

**PATHFINDER INTERNATIONAL**  
**Fiscal Year 1999**  
**Fourth Quarter Report**  
**April - June, 1999**  
**Cooperative Agreement**  
**No. CCP-A-00-92-00025-20**

**Submitted to:**

**Office of Population**  
**U.S. Agency for International Development**  
**Washington, DC**

**Submitted by:**

**Pathfinder International**  
**Nine Galen Street Suite 217**  
**Watertown, MA 02172-4501**

**13 August 1999**

Pathfinder International is pleased to submit this quarterly report of activities conducted under Cooperative Agreement CCP-A-3062-AA-00-2025-00 for the period April through June, 1999. Activities and results are described under the following headings:

- Access
- Quality
- Institutional Sustainability
- Global Initiatives and Administrative Issues
- Evaluation
- Information Systems

Under each section of the first four sections, the report describes regional and country-level activities supporting each strategic objective.

## *Access*

### **Africa Region**

Pathfinder made steady progress in its efforts toward improved access to reproductive health services for adolescents in Africa through awareness and advocacy activities. Pathfinder organized an Adolescent Reproductive Health (ARH) study tour to South Africa and Zambia for 18 policy makers of the East African Reproductive Health Network (EARHN), program managers, youths, and donors (i.e., REDSO and partners). This trip oriented participants to better practices in ARH programming. A report outlining findings and lessons learned was produced for dissemination to East African Population Secretariats/policy makers and program managers. For example, in the context of Zambia and South Africa, “youth friendly” ARH programs include very simple components such as: non-threatening, non-medical environment for ARH service delivery; youthful service providers who do not wear uniforms; and “youth corners” set aside in clinics for adolescents to meet.

Also related to ARH, the fifth script for the update to the award winning 1988 film “Consequences,” a.k.a “Yellow Card” was reviewed by stakeholders, namely, USAID/REDSO, Ford, DFID and Pathfinder; feedback was given to the producer who was then able to begin film pre-production in Harare. Pre-production included: identifying and contracting the crew (most of whom are Zimbabwean); auditioning; casting; scouting for suitable film locations; and purchase of equipment. Shooting commenced in mid-June and is expected to be finished in the next quarter. In further support of its regional ARH initiative, Pathfinder finalized and submitted for publication its five-year ARH strategy for addressing the RH needs of young people in sub-Saharan (1999-2003). In addition, staff in Pathfinder’s Africa Regional Office provided technical assistance to the FOCUS on Young Adults Project, which is planning a regional “State of the Art” (SOTA) conference to be held in South Africa in September. An agenda was developed, and presenters and participants were selected.

## **Kenya**

After ten years of Pathfinder assistance, project closure of the Mkomani Clinic Society in Kenya was finalized; all project activities were handed over to the Mkomani management team.

## **Mozambique**

Straddling the strategic objectives of quality and access, Pathfinder continued training service providers in Mozambique in order to enhance availability of quality FP/RH services. Salama, one of Pathfinder's local implementing partners, began selecting and training its community based reproductive health agents (CBRHA) or "activistas" from Mecuasse and Cunle localities of the Ribaué district. Using the curriculum developed by Pathfinder and partners in the first part of the fiscal year, a total of 36 CBRHAs and supervisors were trained by trainers from Salama, AMODEFA, Pathfinder, CARE, and other partners. Access to services for young adults was also improved; AMODEFA/Nampula selected and trained 15 CBRHAs in three bairros (neighborhoods) and 16 sexuality/reproductive health (S/RH) activists in three schools, using the curriculum developed by Pathfinder and partners. A group of S/RH activists were also trained in Zambezia by the AMODEFA provincial and central-level team.

Pathfinder supported advocacy activities to create a more favorable environment for FP/RH project activities and to ensure policymakers' support. Community leaders in the Ribaué district participated in a sensitization/information sharing seminar with Pathfinder and the Provincial Health Department. It became clear from this seminar that more work needs to be done with the communities in order to ensure that the CBRHAs are truly utilized to their fullest capacity and fully accepted and trusted to do their jobs. This will become the responsibility of the MCH nurses, elementary nurses and Pathfinder and Salama staff, on a one-on-one basis with each leader as well as in group settings explaining and promoting community based RH service delivery. A seminar for school directors and teachers in four selected schools in Maputo took place, to discuss the adolescent project activities, the role of the school, and the development of a workplan for the year. Approximately 60 teachers from two schools also participated in a sensitization seminar. Additionally, Pathfinder participated in the newly created HIV/AIDS working group for the northern provinces of Nampula, Niassa and Cabo Delgado. This group will become an advisory body to assist the Ministry of Health and other government bodies in policy-making and development of standards and guidelines related to HIV and AIDS.

## **Nigeria**

In the course of program implementation, it was noted that project managers were not proficient in advocacy, an essential skill for rolling-out FP/RH programs. Pathfinder therefore sponsored a five-day advocacy workshop. In total, 15 project directors/coordinators and supervisors of various CBD/MBD projects participated in the workshop. The workshop was a success; it is expected that community awareness and support of the various FP/RH projects will be improved because of the workshop. Results will be assessed by Pathfinder country office staff in upcoming monitoring visits.

## **Senegal**

Pathfinder conducted closeout meetings with key staff and volunteer members of the Senegalese FP Association (ASBEF) to mark the official end of the eight-year partnership with Pathfinder. Visits were made to the two Pathfinder-funded clinic sites of St. Louis and Kaolack as well as the Dakar HQ. Since ASBEF has submitted a proposal to USAID/Senegal that solicits direct

funding for the two clinics, Pathfinder will extend funding for 3 more months (end date of September 30, 1999) in order to maintain continuity of project activities while ASBEF anticipates USAID's direct funding approval. Meanwhile, preparations for feasibility studies on ASBEF's proposed sustainability activities are still forthcoming, with ABT Associates as Pathfinder's subcontracting partner.

### **Tanzania**

Pathfinder conducted several advocacy activities in support of its efforts to improve access to FP/RH services. Two hundred Tanzanian businessmen who work in places with high rates of STD transmissions attended a two-day advocacy workshop on awareness, prevention, and treatment of STDs. In another project, two parents' clubs, each with a membership of 20, were initiated in two catchment areas. The objectives of the clubs are to sensitize and educate parents and encourage them to play their roles on adolescent reproductive health issues in their communities, and encourage them to support youth activities. In another development, the Reproductive Health and Child Health sections of the Tanzanian MOH, in collaboration with Pathfinder International and nine partners, organized and facilitated the first CBD coordination meeting chaired by the National CBD Coordinator of the MOH. The objective of this meeting was to review progress of CBD activities since the last CBD collaboration meeting held November 1998. The meeting also reviewed emerging issues with particular reference to geographical coverage, type of activities/target groups addressed by various organizations, and comparative advantages of each agency. One of the outcomes was to have a one-page monthly newsletter which will feature briefs on RH news in Tanzania, important RH related news, important NGO, private and public sector RH activities; it will also provide an opportunity for informing each other on planned activities. Pathfinder was selected as secretariat for the newsletter. In addition, the meeting resolved to form a CBD coordinating group for Dar-es-Salaam.

Also related to improved access, Pathfinder collaborated with PSI to organize and conduct a meeting with five grantee organizations to orient them to, and improve advocacy for incorporating social marketing into existing programs. Each grantee developed an action plan; examples of project activities include social marketing of Salama and CARE female condoms, as well as insecticide-treated mosquito nets.

### **Uganda**

The East Ankole Diocese of Uganda is increasingly adopting the static community clinic approach rather than the mobile clinic approach to the delivery of FP/RH services. Through discussions with sub-county level community leaders, the diocese mobilized four communities to establish physical structures in order to maintain continuity of service. The equipment for these clinics has already been procured and sent on site.

Pathfinder worked to improve access to FP/RH services in a new area of Uganda in its efforts to improve and maximize CBD coverage and to introduce work-based services in one sugar plantation. Specifically, technical assistance was provided to develop work-based integrated reproductive health services in a large sugar cane plantation (Kenya Sugar Works) in Western Uganda. Pathfinder also worked to improve access for an under-served group, namely, internally displaced people (IDPs). Pathfinder conducted a quick assessment of the situation in the camps

to plan the best approach to service delivery. There are 45 villages for IDPs from Northern Uganda located in Kiryandongo, Masindi district. The population in the IDP villages is 45,748 people, with 22,448 children under the age of 18 years and 9,409 women. Currently the only nearby sources of health care are small drug shops within the villages and one health facility located 7 miles from the villages. To best reach and serve the selected target groups of children 0-5 years, pregnant women, and breast feeding mothers – and to address strategic objectives of both access and quality -- community reproductive health workers (CRHWs) were trained in integration of nutrition education, breastfeeding, and growth monitoring into reproductive health services. In the next quarter, Pathfinder will establish services in these villages through the Masindi Family Health Promotion Project.

The Kasese Family Life Promotion project also works to increase access to RH service at IDP camps. Because of the unrest in parts of Kasese District, over 85,000 people have been forced out of their homes and are currently living in a total of 18 camps for IDPs. In addition to offering basic health care, food, and clothing, the Kasese project has introduced maternal health for mothers; condom distribution specifically targeting the army stationed at the IDP camps and men within the IDP camps; other non-prescriptive contraceptives; and treatment of STIs.

## **LAC Region**

### **Bolivia**

Pathfinder started to provide technical support in El Alto, La Paz, one of the largest cities in Bolivia. Under the agreement with the MOH, Pathfinder has started RH activities in Hospital Materno Infantil in El Alto. With Pathfinder support, SERVIR has initiated activities in one of the health districts of El Alto and has organized community meetings in order to sensitize community leaders about their role in health activities.

During this quarter, Pathfinder has provided basic equipment for postpartum activities to the Hospitals of Santa Cruz, El Alto, Sucre, and Oruro. To improve access, Pathfinder is remodeling some MOH health centers in Trinidad and a surgical unit of the OB/GYN ward in Hospital San Juan de Dios in Oruro.

With Pathfinder support, SERVIR has concluded their activities in Mapiri, an isolated region from La Paz. After SERVIR intervention there, the MOH decided to hire a physician and a nurse to work permanently in Mapiri in order to continue with the activities initiated by SERVIR in that region.

### **Brazil**

The State Secretariat of Health of Bahia (SESAB) through its program with Pathfinder, is currently offering family planning services in a total of 270 health posts throughout the state of Bahia. Twenty-seven out of the 30 health regions (DIRES) have at least one health post offering family planning services. SESAB is undergoing major changes in its organizational structure. As a result of the re-engineering, a Reproductive Health Center has been established that will coordinate all family planning activities, including those related to Pathfinder.

Pathfinder, with its population-environment partner FUNATURA, is working to improve access for the residents of the Grande Sertão Veredas National Park. During this quarter, Pathfinder performed two training courses. One program trained health workers from nearby health posts and community health agents and the other trained park guards, a radio announcer from Chapada Gaucha and key people who work within the communities. Pathfinder and FUNATURA organized a health fair for three consecutive days in strategic places within the park. The organizers took several doctors and nurses, including Pathfinder's Brazil Medical Director, to attend to patients on a walk-in basis. This event alerted municipal authorities to the health problems of the communities, brought information about reproductive health, STD/AIDS prevention, and basic health, and provided access to basic health services, reproductive health, cancer prevention, and other health care services. As has become routine, during this quarter the community health agents continued their home visits and led meetings in the communities.

Pathfinder's other population-environment project, located in Massaroca, Bahia, also helps bring reproductive and basic health information and services to hard-to-reach populations. Two multiplier agents courses have been performed during the quarter in order to form groups to work with the population in general and groups to work with specific focus groups: adolescents, women and men.

Pathfinder is pioneering work with the Emergency Contraception Pill (ECP). Relying heavily on the ECP Consortium's work, of which Pathfinder is an active member, the Brazil office developed a three-part strategy to reach physicians, the general population, and victims of sexual violence. This strategy will increase access to ECP by increasing awareness and demand, improving availability of services by having better-informed providers, and by alerting victims of rape that this is an option. Our major partners are the Ob/Gyn Society of Bahia (SOGIBA), a maternity hospital with very active family planning services, and the legal system. The partnership with SOGIBA was inaugurated by a seminar for service providers with keynote speaker Douglas Huber, Medical Services Director of Pathfinder International. The second event was for two-days in Vitória da Conquista, a large city in Bahia. This event included a lecture at a large public high school for teachers and students, a media event for political leaders to provide accurate information on the method, and a teaching seminar for service providers. The three parts of the event in Vitória da Conquista generated a great deal of interest in the method, through which Pathfinder has become a reference center for information on ECP.

Pathfinder is also increasing access to ECP through its partnership with one of Salvador's largest maternity hospitals, and the only one linked to a medical school, Maternidade Climério de Oliveira. During this quarter, a strategy was developed designating this hospital as the referral center for ECP. This strategy increased women's access to doctors and nurses trained in ECP by providing services 24 hours a day. In addition, all Ob/Gyn medical students will be exposed to the method during their rotations through the maternity hospital. Pathfinder will support training at the hospital as well as some infrastructure costs to make the service more viable.

