents 2,800 young adult new acceptors 9,600 adolescent informed and counseled	No data reported	No data reported
		I.2.b. Support client-focused IEC activities for FP, RH and MCH services (home visits, community meetings, educational talks, material development and dissemination	PASARE ALCANCE PAC P2000	No. of people informed, by mode of communication No. of IEC material developed, printed and distributed by type and topic No. of workshops conducted No. of local communications campaigns developed	56,880 persons informed 600 educational talks 36 radio spots 2 types of brochures produced 1 type of poster produced 50,000 copies of brochures and posters distributed TBD local communications campaigns	403 FP posters 5,602 brochures 53 cue cards set 5,870 "La Regla" device distributed	403 FP posters 5,602 brochures 53 cue cards set 5,870 "La Regla" device distributed
		I.2.c. Support provider-focused IEC activities to increase support for and reduce provider biases toward FP and to maximize access to a wide range of methods	PASARE ALCANCE P2000	No. of providers informed No. of provider-focused IEC activities conducted No. of plans developed and implemented to improve client-provider communication	88 providers informed 4 provider-focused IEC activities conducted	No data reported	No data reported

Country Strategic Objective I: Increased access to and availability of FP and RH services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO 1		1.2.d. Support IEC activities targeting underserved/at-risk populations	PASARE ALCANCE FOCUS/NCA	No. of underserved risk population informed No. of adolescents informed No. of IEC materials produced and distributed by type	22,600 adolescents informed 4 IEC brochures produced targeting adolescents 55,000 copies of brochures distributed	No data reported	No data reported
		1.2.e. Support IEC and advocacy activities at national level to create an improved policy environment for MCH and ARA	FOCUS/NCA	No. and type of activities conducted to create improved policy environment	Support development of global workplan, re: Adolescent sex and RH	Support to REDESS-Jovenes in process: Coordination meeting conducted Draft version of the Action Plan developed	
		1.2.f. Support research on FP, RH and MCH, (inc epidemiological and demographic or impact survey, catchment area surveys, KAP studies, client or provider focus groups, program evaluations, and needs assessments)	PAC ALCANCE P2000 FOCUS/NCA	No. of research reports developed and disseminated No. of program evaluations developed	2 research reports developed and disseminated 1 PAC program evaluation developed 6 baseline KAP study surveys, re. Adolescent RH	1 evaluation study with MOE re. ARH inc. school teachers and school students conducted and data being analyzed 1 research study re. Project IPSS Joven began and data being analyzed 1 follow-up training evaluation on Communications Skills and Counseling	1 evaluation study with MOE re. ARH inc. school teachers and school students conducted and data being analyzed. 1 research study re. Project IPSS Joven began and data being analyzed. 1 follow-up training evaluation on Communications Skills and Counseling.
	1.3. Increased availability of high quality long-acting methods	1.3.a. Introduce and distribute long-acting methods at MOH clinic sites and NGOs clinics	PASARE ALCANCE	No. of SDP distributing long-acting methods CYP generated from long-acting methods Proportion of long-acting vs. short-term methods	32 SDP distributing long-acting methods TBD CYP generated from long-acting methods TBD proportion of long-acting vs. short-term methods	5,175 CYPs generated from long acting methods. Proportion of long-acting (34%) vs short-term (66%).	5,175 CYPs generated from long acting methods. Proportion of long-acting (34%) vs short-term (66%).

Country Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II	II 1 Expanded range of appropriate contraceptive method available	II 1.a Introduce additional modern contraceptive methods both at private and public sector	PASARE	No of sites where one or more new method is introduced Percentage of new method within method mix	10 MOH hospitals introduced new methods	No data reported	No data reported
	II 2. Strengthened provider competence to deliver high quality FP and selected RH services (including MCH and STD and HIV/AIDS)	II 2.a Train service providers in FP and selected RH and MCH services and integrated service delivery	PASARE ALCANCE P2000	No of service providers trained in FP, RH, and MCH services by type of provider and type of type of training No of training activities held No. of service providers providing services in which they trained	199 providers trained in FP/RH (30% physicians, 50% nurse/midwives, 20% technicians) 16 training activities held 16 SP providing services in which they were trained	No data reported	No data reported
		II 2.b Train providers who deliver FP and selected RH services to underserved/at-risk populations	ALCANCE FOCUS/NCA PASARE	No of trained SP, by type of SP and type of training	8 training courses on contraceptive technology, reproductive health, communication skills 279 service providers	16 training courses on communication skills conducted for 315 service providers	16 training courses on communication skills conducted for 315 service providers
		II 2.c Conduct CTU and RH updates	PASARE ALCANCE	No of CTU and RH updates held No. of participants, by type of SP and type of CTU	8 CTU/RH updates held 128 service providers	No data reported	No data reported
		II 2 d Develop and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	PASARE ALCANCE PAC FOCUS/NCA P2000	No of training materials adapted/ disseminated, by type of material	1 set of training guidelines adapted in RH/FP for Adolescents 8 modules developed 3 videos developed 8 flipcharts developed 10 cassettes developed 700 RH Guides and 300 pocket guides to be distributed	Training Guidelines in ARH being developed 223 RH Guides 237 pocket guides distributed	Training Guidelines in ARH being developed 223 RH Guides 237 pocket guides distributed
		II 2 e Conduct TOT, provide training in curriculum or material development, or establish training facilities or centers	PASARE FOCUS/NCA	No of TOT conducted No of trainers trained, by type of training	3 TOT conducted on teaching methodology 40 trainers trained	1 TOT conducted 15 trainers trained	1 TOT conducted 15 trainers trained
	II 3. Enhanced constellation of FP and RH services available, where necessary and appropriate incorporate referral links for MCH, STD and HIV/AIDS	II 3.a Integrate select MCH activities with FP/RH services	PASARE	No of SDP that offer integrated services	10 MOH hospitals offering integrated services	10 MOH hospitals offering integrated services	10 MOH hospitals offering integrated services
		II 3 b Strengthen referral links for select FP/RH/MCH services	PASARE	No. of referrals links in operation	10 MOH hospitals with referrals links in operation	7 MOH hospitals with referrals links in operation	7 MOH hospitals with referrals links in operation
	II 4 Improved quality assurance and quality management systems	II.4 a. Introduce or strengthen QOC systems, inc QOC assessments and tools, establishment of QOC	PASARE ALCANCE P2000	No. of hospitals and health centers with IP practices No. of clinics implementing QOC standards	10 SDP with IP practices 3 SDP implementing QOC standards Develop, validate and distribute Obstetric Risk Protocols of Attention	12 SDP with IP practices 3 SDP with QOC standards implemented	12 SDP with IP practices 3 SDP with QOC standards implemented