The third partner in our ECP program is the legal system of Bahia, particularly the Bar Association of Bahia (OAB). Pathfinder has already contributed materials on ECP that will be distributed to victims of sexual violence and has contacted the police academy to try to insert basic information on ECP in the basic curriculum for police officers.

To increase access to integrated STD/AIDS/FP programs, Pathfinder held workshops in Bahia and Ceará to develop action plans for each health unit based on the results of need assessments. Participants of the workshops included central level teams from Bahia and Ceará State and Municipal Secretariats of Health, Unit Managers, and Service Providers. The action plans were developed to help managers and service delivery teams strengthen access to integrated services. Participants were very enthusiastic about the action plans and recognized that they will be an important tool to improve access and quality of integrated services.

### **Ecuador**

ECP services are currently being provided at seven service sites, one of which was recently incorporated (MOH health Center No. 8). Coordination meetings have started with staff members from the Hospital Enrique Garces and Area de Salud No. 7. CEISAN is also developing and implementing ECP services specifically for adolescents at two organizations. In spite of serious internal problems in the country (political, social and economical), project activities were provided.

### **Peru**

Under the PASARE Program, Pathfinder continued to increase access to FP/RH services by channeling its assistance to large MOH hospitals located in USAID/Peru priority areas. To ensure continuity of support and quality improvement to these hospitals, especially those located in the cities of Huancavelica and Puno, Pathfinder worked with Project 2000 to transfer processes and strategies developed for these hospitals that address RH/FP needs in these areas. Baseline data of the service delivery network of Pueblo Nuevo (Chincha) and the software for its use have also been transferred to Project 2000.

Pathfinder provided training materials as well as furniture and equipment for counseling rooms at MOH hospitals located in northern Puno: Lampa, Macusani, Sandia, Ayaviri and Huancane.

In its ongoing effort to increase access to FP/RH services for underserved groups, including young adults and adolescents, Pathfinder's FOCUS/NCA Adolescent Program in Peru provided technical assistance to the MOH Adolescent Program in the development of a regional strategic plan. This assistance was provided through three regional meetings in the cities of Tacna, San Martin and Huanuco. Strategic plans were developed considering results of the follow-up training evaluation.

## PERU

Maria is a 20-year old Aymara mother who lives in Puno near Lake Titaca in rural Bolivia. Her only child is a healthy, happy, well-nourished giggling five-year old daughter. When asked why she visits the local health post, Marie explained that she had been using the ampolla (DMPA) but wanted to have an IUD inserted since then she would not have to walk to the health post every three months. Maria said that the little girl was her only child and that she and her husband had decided they wanted only one child and that was why she had been getting the ampolla. She and her husband concluded that at this point she should get an IUD. Maria is not concerned about what her women relatives and other village women think and has not she has shared any of her reproductive decisions with them. She said that myths and rumors abound in the community often discouraging women from seeking services. Therefore, she and her husband keep silent when others talk, only discussing with the nurse in the health post their method use. Maria believes that getting an IUD is a private decision and no one in the community needed to know about it in order to avoid being gossiped about when they felt that this was the right decision for them.

Note: Puno has some of the highest level of malnutrition in children under five in Peru. The attention, love, and care show between this mother and child is obvious. A few short years ago, women in Puno had little or no control over their fertility and reasoned that it was God's will to have a large family. Since up to half the children would die, for security in old age, it was thought to be especially important that male offspring be produced. This woman and her daughter personify an ongoing change that Pathfinder has helped bring about. The result is the adoption of a modern method of family planning, and a healthy child (who happens to be a girl) who has parents that are confident she will grow to adulthood and who do not feel they need to "try for a son". True they are still the exception in Puno (TFR=5), but a few years ago the options available today did not exist. The situation in Puno is slowly changing for the better although it is a slow process as illustrated in the comments regarding gossip, myths, and rumors.

## Asia Region

### Indonesia

Although affected by the current political and economic crisis, Pathfinder, through the Service Delivery Expansion Support (SDES) Project in Indonesia, continues to increase access to family planning services through community, health center, clinic, and hospital-based systems. The high inflation rate has drastically reduced the level of family planning and health service availability because of the dependence on imported materials and equipment. The resulting increase in the cost of services is the main reason affecting lowered private sector use and increased public sector use. Inflation of prices is also the main reason for the increasing shortage of drugs, medicines and contraceptives. In response to the crisis, donor funding and assistance has emphasized the provision of medical and contraceptive supplies. USAID and Pathfinder have reallocated funding to purchase IUD Copper-T 380A and Norplant implant supplies; 1,100,000 IUDs and 228,000 Norplant implants have been donated to the Government of Indonesia. The Center for Health Research of the University of Indonesia (PPKUI) has been appointed as the third party in charge of monitoring the distribution of USAID contraceptives.

Preliminary findings of the SDES evaluation show that the contraceptive prevalence rate (CPR) in SDES areas has increased from 53.5% in 1994 to 55.1% in 1998, compared to non-SDES areas and Indonesia, respectively 58.5% in 1994 to 59.3% in 1998 and 51.9% in 1994 to 52.5% in 1998. The family planning interventions in the SDES areas are funded by a combination of SDES project and government development budgets. The impact of SDES project interventions on the total fertility rate (TFR) in SDES areas is a drop from 2.82 in 1994 to 2.59 in 1998

(*Susenas*) while in non-SDES areas it has reached a plateau (2.23 and 2.25 respectively in 1994 and 1998). However, it should be remembered that the TFR shows three years of retrospective data. SDES impact on the quality of services is that overall providers trained from the SDES project provide better services than the non-SDES trained ones. It can be deduced that access to family planning services in SDES areas has improved over the years since the data from BKKBN service statistics show that the number of new acceptors in SDES areas exceed those in non-SDES, especially for IUD, Implant, VS and injectables.

Phase I (April – May 1999) summary findings of the USAID donated contraceptive monitoring activities show that 64% of the donated IUDs and 89% of the donated Norplant implants have been distributed from Central BKKBN to the fourteen provinces as expressed in the MOU (11 SDES provinces and 3 Non-SDES provinces). About 92% of the distributed IUD and all of the distributed Norplant implants were allocated to the eleven SDES provinces. The number of clients who acknowledged paying for the services was relatively low, 18.7% for IUD and 15.4% for Norplant. The study also found that 70 % of the clinics had providers who had been trained through a competency-based training. Furthermore, about 16% of the clinics did not have IUD kits, while 30% did not have Norplant kits.

As the second phase of the monitoring will be conducted in early October 1999, it is hoped that this activity will capture corrective actions from the previous results.

Pathfinder is also supporting the development of a BKKBN Crisis Monitoring and Response Units located at Central and Provincial BKKBN. The primary goal of the Crisis Unit is to maintain family planning services during the crisis period, provide free family planning services to those who cannot pay, and to monitor and address new family planning problems that are caused by the crisis in twelve (including DKI Jakarta) SDES provinces.

Since March 1999, the Crisis Monitoring and Response Units (CMRU) in the eleven SDES provinces have begun to publish monthly reports on key family planning variables to enable decision-makers at the central, province and district level to better identify problems and their causes, initiate programmatic priority setting and plan for intervention strategies. Together with BKKBN and other CAs, Pathfinder is exploring the possibility of a decentralized management system for the CMRU, which would be based at the district level, for SDES in FY 2000.

Given the severity of the crisis and its effect on urban slum areas, beginning from Quarter 3 Year 5, SDES has also agreed to reallocate funding for the development of service delivery activities in the Municipality of Jakarta (DKI), and its operational research. The aim of the Jakarta sub-project is to support BKKBN DKI Jakarta by increasing access and maintain the utilization and quality of services in urban slums, while the operational research is to provide information for developing better strategy for addressing the impact of economic crisis in the urban slums of DKI Jakarta. Service delivery points in DKI Jakarta had been chosen from the river bank, beach and slum areas that are located far from health centers. Currently 38 out of 2100 of Posyandu (Integrated Service Posts) are being engaged in family planning activities which usually are used for MCH programs only. IUD new acceptors during Quarter 4 have shown a significant increase besides other contraceptive methods. The quality of IUD insertion services is good.

To date 96% of all SDES activities have been completed, 2% are still ongoing, 1% has been delayed and 1% of all SDES activities is still planned. SDES activities include IEC, service delivery, training and project management activities. Two-hundred and three (203) service delivery points have been renovated and provided with equipment to improve access to voluntary surgical contraception (VSC) in hospitals and government clinics and to IUD service delivery in clinics. Ninety-two (92) village midwife posts and 133 NGO clinics have also been renovated. In response to the situation of high inflation, Pathfinder has made budgetary adjustments to the make ready service delivery points, and this has caused some of the delay in the completion of activities. Similarly, NGO clinics have also undergone budgetary adjustments for renovations, equipment procurement, and/or administrative support. As mentioned above, the high price of medical and non-medical supplies is the main factor affecting the sustainability of NGO clinics.

In response to the crisis situation Pathfinder and BKKBN have agreed to provide free VS services to poor and near poor families requesting those services, and to give cheaper rates to other welfare groups for all methods. Free services are especially provided during the outreach services to the hard to reach areas, thus alleviating the additional high transportation costs that communities in hard to reach areas have to face.

SDES also funds IEC activities such as outreach visits and the production of IEC materials, which complement the static service sites. IEC materials have been distributed and activities have been conducted to motivate elcos by providing them information on specific methods and services, and to increase community knowledge and awareness about the benefits and availability of family planning. Outreach activities are not only implemented by field workers, cadres and midwives during home visits, but also through community and religious leaders at community meetings or activities. To date, numerous meetings have been undertaken in addition to the outreach activities, resulting in 1,628,247 people informed. During these activities 51,000 printed and 1,205 mass media IEC materials produced through SDES have been produced and used.

Following the IEC activities are the service delivery visits. The aim of service delivery visits is to increase the availability of family planning methods in areas where access is limited. Service delivery visits undertaken to date include 1,046 VSC specialist visits, 1,032 integrated service visits, 6,732 IUD home visits by midwives in 11 provinces. Ninety-six (96) NGO mobile visits have also been conducted thus far. In addition, 112,786 village-based midwives have expanded their outreach to provide family planning and mother-child health services to clients within their respective communities.

## *Quality*

### **Africa Region**

Results of Emergency Contraceptive Pill (ECP) data collected last quarter from 25 participating service delivery points (SDPs) in Kenya, in which 5,000 doses of Postinor-2 had been distributed, revealed that 4,620 clients had been served with ECP services since the project started in 1997. Almost half (44%) of the clients were women under 30 years of age. The

youngest client was 12 years while the oldest was 46 years. Almost three-fourths (69.5%) of the clients were users of regular contraceptive methods, the most common method being pills (41.9%). The most common reason clients gave for seeking ECP services was unprotected sex (78.9%), followed by burst condom (12.3%), and rape (8.3%). Analysis of the data revealed that ECP is being used by more and more clients, e.g., from 7% in 1997 to 20% in the first quarter of 1999; this reflects an increase in ECP awareness. However, one of the major problems experienced by the service providers is getting clients to understand that Postinor-2 is for emergency contraception only. Some clients argue that since they do not have regular partners, there is no need to use regular contraceptives. They would rather use Postinor-2 whenever there is an "emergency." In a related development, Pathfinder received a donation of 3,000 packets of Postinor-2 from Global Pharmacy, the local Kenyan representative, for distribution to the clinics carrying out ECP activities. There were also two ECP Consortium meetings held and another meeting between the consortium and PSI representatives from Uganda, Tanzania, and Kenya during this quarter.

In keeping with Pathfinder's strategic objective of improved quality of services, Pathfinder's regional program in Africa continued its STI and HIV/AIDS integration efforts. Comments on the final draft report on the Setting Africa Agenda II Conference were received from a selected number of reviewers and incorporated after which point the document was distributed for final review.

### **Ethiopia**

USAID support in Ethiopia is now provided primarily through a mission agreement while NCA field support is used to complement these efforts through the provision of essential technical assistance. Related to quality, the standardized National Family Planning Clinic-based Training Curriculum that has been in the process of development since the beginning of FY99 was reviewed and endorsed in April 1999. A team of experts drawn from various departments and regional bureaus (e.g., Ministry of Health, National Office of Population, Medical Faculty of the Addis Ababa University, Ethiopian Society of Obstetrics & Gynecology, Ethiopian Nurse Midwives Association, Family Guidance Association of Ethiopia, and Marie Stopes International – Ethiopia) worked with Pathfinder on the review exercise. This curriculum is believed to bridge the existing gaps in the area of standardized comprehensive training material in the country. It has nine modules and is designed to be covered in a period of six to eight weeks.

A TOT course in HIV/AIDS home-based care services was conducted during the quarter. The purpose of the training was to equip the community-based reproductive health (CBRH) trainers with the necessary skills and knowledge so that they can, in turn, train primary care givers (PCGs) in home-based care services to PLWAs. Twenty training participants were selected from the Federal Ministry of Health, regional health bureaus, and partner NGOs. This training was aimed at building regional capacity for the training of CBRH trainers in HIV/AIDS home-based care services. The Africa Regional Office, in collaboration with local experts drawn from the Ministry of Health and Organization of Social Services for People with AIDS (OSSA), provided technical assistance.

### **Mozambique**

Pathfinder conducted two weeklong courses on quality of care for AMODEFA and Salama in Maputo and Nampula, respectively. Pathfinder developed the training materials and facilitated both courses. Quality assurance and monitoring plans are being developed as a result of the workshop, and a "quality partnership" between AMODEFA and Salama in Nampula is being considered. Each group produced a draft plan for quality improvement and monitoring. Pathfinder also facilitated two one-day quality of care workshops for MOH staff and for MCH nurses being trained on S/RH and counseling in adolescent health. These workshops introduced the concept of QoC and outlined practical steps to improve service delivery, management, and overall client satisfaction. Pathfinder led local implementing partners in several facility assessments in both Maputo and Nampula in order to demonstrate the process for assessing a facility for quality of care as well as to determine the level of knowledge and skills existing in health facilities. With this information, Pathfinder is developing a plan for training of clinical service providers, which will be implemented with the assistance of its consultants from both HQ and ARO. Quality will be further improved by increasing provider competence through training. A TOT for trainers of elementary nurses took place in Nampula with 12 participants, many of whom will become facilitators for training activities planned for the following quarter. These trainers will be responsible for re-training the elementary nurses who received an initial course in RH/FP in August of 1998, as well as for conducting a follow-up of these nurses in provision of services. Further, the CBRH supervisors – who are also the directors of the Center for Women's Development in Ribaué district – received a 3-day training on Supervision Practices immediately following the TOT/practicum.

Also related to quality, Pathfinder participated in the Reproductive Health Working Group, which restarted its monthly meeting schedule. Among the topics discussed were contraceptive logistics, training activities, and IEC materials. The group also agreed to begin working on a proposal to the DPS for improvement of the contraceptive logistics system, which is hoped to be approved and implemented next quarter.

### **Nigeria**

Seven participants representing five Pathfinder-funded projects in Nigeria benefited from a 6-day VSC training conducted at the Fertility Research Unit/UCH. The addition of trained providers offering long-term methods fits in with Pathfinder's strategy for improved quality by expanding method choices.

### **Tanzania**

In order to improve quality of services, Pathfinder conducted a survey of services provided at selected project sites. Thirteen project locations in Zanzibar, Arusha, Morogoro, and Dar-es-Salaam participated in this exercise. The objective was to gather information from clients on quality of services provided in various service delivery points to ultimately improve them. Results of the survey are expected to be available next quarter. Also related to quality, a team comprised of two staff from USAID's Health and Population Office visited three Pathfinder partners as part of an orientation and monitoring visit to Pathfinder funded projects.

Pathfinder continued its IEC efforts in Tanzania to promote awareness and knowledge of FP/RH services. For example, the Tanzania Occupational Health Services (TOHS) CBD program collaborated with the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in conducting IEC and counseling sessions on STI and HIV/AIDS, with special focus on reaching the under-served groups of youth and men. Additionally, a total of 600 people, of which 75% were youths, attended video shows and health talks.

### **Uganda**

Pathfinder, in collaboration with the MOH department of MCH/FP, conducted a training needs assessment for Family Life Education Project (FLEP) practitioners. As a result, a training for practitioners in life saving skills has been planned for next quarter; it will be conducted by MOH master trainers. Meanwhile, two quality of care audits were conducted at Jinja and Kamuli FLEP VSC referral centers; additionally, FLEP provided TA in five quality of care audits conducted at four clinics in the Masindi project. A one-day orientation on quality of assurance and improvement was conducted for Iganga District Local Council, drawing the participation of 63 people. The meeting responded to Pathfinder's objectives for both access and quality; its objective was to create a supportive political wheel for quality assurance program currently being promoted in FLEP.

In keeping with Pathfinder's program outcome for improved quality by strengthening provider competence, Pathfinder supported a ten-day initial RH training course for 46 new CBRH workers from Masindi. Of this group, 16 were from Kinyara Sugar Works where Pathfinder is setting up work-based services. Additionally, some 28 old CRHWs received refresher training and all the 74 CRHWs underwent a four-day training in integration of nutrition education, breast-feeding and growth monitoring into RH services.

### Senegal - Mr. Diop's renewed respect for and appreciation of his wife

Abdou Khaly Diop is a member of the Senegalese FP Association (ASBEF) and currently holds the post of Secretary-General of ASBEF's St. Louis Executive Committee of Volunteers. He lives in St. Louis, the second largest town in Senegal and is a veterinarian by profession. He has on several occasions witnessed domestic animals giving birth and has also assisted them in doing so, whenever necessary.

Twelve years ago, Mr. Diop's wife Aminata, was expecting their fourth child. In those days there were no established public service delivery posts. The villagers relied on a traditional midwife to come to their homes and assist the women give birth. When Aminata's due date arrived, it took them all by surprise as before. She was in the kitchen preparing the mid-day meal when she started feeling uncomfortable. Sweat streamed down her face and the pangs of weakness began. Diop took one look at his wife and new she was not well. So his first instinct was to help her into the bedroom, prop up the cushions for her comfort, and send for the local midwife immediately. However, the labor contractions were rapidly gaining momentum and Aminata was soon writhing in pain. Diop was completely helpless. He kept looking out the window, hoping to see the midwife arriving. But she was nowhere to be seen! Aminata, whose eyes had turned bloodshot red, her body drenched in sweat, was now screaming and mumbling several incomplete phrases. All he could make out amid the chaos was that she was about to die. He walked out of the house, onto the road and began pacing up and down, praying that at least some women passers-by would come and help out. Strangely enough, at that particular moment, there were no passers-by! When Diop got back to Aminata, the water had broken! A panic stricken Diop wondered what he should do. Although he had handled many animals, this situation seemed terrifyingly different. Aminata surely looked like she was going to die. Then she shouted; "Get ready, the baby is coming!" Good grief! He took a deep breath, opened the drawers and gathered a couple of towels and clean "pagnes" that Aminata usually tied round her waist when conducting household chores. He returned just in the nick of time to rescue the baby from falling onto the floor! Luckily, Diop is not the fainting type but the ghastly sight was horrifyingly unbearable. He had never seen a human baby at this early stage and wondered whether this one was real. The white protective layer that covered the baby convinced him that something was truly amiss here. What a mess! Aminata was now heaving sighs of relief. Mercifully the midwife arrived to find a tongue-tied Diop holding the baby, the cord still attached to the mother. It had not occurred to him that he now needed to cut it and clean the infant. He handed the infant to the midwife the moment she got close and made his long desired exit from the room. In spite of his medical training, Diop was still a very traditional man and going through this experience was rather inconceivable to men of his generation. He went and repeatedly scrubbed his hands squeaky clean with soap and brush, changed his clothes and applied a heavy dose of perfume. When he got back, everything was under control and his wife was smiling, the infant in her arms.

It took Diop one full year to feel comfortable making love to his wife again. However, the respect he had for her and generally for all other women, was doubled by this incident. Although he loved his other children, this little boy has been his favorite ever since. Today, 12 years later, this experience still lingers vividly on Diop's mind. This experience marked the beginning of Mr. Diop's participation and keen interest in women's affairs, particularly in reproductive health. He has since influenced a large part of the male community around him to actively participate in ASBEF's IEC and RH service delivery interventions. Due to the predominantly Muslim conservative culture, ASBEF would not have gained support from community members without the assistance of members like Abdou Diop. Thanks to them, reproductive health issues are part of everyone's life in St. Louis today.

## **LAC Region**

### **Bolivia**

Pathfinder, in coordination with the MOH in Trinidad has carried out training workshops in Infection Prevention practices for 16 physicians, 23 nurses, and 10 managers of Trinidad.

In coordination with PROSALUD, a monitoring visit was carried out at health centers in La Paz and Santa Cruz. The purpose of this monitoring visit was to assess the level of implementation of the "users follow-up form". The health promoters are in charge of follow-up on users that didn't return to the centers for their method supply, follow-up visit, prenatal care, or other care. There are still problems with the use of this form and we will continue to work on these issues during the next quarter.

### **Brazil**

Pathfinder formed a core group of trainers in our adolescent project. Pathfinder trained teachers from the Fundação José Carvalho, who will offer training to their colleagues, and coordinate reproductive health-related activities with students, their families, and the communities around the schools. Pathfinder will continue to support the foundation's health fairs throughout the year by providing experts in various issues related to reproductive health and sexuality.

To improve quality of services through the STD/AIDS/RH integration project, Pathfinder provided technical assistance to improve providers' performance and standardize integrated service delivery. This technical assistance was directed at the Bahia and Ceará State and Municipal Secretariats of Health to determine activities and tasks for integrated service delivery for each cadre of service provider. Performance improvement tools were developed during workshops for technical teams and service delivery sites health teams. The performance improvement tools will serve as a basis for the on-site training that will be conducted within all the service delivery sites.

Pathfinder approved the extension of programs to four NGOs focusing on AIDS in Bahia and Ceará; projects activities have begun. The organization Communication and Culture provided school children with information and training on dealing with issues of AIDS prevention through their newspapers. They have also expanded activities promoting community mobilization. The Institute for Health and Social Development (ISDS) has started an evaluation to measure the impact of STD/AIDS prevention messages on the radio. In June ISDS/Pathfinder project was awarded a national prize in the category of electronic media for the outstanding work with AIDS prevention in the year of 1998. GAPA (AIDS Support and Prevention Group) will continue its educational and behavioral intervention in four communities of Salvador. The primary focus group will be women who have already participated in the previous year of the project, with men as a secondary focus. Project activities will start with the application of a questionnaire for men in order to understand their level of knowledge, attitudes and behavior related to sexual practice risks, HIV and STD infection prevention and other reproductive health issues. Finally, Pathfinder's partnership with the Center for Drug Abuse and Prevention (CETAD) will extend activities to three other communities where CETAD already works. In order to become more effective, a mobile health unit will be used. A health team including two supervisors, a medical

school student and a registered nurse from the Public Health School of Bahia, as well as five community health agents will implement project activities. During this quarter they have adapted this vehicle and contacted the focus population.

### **Ecuador**

Service providers from different health organizations were trained to initiate ECP in their facilities. In addition, an on-site ECP update seminar was conducted for all staff of participating service sites. IEC and learning materials, including leaflets and posters were distributed to all ECP implementing service delivery points.

The CEISAN staff will adapt Pathfinder's ECP training curriculum for use with adolescents, giving special emphasis to counseling youth.

### **Mexico**

The fourth and closing stage of the mass media campaign took place. This stage included eight radio spots and eight TV spots for both, rural and urban areas, aimed to promote the delay of the age at the first union and the first child, as well as to promote the spacing among births. The spots were broadcast by the main national television channels.

Under the purpose to inform adolescents and young couples about different population issues, eight small books were printed and distributed. The subjects were the following: 1) Adolescence and Life Cycle, 2) Population, 3) Citizens – male and female, 4) Family, 5) Network of Services, 6) Contraceptive Methods, 7) Family Planning, 8) Partner Relationships.

As a result of a partnership initiative between UNFPA, Schering AG medical laboratories, ISSSTE and Pathfinder, a manual on adolescents for service providers is being developed.

### **Peru**

Under the PASARE Project, Pathfinder of Peru, in coordination with supervisors of Project 2000, developed a schedule for follow-up visits to hospitals located in the cities of Huancavelica and Puno to provide technical assistance in the process for continuous quality improvement. Due to internal problems within the Regional Health Office of Huancavelica, the visit and workshop on Quality of Care and Management Improvement for Health Program Coordinators were postponed. In addition, a follow-up visit to review the plans for CQI developed by trainees of the hospitals in Puno (Lampa, Macusani and Sandia) could not be realized due to the busy agenda of the Family Planning Program Coordinator of Puno. In spite of these inconveniences, Pathfinder continues to help to improve the quality of family planning/RH services of public sector providers by following up through telephone calls and provision of IEC materials.

Pathfinder, under the FOCUS/NCA Adolescent Program, continues to improve the quality of services through its support to ARH activities conducted by the public sector. Pathfinder provided technical assistance for the development of the MOH ARH Program, which included service delivery and outreach strategies. Thirty service providers were trained in reproductive health counseling for adolescents. This training workshop was conducted in Trujillo in the month of April.

The editing phase of the training module: *Communication Skills and Counseling for Adolescents on Reproductive Health Care* was completed and printed and is currently being distributed among public and private institutions working in ARH services. It is also currently being translated into English. Furthermore, two English versions of the newsletter, *In-Focus Series*, developed by FOCUS have been translated into Spanish and are being distributed among public and private sector institutions that conduct adolescent programs. Technical assistance was provided to the MOH ARH Program in the design of their bulletin and the choice of a printer.

Pathfinder continued with the translation, production, and dissemination in Peru, Bolivia, and Mexico of the English version of Pathfinder's 15 training curricula *Comprehensive Reproductive Health and Family Planning Training Curriculum*. During this quarter Module # 9 *Condoms and Spermicides*, was translated into Spanish. Three other modules are in the final editing phase.