Country Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date Achievements
SO II		II.4 b. Conduct training for QOC	PASARE ALCANCE P2000	No. of QOC training events No. SP trained in QOC and IP	7 QOC training events 72 SP trained on QOC aspects 10 training courses in IP for 120 participants.	1 QOC training workshop conducted for 21 participants	1 QOC training workshop conducted for 21 participants
		II.4 c. Renovate/upgrade clinics	PASARE FOCUS/NCA	No. of SDP renovated/upgraded No. of SDP equipped	25 SDPs renovated/equipped	14 SDP 1 SDP renovated/equipped	14 SDP 1 SDP renovated/equipped

Country Strategic Objective III: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date
SO III	III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Conduct long-term strategic planning activities with local institutions	ALCANCE PASARE P2000	No. of functional networks with strategic plans No. of program managers trained in strategic planning	52 program managers trained in strategic planning	No data reported	No data reported
		III.1.b. Strengthen organizational capacity to design, manage and evaluate FP, RH and MCH Programs	PASARE	No. of SDPs participating in program design and management activities	6 SDP participating in program design and management activities	6 SDP participating in program design	6 SDP participating in program design
		III.1.c. Strengthen human resource capacity to manage FP and RH services	PASARE ALCANCE	No. of program managers trained, by type of training	17 program managers trained in management	No data reported	No data reported
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Improve training capabilities, training systems of institutions and trainers	PASARE ALCANCE PAC FOCUS/NCA	No. of trainers receiving TOT No. of NGOs receiving TA in training efficiency	40 trainers receiving TOT TBD NGOs receiving TA in training efficiency	15 trainers receiving TOT 10 Peru Office staff trained as trainers in EPI-INFO	15 trainers receiving TOT 10 Peru Office staff trained as trainers in EPI-INFO
	III.3. Improved technical capacity of local service organizations	III.3.a. Provide TA to local service delivery organizations in QOC, IEC, RH	PASARE	No. of SDP receiving TA, by type of TA No. of hospitals receiving TA, by type of TA	10 hospitals receiving TA in RH/FP/IEC TBD workshop meetings conducted TBD participants	2 MOH hospitals received TA in RH/FP	2 MOH hospitals received TA in RH/FP

Country Strategic Objective III: Increased management, financial, and technical capacity of local organizations

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Target	Quarter 1 Achievements	Year-to-Date
SO III	III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Conduct long-term strategic planning activities with local institutions	ALCANCE PASARE P2000	No. of functional networks with strategic plans No. of program managers trained in strategic planning	52 program managers trained in strategic planning	No data reported	No data reported
		III.1.b. Strengthen organizational capacity to design, manage and evaluate FP, RH and MCH Programs	PASARE	No. of SDPs participating in program design and management activities	6 SDP participating in program design and management activities	6 SDP participating in program design	6 SDP participating in program design
		III.1.c. Strengthen human resource capacity to manage FP and RH services	PASARE ALCANCE	No. of program managers trained, by type of training	17 program managers trained in management	No data reported	No data reported
	III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Improve training capabilities, training systems of institutions and trainers	PASARE ALCANCE PAC FOCUS/NCA	No. of trainers receiving TOT No. of NGOs receiving TA in training efficiency	40 trainers receiving TOT TBD NGOs receiving TA in training efficiency	15 trainers receiving TOT 10 Peru Office staff trained as trainers in EPI-INFO	15 trainers receiving TOT 10 Peru Office staff trained as trainers in EPI-INFO
	III.3. Improved technical capacity of local service organizations	III.3.a. Provide TA to local service delivery organizations in QOC, IEC, RH	PASARE	No. of SDP receiving TA, by type of TA No. of hospitals receiving TA, by type of TA	10 hospitals receiving TA in RH/FP/IEC TBD workshop meetings conducted TBD participants	2 MOH hospitals received TA in RH/FP	2 MOH hospitals received TA in RH/FP