## Asia Region

### Indonesia

The limited availability of medical supplies including antiseptics, anesthetics, and surgical supplies is affecting the quality of services provided through SDES. Pathfinder, using reallocated funds, has concluded a sub-contract with AVSC for the procurement and distribution of essential medical supplies for Implant and VSC services. AVSC is also expected to oversee VSC services at hospitals and to ensure that standard procedures are being followed. Pathfinder, through SDES, continuously monitors that quality is practiced during service delivery. This has been undertaken through 695 Quality Assurance team visits by doctors and paramedics using standardized guidelines produced by JHPIEGO and POGI (The Association of Indonesian Obstetricians and Gynecologists).

The AVSC contraceptive delivery report has been completed and distributed to the districts and to the service delivery points. The distribution of medical supplies was based on the real demand of each province, thus it was not evenly distributed.

To date, 797 midwives have been trained in standardized IUD insertion and removal, and 255 clinical providers have been trained in VS clinical skills. In order to provide effective counseling, 893 midwives and 649 fieldworkers have been trained in counseling. Forty trainers have also been trained for IPC/Counseling training through the NRC.

#### INDONESIA—Modified Minilaparotomy Services in East Java

Dr. Harry Laturangi of Turen Hospital in Malang has developed a modified minilaparotomy service method to be undertaken by physicians/general practitioners. The method would not use a uterus elevator but instead would use a sterilized finger with a catalar anaesthetic. The service is about seven minutes faster and cheaper compared to the regular minilaparotomy services. Dr. Laturangi has served more than 5,000 clients at the hospital without any problems. He has presented his method at the BKKBN Meeting in Surabaya, which was attended by OB/GYN, IDI (the Indonesian Medical Association), PKMI (the Indonesian Association for Secure Contraception) and BKKBN. SDES has requested Dr. Laturangi to present the method and procedures in a paper, to conduct a retrospective analyses of cases, and to present the results at an executive seminar attended by BKKBN, IDI, POGI (the Indonesian Association of Obstetrics and Gynecologists), PKMI, and the Ministry of Health, in order to review the possibility of a national utilization of the method. A national seminar will be conducted in East Java or in Jakarta to discuss results obtained. BKKBN East Java has reported that the paper and the secondary analysis are completed and will soon be forwarded to BKKBN and Pathfinder.

## ***Institutional Sustainability***

### **Africa Region**

#### **Kenya**

Abt Associates conducted needs assessments on three Pathfinder funded institutions scheduled to receive technical assistance on sustainability issues, namely, Maendeleo Ya Wanawake Organization, Kabiro Health Care Trust, and ACK Diocese of Maseno West. The consultants identified three crosscutting areas to be addressed (e.g., financial management, computers, and strategic thinking) which will be jointly addressed with Pathfinder.

#### **Mozambique**

Pathfinder financial management staff assisted Salama and AMODEFA in Nampula to improve their financial and administrative systems. This is an ongoing activity with on-site assistance and monitoring occurring approximately once per quarter. Pathfinder staff also assisted AMODEFA and Salama in producing quarterly reports. Both organizations are improving rapidly in the quality and timeliness of reporting, both in the programmatic aspect as well as the financial.

Pathfinder hosted a meeting of PVOs, USAID, and Ministry of Health representatives during the FPLM consultancy, which occurred in May. The meeting, held on May 13, offered an opportunity for discussion on the issue of contraceptive logistics, and set the tone for future collaboration between the PVOs and government agencies on this issue. Prior to the meeting, Pathfinder gathered contraceptive data and projections from PVOs as well as its local partners, Salama and AMODEFA, to ensure that their needs were taken into account when FPLM and the Ministry finalized contraceptive projections for Mozambique for the next five years.

#### **Nigeria**

To strengthen organizational development, Pathfinder enhanced MIS capabilities by first supplying computer equipment to six projects, and then providing three days of computer orientation for 13 project managers and data analysts. This intervention is expected to maximize their usage and impact of the computers.

#### **South Africa**

PPASA and Pathfinder continue to work as partners in expanding PPASA's institutional capacity and program coverage and effectiveness. Recently, PPASA was asked to take a lead role in several adolescent reproductive health strategies that will have nation-wide impact (the Kaiser Foundation funded National Adolescent Sexual Health Initiative or NASHI). PPASA asked Pathfinder to assist in strengthening its planning, MIS, and program monitoring skills to accommodate these new ARH responsibilities and initiatives. Pathfinder facilitated a 20-person NASHI planning workshop in April 1999 consistent with its capacity building focus. Simultaneously, Pathfinder has worked with PPASA to leverage Pathfinder resources in South Africa by confirming a July planning mission to develop an innovative RH-environmental program that may be funded for three years by the Compton Foundation, a California-based private foundation that focuses on both sectors.

As part of its two-year TA plan, Pathfinder has invited Abt Associates, a major US-based consulting group, to join its capacity building activities by providing intensive financial management and sustainability TA, training, and systems development. Pathfinder also facilitated PPASA's annual strategic plan review and national program planning workshop pursuant to the joint agreed-upon TA plan. At the request of the University of Wits Reproductive Health Research Unit (RHRU) and USAID/South Africa, Pathfinder confirmed its financial support and participation as facilitator of some sessions in the RHRU's annual Reproductive Priorities Conference. This increasingly popular and regional conference attracts researchers, managers, service providers, activists, and donors in a lively, three-day meeting about RH priorities in South Africa and elsewhere in the east and southern Africa region

### **Tanzania**

Pathfinder provided technical assistance to the Seventh Day Adventist Church Health Services (SDACHS) for a five-day strategic planning workshop as part of its efforts to strengthen organizational capacity. Participants included the Acting President and General Secretary, union and conference leaders/pastors from five areas and the Reproductive Health Project management team. To improve financial sustainability, serious income generation efforts were initiated. CBD workers, youths, and supervisors formed small cluster youth groups for income generation purposes. It was agreed that individual CBDs, supervisors, and youths would contribute Tshs. 5000 (about \$2)/monthly. The money generated will be used to start a revolving fund under the management and guidance of the supervisors.

### **Uganda**

Nine four-day workshops provided training in health care financing to 920 community leaders from 27 FLEP project areas. The main topic was management of fee-for-service schemes although special attention was given to health financing schemes as they relate to sustainability of clinic services. Following the training, an assessment of health financing management at St. Paul Health Center and Maliba rural clinic was conducted. This assessment has provided information that can be used to plan fee-for-service management training for Kasese Family Health Promotion Project. In addition, Abt Associates conducted an assessment of FLEP, EAD, and Kasese sustainability agendas. A plan for follow-on activities has been developed.

In an effort to build capacity in implementing organizations, two managers were sponsored to management trainings. The FLEP Communication and Training Officer attended a four-week "Advances in Health Communication" course at JHU/CCP in Baltimore. The Project Manager at EAD attended a four-week management training at the Center for African Family Studies (CAFS), Nairobi. In FY99, FLEP sponsored five FLEP managers/trainers in health administration course. Two trainees completed this course and graduated this quarter.

Pathfinder provided technical assistance to FLEP and Kasese to develop proposals for funding through local government. FLEP's produced a successful bid for a World Bank sponsored nutrition project. In addition, three out of 12 proposals (e.g., Bugiri, Jinja, and Kasese districts) will receive funding under the World Bank District Health Service Project.

## **LAC Region**

### **Brazil**

In order to help the public health system of Bahia (SESAB) become self-sustaining, it is important to ensure good data measurement to reflect their achievements. Pathfinder of Brazil continues to provide assistance to SESAB to strengthen existing family planning services within participating health units. Pathfinder of Brazil provides technical and financial support for the state data collection system, SISMAC. The new SISMAC is comprised of three modules: service statistics, training data and logistics information. The service statistics and training modules have been completed. The service statistics module has been deployed in 20 DIRES as well as the city of Salvador and SESAB's headquarters. The Training module is centralized at SESAB Headquarters. Pathfinder of Brazil has begun developing the logistics module and is scheduled to be completed in 1999.

Both in Bahia and Ceará the RH-STD/AIDS integration project has been very well supported by the State and Municipal Secretariats of Health. Representatives from Bahia and Ceará were designated and are actively working with Pathfinder in project development to strengthen capacity building for expansion. All the activities have been implemented in partnership with Municipal and State Secretariats of Health. The partnership started at the top level when State and Municipal Secretaries of Health signed Memoranda of Agreements with Pathfinder.

The public sectors of Bahia and Ceará have been providing logistical support at the local and regional levels, sharing activities, direct costs and personnel hours when participating in joint activities.

### **Peru**

Pathfinder is a member of the MIS Committee of the MOH School and Adolescent Program. The goal of this Committee is to provide technical assistance to MOH staff in the development of monitoring and evaluation instruments to be used by all MOH Coordinators of the School and Adolescent Program in order to improve their MIS.

## **Asia Region**

### **Indonesia**

The high dependence on imported materials and equipment and the resulting high costs that family planning institutions have to face for the provision of services, has clearly affected the sustainability of both private and public sectors. Pathfinder, through SDES, continues to provide management, financial and technical capacities to its grantees, with special attention to NGO clinics. Three hundred and ninety-five NGO staff has been trained in clinic management and 96 NGO staff have been trained in financial management.

Additional skills for program planning and decision making on how to allocate limited resources and increase coordination among institutions is one of the main reasons for the development of the strategic planning training. To date, 424 persons, including District and Provincial BKKBN officers from eleven SDES provinces and managers from NGO have been trained in strategic planning. As a result of better planning, activities of SDES project were focused on various

conditions of targeted communities. IEC activities and service delivery of contraceptives have been planned to meet the needs of the elcos.

The NGOs have begun to undertake strategies to improve sustainability through activities such as clinic marketing seminars and clinic management workshops. These activities have helped NGOs identify the kind of resources they need and discuss future approaches for clinic sustainability, such as integrated service in IBI clinics, social marketing and clinic management skill for IPPA clinic providers.

## ***Global Initiatives and Administrative Issues***

### ***Administrative Issues***

#### **Africa Region**

##### **Mozambique**

The Pathfinder/Mozambique Country Representative, Dr. Diana Silimperi, finished her contract with Pathfinder at the end of April. Ms. Karen Waltensperger was welcomed to Pathfinder as the new Country Representative for Mozambique on 16 June 1999. In June, Pathfinder received an intern from the United States. Mr. Stan Byers will work with the Pathfinder Nampula office for about 2 months, assisting the Technical Advisor and the Program Officers in the field, conducting surveys of the SALAMA CBRHAs, and advising on catchment area mapping.

#### **LAC Region**

##### **Mexico**

Within the publications plan of Pathfinder Mexico Office, the manual "Adolescents Reproductive Health" was published. The manual "Contraceptive Methods for Adolescents" is ready to be printed. A synthetic version of the documentation of SDES is being prepared.

##### **Peru**

In Peru, under the Adolescent RH Program, field work and data analysis of the follow-up training evaluation was completed in the cities of Ayacucho and Huancavelica. The purpose of this evaluation was to assess the effects of the training activities on the counseling and communication skills of the MOH service providers. This is a complementary study of the follow-up training evaluation that took place in the cities of Tacna, San Martin and Huanuco. The results and final report will be available next quarter.

The final report on the evaluation of the Sex Education Program of the MOE was presented and accepted by the MOE. The MOE is currently using this data to design an M&E plan for their program and will require Pathfinder technical assistance for its implementation. The MOE is planning a formal presentation of the evaluation results for September 1999.

The FOCUS Adolescent Coordinator is currently working with Tulane University in further analysis of the data gathered during the MOE evaluation. A paper on the resilience theory will be prepared in the near future.

## **Asia Region**

### **Indonesia**

Pathfinder provided programmatic and financial technical support to the SDES grantees through monitoring visits to the eleven SDES provinces and NGOs. Technical support included improving sub-project interventions, financial management and auditing, the distribution of medical and contraceptive supplies, and the development of the Crisis Center.

## ***Evaluation***

Evaluation staff at Pathfinder headquarters continued efforts to improve the organization's New Program Support System (NewPSS), a global information system; developed an evaluation workplan for FY2000; and compiled a list of evaluations, technical papers, and special studies produced by Pathfinder staff. Individual evaluation activities included assisting in the development of a FY2000 workplan for the Asia/Near East Region; finalizing a paper which was accepted for presentation at the 1999 American Public Health Association Annual Conference; attending the Global Health Council Annual Conference; and collaborating with Pathfinder Medical Services Unit in refining a paper on Integrated Supervision and in rewriting a clinical assessment tool.

Additionally, Senior Evaluation staff provided technical assistance to regional and country offices. The Senior Evaluation Officer for Latin America and the Caribbean assisted FOCUS staff in Peru in analyzing data and preparing a report on the evaluation of the National Life Education Program; presented evaluation findings on the one-year Postabortion Care Project in Peru at a national meeting with the assistance of the Peruvian Ministry of Health, UNFPA, USAID, DFID, Population Council, and other cooperating agencies and local non-governmental organizations; and collaborated with the Bolivia country office in the design of operations research on post-abortion treatment in public hospitals in Bolivia. In the Asia/Near East Region, the Director of Evaluation traveled to Bangladesh to provide technical assistance in the analysis of baseline data and in project objective setting methodology. Evaluation staff also traveled to Africa to assist data collection efforts on a client satisfaction survey in Tanzania and developing instruments for a baseline survey on Integrated Supervision in Ethiopia.

## ***Information Systems***

To improve Pathfinder's data recording and analysis process, Pathfinder's (NewPSS), was installed in Nigeria, Viet Nam, Egypt, Tanzania, and Jordan. Pathfinder is now using NewPSS in most of its field offices (the remaining locations are to be completed during the first half of FY2000). Our ability to replicate data worldwide has proven successful and enables each location to access the wealth of information entered globally. Additionally, work continues on expanding the capabilities of the system. Goals are to consolidate "quality" indicators, expand

the consultant search tool, and integrate time reporting into Pathfinder's Financial Information Systems.

### ***Medical Services Unit***

#### **STD/HIV/AIDS Integration**

Work continued on developing practical aspects of home-based care for people with AIDS, with an emphasis on prevention of transmission within the home and community.

#### **Postabortion Care**

Pathfinder presented its approach to postabortion care (PAC) in a meeting at JHPIEGO. This approach is based on PAC as a means to improve women's reproductive health and make family planning an integral component of maternity care. Postpartum family planning services are a natural complementary component: women need access to both good postpartum and postabortion contraceptive services in all settings of maternity care. Pathfinder began updating its MVA module, part of its comprehensive FP and RH training curriculum.

#### **ECP**

Pathfinder representatives attended a meeting of the Consortium for Emergency Contraception in Seattle, Washington on expanding access to EC in private and public sectors. Planning continued for a seminar on newly introduced progestin-only ECP in Kenya as part of the introduction of ECP as a component of ongoing FP services. Representatives from WHO, the Ministry of Health, the local EC Consortium, and other NGOs are expected to participate.

#### **Quality**

Ongoing work on Pathfinder's comprehensive FP and RH training curriculum included further development of the RTIs module. This draft module was distributed in early June to 22 reviewers from both Pathfinder and other organizations. In addition, the COCs and POPs module was finalized and sent out for copying and binding. A first draft of the Quality of Care module was completed and tested in Mozambique in June. Pathfinder's FP and RH training curriculum is being adapted for use as the national FP curriculum in the Philippines, and Pathfinder continued its review of the adaptation. Quality improvement tools under development include concept papers on quality improvement partnerships and integrated supervision.

Pathfinder began developing a "technical guidance series," to consist of papers on key topics to provide guidance to field staff. Topics in development include reproductive rights and overcoming barriers to the use of LAM, including guidance on breastfeeding in areas with high HIV prevalence. The latter resulted from a meeting between Pathfinder and the Linkages Project.

Collaborative activities this quarter included Pathfinder's hosting "brown bag" presentations by the Quality Assurance Project on their quality assurance kit (QAK) software and by the Institute for Reproductive Health, Georgetown University on tools and guidelines they have developed to let women know when they are most fertile. Pathfinder participated in a series of MAQ meetings. TA was also provided to FOCUS in review of materials under development.

## ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
AMODEFA	Associaçao Mocambicana para o Desenvolvimento da Familia
ARH	Adolescent reproductive health
AVSC	Association for Voluntary and Safe Contraception
BKKBN	National Family Planning Board of Indonesia
CBD	community-based distribution of services
CBRH	community-based reproductive health
CBRHSP	community-based reproductive health service providers
CECI	Centre Canadien d'Etudes de Coopération Internationale
CETAD	Centro de Tratamento e Apoio ao Drogado
CHEW	community health extension worker
CHR,UI	Center for Health Research/University of Indonesia
CHW	community health worker
COFAP	Consortium of FP NGOs
CONAPO	Consejo Nacional de Poblacion
CRHW	community reproductive health workers
DFID	British Department for International Development (formerly ODA)
DHS	Demographic and Health Survey
DMPA	Depo Provera
EAD	East Ankole Diocese
EARHN	East African Reproductive Health Network
ECP	emergency contraceptive pill
FGAE	Family Guidance Association of Ethiopia
FLE	family life education
FLEP	Family Life Education Project
FP	family planning
FY	fiscal year
GAPA	Grupo de Apoio e PreveFPSPo a AIDS
HIV	human immunodeficiency virus
KHCT	Kabiro Health Center Trust
IEC	information, education, and communication
IMR	infant mortality rate
IMSS	Instituto Mexicano del Seguro Social
INTRAH	Program for International Training in Health
ISSSTE	Intstituto de Seguridad y Servicios Sociales para los Trabajadores del Estado
IUD	intrauterine device
JAFPP	The Jordanian Association for FP and Protection
JHU/PCS	Johns Hopkins University/Population Communication Services
LTM	long-term method
M&E	monitoring and evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MSIE	Marie Stopes International/ Ethiopia

MYWO	Maendeleo Ya Wanawake
NACID	Nazareth Children's Center & Integrated Development
NCC	Nairobi City Council
NCPD	National Council for Population and Development
NGO	non-governmental organization
NINCOG	Nigeria NGO Consultative Forum
OAB	Bar Association of Bahia
OTTU	Organization of Tanzania Trade Unions
PASARE	Programa de Apoya en Salud Reproductiva
PMD	patient medicine dealers
PPASA	Planned Parenthood Association of South Africa
PSI	Population Services International
PVO	private voluntary organization
QAS	quality assessment study
QOC	quality of care
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RFA	request for applications
RH	reproductive health
SDP(s)	service delivery point(s)
SDES	Service Delivery Expansion Project
SERVIR	Servicios Educativos En Salud Reproductiva
SESA	Secretaria Estadual de Saúde do Ceará
SESAB	Secretaria de Saude do Estado da Bahia
SISMAC	Continuous Assessment and Monitoring System
SMDS	Secretaria de Saúde dp Estadp da Bahia
SMS	Secretaria Municipal de Saúde de Salvador
SOGIBA	Ob/Gyn Society of Bahia
SSA	Secretariat of Health
STD*	sexually transmitted disease
STI*	sexually transmitted infection
SUWATA	Silika la Wananake Tanzania
TA	technical assistance
TFR	total fertility rate
TOHS	Tanzania Occupational Health Services
TOT	training of trainers
UNFPA	United Nations Population Fund
URC	University Research Council
USAID	United States Agency for International Development
VSC	voluntary surgical contraception

\* Pathfinder International recognizes that the term *sexually transmitted infection* is used sometimes in place of STD in many parts of the world, especially in Africa, in reflection of the fact that not all infections become diseases. For the purposes of this document, the term STDs was chosen as it is the most commonly used in the literature.

## *Achievements*

PATHFINDER INTERNATIONAL

Cooperative Agreement: CCP-3062-A-00-2025-00

PF FISCAL YEAR 1999 through QUARTER 4  
ACHIEVEMENTS BY REGION

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Cumulative to Date	
	FY 1999 Objectives	Jul-98 Sep-98	Oct-98 Dec-98	Jan-99 Mar-99	Apr-99 Jun-99	Jul-99 Jun-99	Percent Achieved			
<b>TOTAL WORLDWIDE</b>										
CYPs Provided	6,305,835	1,375,488	1,724,223	1,340,216	1,330,787	5,770,714	91.51%			
CYPs Referred	200,028	46,757	47,972	53,622	39,791	188,142	94.06%			
New Users	4,144,533	1,245,790	1,540,943	1,238,703	1,062,794	5,088,230	122.77%			
Persons Trained	16,820	3,691	2,822	3,349	2,238	12,100	71.94%			
Persons Informed	7,493,570	2,333,095	1,719,109	1,979,772	2,022,449	8,054,425	107.48%			
Adolescent CYPs	6,425	342	0	0	0	342	5.32%			
Adolescents Informed	288,662	80,474	254,841	315,421	101,479	752,215	260.59%			
<b>AFRICA</b>										
CYPs Provided	444,450	88,085	64,528	75,849	386,875	615,337	138.45%			
CYPs Referred	193,578	45,394	47,534	53,222	36,990	183,140	94.61%			
New Users	407,906	162,044	66,582	68,557	74,145	371,328	91.03%			
Persons Trained	3,590	728	153	602	1,709	3,192	88.91%			
Persons Informed	5,723,605	1,907,497	1,166,659	1,166,593	1,293,797	5,534,546	96.70%			
Adolescent CYPs	6,425	342	0	0	0	342	5.32%			
Adolescents Informed	55,002	70,109	123,708	48,735	95,381	337,933	614.40%			
<b>ASIA/NEAR EAST</b>										
CYPs Provided	5,705,300	1,236,071	1,598,158	1,235,103	876,810	4,946,142	86.69%			
CYPs Referred	6,450	1,363	438	400	2,801	5,002	77.55%			
New Users	3,551,779	1,036,603	1,413,078	804,565	918,707	4,172,953	117.49%			
Persons Trained	9,013	2,055	1,463	1,830	273	5,621	62.37%			
Persons Informed	1,125,055	194,707	380,237	200,852	598,228	1,374,024	122.13%			
Adolescent CYPs	0	0	0	0	0	0	N/A			
Adolescents Informed	20,460	4,048	5,287	0	4,260	13,595	66.45%			
<b>LATIN AMERICA</b>										
CYPs Provided	156,085	51,332	61,537	29,264	67,102	209,235	134.05%			
CYPs Referred	0	0	0	0	0	0	N/A			
New Users	184,848	47,143	61,283	365,581	69,942	543,949	294.27%			
Persons Trained	4,217	908	1,206	917	256	3,287	77.95%			
Persons Informed	644,910	230,891	172,213	612,327	130,424	1,145,855	177.68%			
Adolescent CYPs	0	0	0	0	0	0	N/A			
Adolescents Informed	213,200	6,317	125,846	286,686	1,838	400,687	187.94%			

ADOL CYPs represent outputs from projects classified as "Adolescent Service Delivery" projects only.  
ADOL INFORMED represents outputs from all projects which include IEC activities targeting adolescents.

[Data reported from previous quarter(s) may have changed as a result of additional reports received.]

PATHFINDER INTERNATIONAL

Cooperative Agreement: CCP-3062-A-00-2025-00

PF FISCAL YEAR 1999 through QUARTER 4  
ACHIEVEMENTS BY COUNTRY for AFRICA

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date		
FY 1999 Objectives	Jul-98 Sep-98	Oct-98 Dec-98	Jan-99 Mar-99	Apr-99 Jun-99	Jul-98 Jun-99		Percent Achieved
<b>TOTAL</b>							
<b>AFRICA</b>							
CYPs Provided	444,450	88,085	64,528	75,849	386,875	615,337	138.45%
CYPs Referred	193,578	45,394	47,534	53,222	36,990	183,140	94.61%
New Users	407,906	162,044	86,582	88,557	74,145	371,328	91.03%
Persons Trained	3,590	728	153	602	1,709	3,192	88.91%
Persons Informed	5,723,605	1,907,497	1,166,659	1,166,593	1,293,797	5,534,546	96.70%
Adolescent CYPs	6,425	342	0	0	0	342	5.32%
Adolescents Informed	55,002	70,109	123,708	48,735	95,381	337,933	614.40%
<b>ETHIOPIA*</b>							
CYPs Provided	70,663	37,882	9,622	6,360	11,899	65,763	93.07%
CYPs Referred	9,665	431	404	0	1,003	1,838	19.02%
New Users	57,193	52,578	12,373	5,274	9,927	80,152	140.14%
Persons Trained	1,312	673	77	144	452	1,346	102.59%
Persons Informed	493,925	736,575	182,222	101,771	235,398	1,255,966	254.28%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	25,002	59,772	26,130	0	54,105	140,007	559.98%
<b>KENYA</b>							
CYPs Provided	136,340	18,864	20,203	22,092	23,334	84,493	61.97%
CYPs Referred	132,455	41,529	42,242	46,939	33,499	164,209	123.97%
New Users	165,762	91,983	33,272	34,351	34,244	193,850	116.94%
Persons Trained	360	40	76	29	112	257	71.39%
Persons Informed	4,180,360	820,563	564,385	706,568	662,847	2,754,363	65.89%
Adolescent CYPs	0	342	0	0	0	342	N/A
Adolescents Informed	0	8,556	93,380	12,924	18,121	132,981	N/A
<b>MOZAMBIQUE</b>							
CYPs Provided	8,000	0	0	247	0	247	0.00%
CYPs Referred	3,000	0	0	0	0	0	0.00%
New Users	15,000	0	0	197	0	197	0.00%
Persons Trained	210	15	0	95	0	110	52.38%
Persons Informed	10,000	0	0	0	0	0	0.00%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	0	0	0	0	0	0	N/A
<b>NIGERIA**</b>							
CYPs Provided	71,644	0	0	8,221	4,505	12,726	17.76%
CYPs Referred	TBD	0	0	2,837	0	2,837	N/A
New Users	36,969	0	0	7,114	5,598	12,712	34.39%
Persons Trained	344	0	0	113	59	172	50.00%
Persons Informed	N/A	0	0	26,973	28,035	55,008	N/A
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescent Informed	0	0	0	17,377	13,180	30,557	N/A

\* Subprojects are supported through a mission cooperative agreement while technical assistance is provided, in part, through field support  
\*\* All data has not been received

ADOL CYPs represent outputs from projects classified as "Adolescent Service Delivery" projects only.  
ADOL INFORMED represents outputs from all projects which include IEC activities targeting adolescents

[Data reported from previous quarter(s) may have changed as a result of additional reports received.]

PATHFINDER INTERNATIONAL

Cooperative Agreement: CCP-3062-A-00-2025-00

PF FISCAL YEAR 1999 through QUARTER 4

ACHIEVEMENTS BY COUNTRY for AFRICA

FY 1999 Objectives	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	Jul-98 Sep-98	Oct-98 Dec-98	Jan-99 Mar-99	Apr-99 Jun-99	Jul-98 Jun-99	Percent Achieved
<b>SENEGAL**</b>						
CYPs Provided	5,271	1,263	1,229	701	0	3,193 60.68%
CYPs Referred	0	0	0	0	0	0 N/A
New Users	7,293	1,489	1,496	1,427	0	4,412 60.50%
Persons Trained	0	0	0	30	0	30 N/A
Persons Informed	190,000	0	33,216	27,183	0	60,399 31.79%
Adolescent CYPs	0	0	0	0	0	0 N/A
Adolescents Informed	30,000	1,505	4,198	7,370	0	13,073 43.58%
<b>TANZANIA</b>						
CYPs Provided	127,532	24,505	27,970	32,171	347,720	432,366 339.03%
CYPs Referred	7,917	1,077	1,252	733	741	3,803 48.04%
New Users	109,189	11,533	14,683	15,119	15,532	56,867 52.08%
Persons Trained	1,028	0	0	133	40	173 16.83%
Persons Informed	849,320	313,631	386,836	256,998	329,843	1,287,308 151.57%
Adolescent CYPs	6,425	0	0	0	0	0 0.00%
Adolescents Informed	0	276	0	9,707	9,975	19,958 N/A
<b>UGANDA**</b>						
CYPs Provided	25,000	5,571	5,504	6,057	3,922	21,054 84.22%
CYPs Referred	40,541	2,357	3,636	2,713	1,747	10,453 25.78%
New Users	16,500	4,461	4,758	5,075	8,844	23,138 140.23%
Persons Trained	336	0	0	58	1,046	1,104 328.57%
Persons Informed	0	36,728	0	47,100	37,674	121,502 0.00%
Adolescent CYPs	0	0	0	0	0	0 N/A
Adolescents Informed	0	0	0	1,357	0	1,357 N/A

\* Subprojects are supported through a mission cooperative agreement while technical assistance is provided, in part, through field support  
 \*\* All data has not been received

ADOL CYPs represent outputs from projects classified as "Adolescent Service Delivery" projects only.  
 ADOL INFORMED represents outputs from all projects which include IEC activities targeting adolescents

[Data reported from previous quarter(s) may have  
 changed as a result of additional reports received.]

PATHFINDER INTERNATIONAL

Cooperative Agreement: CCP-3062-A-00-2025-00

PF FISCAL YEAR 1999 through QUARTER 4  
ACHIEVEMENTS BY COUNTRY for ASIA/NEAR EAST

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date		
FY 1999 Objectives	Jul-98 Sep-98	Oct-98 Dec-98	Jan-99 Mar-99	Apr-99 Jun-99	Jul-99 Jun-99	Percent Achieved	
<b>TOTAL</b>							
<b>ASIA/NEAR EAST</b>							
CYPs Provided	5,705,300	1,236,071	1,598,158	1,235,103	876,810	4,946,142	86.69%
CYPs Referred	6,450	1,363	438	400	2,801	5,002	77.55%
New Users	3,551,779	1,036,603	1,413,078	804,565	918,707	4,172,953	117.49%
Persons Trained	9,013	2,055	1,463	1,830	273	5,621	62.37%
Persons Informed	1,125,055	194,707	380,237	200,852	598,228	1,374,024	122.13%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	20,460	4,048	5,287	0	4,260	13,595	66.45%
<b>INDONESIA</b>							
CYPs Provided	5,705,300	1,236,071	1,598,158	1,235,103	876,810	4,946,142	86.69%
CYPs Referred	6,450	1,363	438	400	2,801	5,002	77.55%
New Users	3,551,779	1,036,603	1,413,078	804,565	918,707	4,172,953	117.49%
Persons Trained	9,013	2,055	1,463	1,830	273	5,621	62.37%
Persons Informed	1,125,055	194,707	380,237	200,852	598,228	1,374,024	122.13%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	20,460	4,048	5,287	0	4,260	13,595	66.45%

ADOL CYPs represent outputs from projects classified as "Adolescent Service Delivery" projects only.  
ADOL INFORMED represents outputs from all projects which include IEC activities targeting adolescents

[Data reported from previous quarter(s) may have changed as a result of additional reports received.]

## PATHFINDER INTERNATIONAL

Cooperative Agreement: CCP-3062-A-00-2025-00

PF FISCAL YEAR 1999 through QUARTER 4  
ACHIEVEMENTS BY COUNTRY for LATIN AMERICA

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date		
FY 1999 Objectives	Jul-98 Sep-98	Oct-98 Dec-98	Jan-99 Mar-99	Apr-99 Jun-99	Jul-98 Jun-99		Percent Achieved
<b>TOTAL</b>							
<b>LATIN AMERICA</b>							
CYPs Provided	156,085	51,332	61,537	29,264	67,102	209,236	134.05%
CYPs Referred	0	0	0	0	0	0	N/A
New Users	184,848	47,143	61,283	365,581	69,942	543,934	294.26%
Persons Trained	4,217	908	1,206	917	256	3,342	79.25%
Persons Informed	644,910	230,891	172,213	612,327	130,424	1,067,350	165.50%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	213,200	6,317	125,846	266,686	1,838	400,565	187.88%
<b>BOLIVIA</b>							
CYPs Provided	56,085	12,955	11,048	6,883	7,869	38,755	69.10%
CYPs Referred	0	0	0	0	0	0	N/A
New Users	41,848	11,092	8,882	6,630	6,462	33,066	79.01%
Persons Trained	1,664	52	207	389	234	882	53.00%
Persons Informed	270,500	100,314	84,398	50,427	51,919	287,058	106.12%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	7,200	1,501	824	1,264	1,716	5,305	73.68%
<b>BRAZIL *</b>							
CYPs Provided	100,000	23,235	26,303	22,381	21,859	93,779	93.78%
CYPs Referred	0	0	0	0	0	0	N/A
New Users	75,000	23,422	32,938	30,717	28,455	115,532	154.04%
Persons Trained	195	35	20	0	0	110	56.41%
Persons Informed	7,500	2,295	3,715	0	0	6,010	80.13%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	0	0	0	0	0	0	N/A
<b>ECUADOR</b>							
CYPs Provided	0	0	0	0	0	0	N/A
CYPs Referred	0	0	0	0	0	0	N/A
New Users	200	18	15	15	10	43	21.50%
Persons Trained	50	0	1	0	22	23	46.00%
Persons Informed	400	0	300	120	0	420	105.00%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	0	0	22	122	122	144	N/A
<b>MEXICO ***</b>							
CYPs Provided	0	0	0	0	0	0	N/A
CYPs Referred	0	0	0	0	0	0	N/A
New Users	0	0	0	328,219	0	328,219	N/A
Persons Trained	1,848	455	895	528	0	1,878	101.62%
Persons Informed	341,510	128,282	83,800	561,780	0	773,862	226.60%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	204,400	4,816	125,000	265,300	0	395,116	193.31%
<b>PERU **</b>							
CYPs Provided	0	15,142	24,186	0	37,374	76,702	N/A
CYPs Referred	0	0	0	0	0	0	N/A
New Users	67,800	12,611	19,448	0	35,015	67,074	98.93%
Persons Trained	460	366	83	0	0	449	97.61%
Persons Informed	25,000				78,505		0.00%
Adolescent CYPs	0	0	0	0	0	0	N/A
Adolescents Informed	1,600	0	0	0	0	0	0.00%

\* Outputs not available from the Secretaria de Saude do Estado da Bahia

\*\* Outputs not available from the Ministry of Health

\*\*\* Mexico receives outputs on a semiannual basis, and not quarterly.

ADOL CYPs represent outputs from projects classified as "Adolescent Service Delivery" projects only  
ADOL INFORMED represents outputs from all projects which include IEC activities targeting adolescent

[Data reported from previous quarter(s) may have  
changed as a result of additional reports received ]

## *Results Frameworks*

### *Africa*

## Ethiopia

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 45	1 CBD Site	33 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 existing market place in operation	1 market place 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	1 existing workplace program in operation	10 workplace programs in operation
		1.1.d Consolidate & strengthen program center clinics, establish additional program center clinics; provide RH/FP services	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 supported No CYP referred/provided No new acceptors by method	Provide services at 54 clinics (including 8 program centers) 57,193 new users served 70,663 CYPs generated 9,665 CYPs referred	9,927 new users served 11,899 CYPs generated 1,003 CYPs referred	80,152 new users served 65,763 CYPs generated, 2,135 CYPs 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 15 clinics Equip 38 clinics		
SO 1	1.2 Expanded access for under-served 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 7 centers 25,002 young adults informed 4,200 young adults counseled 445 young adults provided with contraceptives	54,105 young adults informed	140,007 young adults informed, 3,359 counseled, 16,560 post abortion counseling provided
SO 1	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	493,925 persons informed	235,398 persons informed	1,255,966 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	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	644 copies of poster, 235 leaflets, 1,425 pamphlets, 20 video film and 38 films produced and distributed	5,235 copies of CBD leaflet, 4,644 copies of one poster developed and 60,235 copies of 6 leaflets on RH translated, 1,425 pamphlets, 20 video films and 38 films distributed.
		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 23 507 community leaders sensitized	12 existing functional PACs, 79 community leaders sensitized	12 PACs are functional, 619 community and religion leaders sensitized.
		1.3 d Develop IEC/Counseling guidelines for clinic based providers	E2/ETH:009-1	No. of guidelines developed	IEC/Counseling guideline developed	-	-
		1.3 e Develop IEC/Counseling curriculum for clinic based providers	E2/ETH:009-1	No of curriculums developed	IEC/Counseling curriculum developed	-	-
		1.3 f Develop adolescent life skills/FLE curriculum	E2/ETH:009-1	No of curriculums developed	Adolescent life skills/FLE curriculum developed	-	-
		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	-	-
SO 1	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	54 clinics provide long acting and permanent methods	29 existing clinics provide long acting methods and 10 existing clinics provide permanent methods	29 clinics providing long acting methods

Ethiopia							
Strategic Objective II: Improved Quality of Services and Contraceptive Method Mix							
Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	-	-
SO II	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	310 CBRHAs, 24 Supervisors took refresher training and 28 school teachers and 2 school supervisors trained on HIV/AIDS	13 nurses, 301 CBRH agents provided CBRH Basics, 37 adolescent promoters 2 coordinators, 40 peer promoters, 39 supervisors, 5 services providers, 71 male group leaders, 602 CBRHAs refresher, 7 clinic staff, 3 health assistant provided with refresher training and 28 school teachers and 2 school supervisors trained on HIV/AIDS
		II 2 b Provide TOT in the use of adolescent curriculum	E2/ETH 009-1	No of persons trained	15 persons trained	-	-
		II 2 c Train CBRH trainers in home based care to PWAs	COFAP	No of persons trained	15 persons trained	-	-
		II 2.d Provide CBRH TOT for regional trainers	COFAP	No of persons trained	15 persons trained	-	15 persons trained.
		II.2 e. Develop a national RH/FP training strategy	E2/ETH:009-1	No of strategies developed	RH/FP training strategy developed	-	-
		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	-	-
		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	-	-
SO II	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 184,944 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 integrated STD/HIV prevention activities, all SDPs provide STD/HIV information and education, 2,135 people informed about STD/HIV
		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	-	10 clinics provided MCH integrated program, 16,172 children served and 20,739 mothers attended
		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	-	-

## Ethiopia

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		II 3.d Introduce ECP at clinics	E2/ETH 002-1 E2/ETH 003-1	No of SDPs providing ECP	8 clinics provide ECP	-	-
		II.3 e Develop HIV/AIDS integration guideline	E2/ETH 009-1	No of guidelines developed	HIV/AIDS integration guideline developed	-	-
SO II	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	20 trained	20 trained
		II 4 b Develop clinical service delivery curriculum	E2/ETH 009-1	No of clinical service delivery curriculum developed	Clinical service delivery curriculum developed	-	-
		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	-	-
		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	-	-
		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 32 CBRH sites	30 referral links and 32 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	-	12 CBD trainers trained in the use of CBRH supervision checklist and procedure

Ethiopia							
Strategic Objective III: Increased Management, Financial, and Technical Capacity of Local Organizations							
Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 instruments produced and distributed to members for implementation
		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	11 6 person-months of TA provided	53 25 person-months of TA provided
	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 Cost/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	-	-
		III 2 b Develop financial management manual for FGAE	E2/ETH 002-1	No manuals developed	A financial management manual developed Accurate & timely submission of financial report	-	Draft financial and personnel manual provided
SO III	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		

Ethiopia

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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		

## 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	Expected Achievements	Quarter 4 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:035-2	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	32,635 new users served; 21,950 CYPs generated, 33,500 CYPs referred and 657,886 persons informed	131,729 new users served, 85,278 CYPs generated, 147,790 CYPs referred and 2,606, 991 persons informed
		I 1 b. Consolidate clinic- and mobil-based FP and RH services	NCA/KEN 032-3 NCA/KEN 033-2 NCA/KEN.035-2	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 New acceptors = 32,635 CYPs generated = 21,950	22 SDPs and 8 Mobile Clinics supported New acceptors = 131,729 CYPs generated = 85,278
		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	No new industries served in Mombasa and Eldoret during the quarter (persons informed are aggregated in 1.1a above)	12 industries served in Eldoret 54 industries served in Mombasa (persons informed are aggregated in 1 1a above)
	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	High Risk Adolescent Clinics served 1,596 new acceptors and generated 379 CYPs	Postpartum and post abortion services expanded to three additional sites. To date achievements are, 3,274 new acceptors and 1,400 CYPs generated
		I 2 b Redesign and expand university based FLE/peer education to 6 public universities	RF-KE-011 RF-KE-012	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	Kenyatta University conducting RH services for young adults; No of adolescents informed: 18,121	Kenyatta University conducting RH services for young adults No. of adolescents informed. 18,121
	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 (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 035-2	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	No of home visits = 79,813 Meetings held = 4,348 Persons informed = 657,886	No of home visits = 358034 Meetings held = 23,270 Persons informed = 2,607,011
		I 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 next year	Activity not done in year 1, scheduled for next year
	I 4 Increased availability of high quality long-acting methods	I 4 a Support provision of long-acting methods	NCA/KEN 032-3 NCA/KEN 033-2 NCA/KEN 035-2	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	No of VSC procedures performed = 101, No of Norplant insertions = 34 CYPs generated = 1,384	No of VSC sites = 4 No of VSC procedures performed = 544 No of Norplant insertions = 553 CYPs generated = 7,126

## Kenya

## Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	13 ECP acceptors served by the High Risk clinic	21 static Clinics/sites and 8 mobile clinics offering ECP 182 ECP acceptors served.
	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	112 CBDs trained by MYWO	180 service providers trained
	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	Lack of adequate funding has delayed the implementation of this activity	Lack of adequate funding has delayed the implementation of this activity
	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 033-2 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	1,508 CBD agents using CBD protocols to guide motivational activities and service delivery	1,508 CBD agents using CBD protocols to guide motivational activities and service delivery
		II 4 b Renovate/upgrade clinics and expand urban initiative for quality input	NCC Mombasa Municipal Council Urban Initiative Project NCA/KEN:032-2	No of clinics renovated/upgraded	Renovate 6 additional clinics at NCC (Nairobi) and 3 at Mombasa Municipal Council	Renovation of St Luke's clinic at Maseno West started	Six clinics in Nairobi renovated through World Bank and equipped through PI's support. Renovation of St Luke's Clinic at Maseno West started

## 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	Expected Achievements	Quarter 4 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	No activity conducted in the quarter	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:035-2	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 being used 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	No activity conducted in the quarter	Two institutions (MYWO and Kabiro) assisted to develop 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 yet conducted	Activity not yet conducted.
	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, Mkomani and Eldoret have in-house capacity for training own staff in QOC, IEC and integration and reproductive health	Maseno West, MYWO, Mkomani and Eldoret have in-house capacity for training own staff in QOC, IEC and integration and reproductive health

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO I	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 TOT for 12 MCH (TOT for training elementary nurses)	Conducted RH training for 15 Elementary Nurses in 4 districts; hosted FPLM consultants for improvement of contraceptive supply system, Prepared materials for TOT course for Elementary nurses (for March/April 1999)
		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	Identified 7 SDPs for youth-friendly services (UNFPA); Trained 16 MCH nurses in SRH and counseling for adolescents	Conducted Study Tour for 6 Mozambican participants to Kenya to observe adolescent RH programs, Supported AMODEFA training for 15 adolescent peer counsellors
SO I	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	Completed training of 26 CBRHAs and 10 supervisors from 2 Salama localities; Trained 15 CBRHAs and 16 SRH activists with AMODEFA/Nampula, began selection of CBRHAs for 2 additional Salama sites	Conducted Study Tour for 6 Mozambican participants to Kenya to observe CBD programs, conducted workshop to develop CBD curriculum for Mozambique (phase 1), Conducted second phase of CBD curriculum development workshop; developed pilot CBD curriculum; Conducted CBD TOT/Practicum for Northern Provinces (trained 14 trainers and 21 CBRHAs); began selection of 60 more CBRHAs in Ribau; Adapted CBD training curriculum format during training; Developed CBD agent operational materials; Conducted study tour to Malawi with 6 Mozambican participants
		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	No data provided	Began planning and materials development for TBA TOT course in Nampula for November; Co-facilitated TOT for TBAs with 15 participants from 9 districts in Nampula

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	1.3. Functioning alternative delivery systems reaching underserved groups and expanding availability of services (adolescents/youth, men; urban poor)	1.3 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)	AMODEFA/Nampula began selection of worksite activists	Refined AMODEFA proposal for work-site services; Saw potential sites in Nampula, Developed indicators and questionnaire for use in worksite baseline assessment
		1.3 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)	AMODEFA/Nampula trained 15 CBRHAs in 3 urban neighborhoods and 16 SRH activists in 3 schools	Supported AMODEFA training for 15 adolescent peer counsellors, Completed Adolescent RH Study Tour to Kenya; Prepared materials for AMODEFA/Nampula training of urban activistas (for April)
SO 1	1.4. Increased availability of postpartum services	1.4 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	Worked with PI/ARO consultant Ezra Ten to assess needs, capacities for PP/PAC and infection control training	Supported 5 nurses to provide RH services at 4 Salama SDPs; Began planning for CTU series in postabortion, postpartum and infection control
		1.4.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	Met with FPLM consultants and large group of partner PVOs in Maputo to plan steps for logistics system development	Supported FPLM logistics consultancy--Nampula target district analysis; Jointly hosted FPLM consultant for planning logistics activities through mid CY1999
SO 1	1.5. Increase availability of expanded method mix, including high quality, long acting methods	1.5.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	Health center in Ribaué district provided IUDs, pills and injections	Health center in Ribaué district provided IUDs, pills and injections

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 TOT for 12 trainers of elementary nurses in Nampula province; Finalized training manuals for TOT and elementary nurse courses	Conducted MOH nurse training for 3 districts; Produced RH training manuals for MCH nurses (1998 FY) 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; Revised all existing training manuals and materials; Conducted TOT in RH for service providers in Cuamba, Niassa province; Prepared materials for TOT of Elementary Nurses (Nampula)
		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	Trained 16 MCH nurses in SRH and counseling as part of PI/UNFPA project; began selection of nurses to train in AMODEFA/Nampula project	Conducted Study Tour to Kenya for 6 Mozambican officials to observe adolescent RH programs/services; Worked on adolescent RH program development--UNFPA; Completed UNFPA program development phase -- received approval and funding for PI/UNFPA/GRM adolescent program; Completed Adolescent RH Study Tour to Kenya

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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 provided	Conducted CBD Task Group meeting with 5 partner PVOs; Conducted CBD curriculum development workshop with 5 partner PVOs; PVO partner (World Vision) participated in EE training; Began planning assistance to MCDI/Cuamba for RH/FP modules in TOT activities in Niassa; Conducted CBD curriculum development with PVO partners in Maputo; worked with PVO partners in Nampula to conduct TOT/TBA course; Conducted TOT in RH for service providers in Cuamba, Niassa province (with MCDI)
		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 provided	Initial planning of consultancy to develop screening
SO II	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	Worked with PI/ARO consultant Ezra Teri to assess needs & capabilities for training in surgical methods	
		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	Coordinated meeting with FPLM consultants and international PVOs in Maputo to determine joint participation in logistics system development	Trained Elementary nurses in use of all types of contraceptives, promoting method mix; hosted visit of FPLM consultants to improve contraceptive availability; Jointly hosted visit of FPLM consultant to plan logistics activities for following months

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	Worked with PI/ARO consultant Ezra Teri to assess needs & capabilities for training in PP/Pab	Adolescent RH Study Tour included visits to high-risk clinics conducted post-abortion care; Began planning for CTU series in postabortion, postpartum and infection control
SO II	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	Trained 10 supervisors of CBRHAs in Ribaue district (Salama sites); continued refining CBRHA training materials; Trained 15 CBRHAs in 3 urban neighborhoods and 16 SRH activists in 3 schools with AMODEFA/Nampula	Began preparing materials for TBA TOT; conducted curriculum development workshop for CBD agents; began planning CBD TOT; supported training for adolescent activists with AMODEFA; Co-facilitated TOT for TBAs course with 15 participants from 9 districts; Developed curriculum for training CBD trainers and agents; Trained 26 CBRH agents in CBD TOT/Practicum in Nampula
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	Developed referral book for CBRHAs; trained supervisors and nurse trainers in use of referral book	Began planning baseline survey for Nampula target districts, including facility assessments; Continued baseline planning activities, including revision of indicators and questionnaire development for facilities

Mozambique--2 Year Plan (1999-2001)

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

Global SO	Program Outcomes	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO II	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	No data provided	Participated in CARE course for nurse supervision; began follow-up of MCH and Elementary nurses on site including development of supervisory checklists; Began development of supervision and monitoring systems/instruments, Developed supervision and monitoring tool for follow-up of trained service providers
		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	Conducted Quality of Care workshops for AMODEFA and Salama in Maputo and Nampula; drafted quality assurance plans with each organization; trained all participants in facility assessment technique	Conducted short workshops for AMODEFA and SALAMA in Introduction to Quality of Care, Began planning for second quality of care workshops (Maputo and Nampula)
		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	Coordinated meeting of FPLM consultants and international PVOs to determine ways to coordinate development of logistics system	Hosted FPLM consultants to Nampula and Maputo to work with logistics at provincial and district levels (2 visits)

Mozambique--2 Year Plan (1999-2001)

Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	No data provided	Conducted 2 Study Tour groups to Kenya, for CBD and Adolescent RH (6 per group), Completed Adolescent RH Study Tour to Kenya; Conducted CBD study tour to Malawi with 6 Mozambican participants
		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	No data provided	Participated in Advocacy seminar in Maputo (Policy Project)
		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 provided	Began planning research activities with CARE; Provided input to CARE's operational research plan
		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 provided	Initiated provincial and central resource document distribution system
		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 provided	
		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 provided	
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	Conducted sensitization seminar for community leaders in Ribaua	Began planning seminars for community leaders in Ribaua
		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	Began planning short training, sensitization seminar for theatre group in Ribaua	

Mozambique--2 Year Plan (1999-2001)

Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO I, III	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	Conducted sensitization seminar for community leaders in Ribaué	Began planning seminars for community leaders in Ribaué
		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		Trained CBRH agents in Cunle locality, Ribaué district, AMODEFA/Nampula trained 15 urban CBRHAs and 16 school based SRG activists	Trained 21 CBRH agents in CBD TOT/Practicum in Nampula
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 provided	
		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	CARE produced final version of FP flipchart in Portuguese and Macuwa for use in Nampula province (all partners participated in development)	Continued development of flip chart for community level and service provider use
		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]	Trained 21 CBRH agents in CBD TOT/Practicum in Nampula (included use of flip charts); Trained CBRHAs in Cunle locality; Trained urban and school agents with AMODEFA in Nampula	Conducted TOT for TBAs and developed CBD curriculum, both including sections on community education and communications

Mozambique--2 Year Plan (1999-2001)

Strategic Objective III: Increased Community Participation and Demand

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	50% total eligible TBD	No data provided	

Mozambique--2 Year Plan (1999-2001)

Strategic Objective IV: Expand Adolescent RH Services/Decrease Teen Pregnancies and STDs

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO I	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	AMODEFA/Nampula trained 15 urban CBRHAs and 16 school-based SRH activists	Completed and approved AMODEFA subgrant with adolescent component; Continued work on UNFPA adolescent proposal, Completed UNFPA adolescent proposal, received approval and funding, AMODEFA/Nampula selected and trained activists from 3 schools, met with school directors to plan activities
SO I	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/centres	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	PI/UNFPA trained 16 MCH nurses in Maputo in youth-friendly services; Identified 7 SDPs for development of youth-friendly service provision	Trained elementary nurses in 4 districts, including introduction to adolescent RH issues
		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 provided	
SO I	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	PI/UNFPA conducted a seminar for approximately 60 teachers and directors in 2 schools in Maputo	
		IV.3.b. Activistas/peer counselor training in adolescent RH counselling 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	AMODEFA/Nampula trained 15 urban CBRHAs and 16 school-based SRH activists	Supported 5-day training of adolescent activists of AMODEFA
SO I	IV.4 Increased adolescent/youth peer networks linked with counselling 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 provided	Supported update training of Maputo peer counsellors/AMODEFA
		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 provided	

Mozambique--2 Year Plan (1999-2001)

Strategic Objective IV: Expand Adolescent RH Services/Decrease Teen Pregnancies and STDs

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO I	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 provided	Developed plans for AMODEFA-Maputo and Zambezia
SO I	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 provided	
SO I	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 provided	
SO I, III	IV.8. Active Intersectoral Committee for Adolescent Development	IV 8 a. Technical support, capacity building CIADAJ	PI Program	Measurable Indicators	Workplan Technical support plan	Worked with CIADAJ to revise status, policies	Participated in CIADAJ meetings, planning
SO III	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	No data provided	CBD and adolescent study tours; Nascent advisory groups (4 provinces), Completed Adolescent RH study tour in Kenya
		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	No data provided	
		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 provided	2 study tours; CBD Tsak Group meeting; curriculum development
		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 provided	Study tour (2 provinces and MOH)
		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 provided	Included presentation on adolescent RH in PVO forum in November
		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 provided	Rudimentary library established

Mozambique--2 Year Plan (1999-2001)

Strategic Objective V: Strengthen NGO Management Capacity/Capability

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 provided	AMODEFA strategic plan (1998 FY). Initiated plans with AMODEFA
		V.1 b Strategic plan implementation and monitoring	NCA/MOZ:001-1 NCA/MOZ:002-1	Per monitoring plan	Monitoring plan	No data provided	Finished SALAMA strategic plan, began developing annual workplan and monitoring plan; Continued work with SALAMA on operational plan, with monitoring schedule and indicators; Finalized SALAMA operational and monitoring plans
		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	No data provided	Finalized plans for AMODEFA national assembly; began plans for SALAMA general assembly; AMODEFA national assembly held; SALAMA general assembly held; AMODEFA and SALAMA 1- year operational plans developed; Began planning next national workplan meetings of SALAMA and AMODEFA
		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 provided	Initiated plans for AMODEFA database; Began planning consultancy for database development
SO II	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 (in-country or external)	Continued working on-site with SALAMA and AMODEFA in financial and program management; began discussions with Pact on further training for finance and administration	AMODEFA Financial Officer attended course in Kenya (1998 FY). Initiated 1-1 training/AMODEFA; Planned grantee financial officer workshop for January 1999; Held financial management workshop for financial officers from SALAMA and AMODEFA
		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	No data provided	Assisted AMODEFA and SALAMA in finalizing grant proposals, including identification of indicators, narrative writing, and budget preparation; Regional office Financial Officer worked with PI/Nampula and SALAMA in developing grants management systems; Financial management workshop included grant management topics

5

Mozambique--2 Year Plan (1999-2001)

Strategic Objective V: Strengthen NGO Management Capacity/Capability

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	AMODEFA and SALAMA continue to produce quarterly financial reports according to PI system	Introduced project monitoring and reporting systems to AMODEFA and SALAMA; Both AMODEFA and SALAMA began producing quarterly financial reports according to PI system
		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 provided	
SO II	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	No data provided	Assisted AMODEFA in developing personnel guidelines, hiring procedures
		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	No data provided	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	No data provided	Initiated descriptions to revise AMODEFA salary scales; Assisted SALAMA in revising organogram and developing position descriptions for new staff; SALAMA revised salary structure, began refining position descriptions
		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 provided	
		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 provided	Participated in ARO workshop on new PSS for monitoring and evaluation
		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 provided	Began planning baseline survey with SALAMA and AMODEFA in Nampula Province
		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	Conducted week-long Quality of Care workshops with AMODEFA and Salama; Conducted QOC mini-workshop for Ministry of Health/Maputo	Conducted short workshops with SALAMA and AMODEFA in Introduction to Quality of Care; Planned second QA workshops with SALAMA and AMODEFA (May/June)
		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		

## Mozambique--2Year Plan (1999-2001)

## 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	Expected Achievements	Quarter 4 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	No data provided	Began planning for RH task group meeting in Nampula; conducted RH task group in Nampula (monthly from June)
		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 provided	
		VI 1.c Facilitate PVO health for a - national and provincial	PI Program	No. forum per year	1 national, 1 northern provincial/yr	Began planning second PVO RH forum	Planning for Oct/Nov forum; Co-facilitated PVO health forum, with one day for RH presentations
		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	Continued participation in multi-PVO meetings to coordinate activities	Participated in 2 NGO coordinating meetings in Nampula; Conducted TOT for TBAs jointly with 3 other PVOs; began planning SALAMA activities with partner PVOs and SALAMA; Participated in several multi-PVO meetings to coordinate SALAMA activities, assisted MCDI to conduct RH course for service providers
SO II	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	Assisted DDS/Ribaue in developing annual workplan	Worked with SALAMA, DPS and CARE in developing short and longer-term workplans; Initiated collaboration plan with AMODEFA/World Vision; Assisted DDS/Ribaue in developing annual workplan
		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 provided	
		VI 2 c Perform district RH inventories, mapping in target districts	NCA/MOZ 001-1	No target district inventories completed/updated	4	Began working on mapping plans with summer intern in Ribaue	

Mozambique--2Year Plan (1999-2001)

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	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	Conducted selected rapid facility assessments with PI/ARO consultant Ezra Teri; halted all baseline survey activities by order of USAID	Began preparations for baseline facility assessment in all target districts across 3 provinces; Began planning baseline survey for target districts, including facility assessments; Developed indicators and questionnaires for baseline facility assessments
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 provided	
		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 provided	Began discussions with MOH, DPS regarding how to prepare RH guidelines
		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	Halted all survey activities by order of USAID	Initiated plan; Began planning baseline survey, to include indicators for partner activities; Coordinated with CARE and World Vision in developing set of baseline indicators for assessments and survey
		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	Halted all survey activities by order of USAID	Coordinated with CARE and World Vision in developing instrument for facility assessments and survey
		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	No data provided	Coordinated national CBD task group meeting in Maputo, Facilitated CBD Task Group meeting day in conjunction with PVO Forum; Conducted CBD task group meeting
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	Signed MOU with MCDI and WV; developed MOU with Pact	Began developing MOUs between PI and MCDI, CARE, WV, Concern and SCF

Mozambique--2Year Plan (1999-2001)

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	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	Seven nurse trainers from other PVOs participated in TOT for trainers of elementary nurses	Initiated plans for EE and CBD TOT; Developed materials for EE and CBD TOT; Began planning assistance to MCDI TOT in RH/FP for health post level service providers; Conducted RH TOT for service providers in Cuamba for MCDI
		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 per yr 6 PVOs 15 participants	No data provided	
		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 provided	Rudimentary system in place
		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	No data provided	Sponsored 2 study tours to Kenya for CBD and Adolescent RH (6 participants per group); Began planning CBD Study Tour to Malawi for February 1999; Conducted CBD study tour to Malawi

Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO1	1.1 Expanded improved or established FP and RH service delivery systems and infrastructure through multiple service delivery points	1.1 a Support newly established community and market-based FP and RH services	NCA/NIR.017-1 NCA/NIR 018-1 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-CBD/MBD No of CYPs-CBD/MBD No of referrals-CBD/MBD	No of new acceptors 3453 No. of CYPs 807 No of referrals 306	1,908 CYPs were generated by CBDs/MBDs/PMDs in all 8 NCA sub projects. 3,143 referrals were made by NCA projects. 7,323 new acceptors were recorded through CBDs/MBDs/PMDs
		1.1 b Support clinic-based FP and RH services at Sagamu community center	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	20 persons were counseled and screened on STD/HIV infection	673 patients have been counseled and 558 patients treated for STD/HIV infections
		1.1 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	Procurement and supplies of clinic and laboratory equipment have been completed in the 2 project sites	Procurement and supplies of clinic and laboratory equipment have been completed in the 2 project sites
		1.1 d Support FP/RH service delivery through private for-profit practitioners in 8 locations	NCA/NIR 017-1 NCA/NIR 018-1 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	5 service delivery sites provide services have reported No of CYPs generated 1,948 No of new acceptors: 2,145	18 service delivery sites provide services. 14,337 CYPs were generated while 7,714 new acceptors were seen by NCA sub-projects.
		1.1 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	No measurable progress	Accommodation has been secured for health clinic services and women development center at the 2 communities
SO1	1.2 Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions	1.2.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 234,400 IEC materials distributed	7,913 persons were visited in 1,451 home visits made 42 community meetings with 18,037 participants were conducted. All the 5 NCA projects utilized 6 different IEC materials on RH/STD/HIV produced	19,952 persons were visited in 4,252 home visits made so far 122 community meetings with 26,357 participants were conducted. All the 8 NCA projects utilized 6 different IEC materials on RH/STD/HIV produced. 298 home visits were made while 66,288 people were reached through IEC/community meetings by STD/HIV Management Project

Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	1,000 community leaders sensitized 12 stakeholders meetings conducted	Sensitization seminar were not conducted by the 5 NCA sub-projects that reported.	757 community and women leaders were sensitized on FP services, prevalence of STI/HIV and its prevention. 20 top mgt staff of a company were sensitized 20 community leaders were reached by DFID sub-project
		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	87,000 appropriate IEC materials developed/distributed	STD/HIV Sagamu site conducted IEC material devt. Workshop this quarter and production of IEC materials is ongoing.	IEC materials development for STD/HIV project is ongoing
		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	No measurable progress	A new research proposal with focus on the pattern of STD/HIV infection among CSWs was developed and is currently being reviewed for OSUTH based project
SO I	I.3 Increase availability of high quality, long-acting methods	I 3 a Support provision of long-acting methods at 8 private institutions	NCA/NIR 017-1 NCA/NIR 018-1 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 32,955 CYPs achieved 8 clinics offering VSC, IUDs, and injectables	1,174 new acceptors of long acting methods were reported by 5 NCA projects (19 BTL, 464 IUD and 691 Injectables). No of CYPs: 1,513	3,191 new acceptors of long acting methods were reported by the NCA projects (1 VSC, 32 BTL, 1,319 IUD and 1,839 Injectables) These generated 4,017 CYPs

## Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 8 private institutions 2,035 CYPs achieved 188 VSC performed	237 5 CYPs achieved 19 BTL were performed by 2 NCA projects	413 CYPs achieved 32 BTL and 1 VSC performed.
		II 1 b. Expand ECP services under the UCH project	PF/NIR 010-1	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/011-1 project was not extended beyond Dec 31, 1997.
SO II	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 010-1	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	25 PMDs were trained by 1 NCA sub-project Computer appreciation course was conducted for 13 participants drawn from 7 NCA sub-projects 15 participants from the 8 NCA sub-projects attended IPC/Advocacy workshop. 6 participants from 5 NCA sub-projects attended the 6-day VSC training for doctors	23 NCA staff members received a 1-week CTU. Eleven NCA CSPs received Basic FP training. 65 project staff from NCA, STD/HIV and Ford participated in MIS/Financial Mgt workshop. 3 NCA projects conducted training for 26 Peer Educators, 60 CBDs and 7 CHEWs. 25 PMDs were trained by 1 NCA sub-project Computer appreciation course was conducted for 13 participants drawn from 7 NCA sub-projects 15 participants from the 8 NCA sub-projects attended IPC/Advocacy workshop 6 participants from 5 NCA sub-projects attended the 6-day VSC training for doctors. Training activities conducted by STD/HIV mgt project were. 147 project staff trained in Syndromic mgt, Guardian Counselor's training for 82 teachers/parents, PE training for 103 CSW, 25 Cyclist and 155 adolescents; laboratory training for 4 staff, advocacy workshop for 21 Hotel Directors.
		II 2 b Review/Update curricula, protocols, standard of practice (SOP) for all cadres of service providers including A2	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 010-1	No/Type of curricula, protocols SOPs reviewed and updated	22 updated curricula, protocols, SOPs for all cadres of providers	NCA projects will not have protocols. STD/HIV mgt. Project is awaiting feedback on pre-tested protocols developed by the project	Protocols for AIDS home-based care and syndromic management training were developed for STD/HIV management project Draft copies of protocol developed are still being pretested by Stakeholders NCA projects will not have protocols

## Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	Refresher training is planned for next quarter.	A total of 147 Health workers of different cadre were trained by 7 stakeholders 48 staff members have been trained on AIDS Patient Care and Management in Mildmay 1 & 11 Training
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 STD/HIV Mgmt PF/NIR 010-1	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	All the 8 NCA projects have fully incorporated STI/HIV/AIDS treatment into their services Two NCA projects reported on STD/HIV mgt of 135 patients	All the 8 NCA projects have fully incorporated STI/HIV/AIDS treatment into their services Two NCA projects reported on STD/HIV mgt. Of 135 patients on STD/HIV.11 sites are offering FP and STI/HIV/AIDS services in STD/HIV Management project. A Total of 1,534 were counseled and 1,222 treated by STD/HIV management project
		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	Effective referral linkage is in place in NCA/017-1, 020-1, 021-1, 022-1, 024-1 and 025-1	Effective referral linkage is in place in NCA/017-1, 020-1, 021-1, 022-1, 024-1 and 025-1 Referral linkages have been established within the 6 Otukpo STD/HIV based sub-projects
		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	4 projects site models, N2/004-1, 001-1, 003-1 and 008-1	4 projects site models, N2/004-1, 001-1, 003-1 and 008-1
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	The following exist in all NCA projects, Minimum of 1 modern methods, clinic is opened at least 5 days a week, staff trained on methods and counseling on side effect provide services, environmental hygiene and use of gloves during insertion is fair and emergency drugs are available There has been national stock out for condoms and injectables between April June'99	The following exist in all NCA projects, Minimum of 5 modern methods, clinic is opened at least 5 days a week, staff trained on methods and counseling on side effect provide services, environmental hygiene and use of gloves during insertion is fair and emergency drugs are available. The STD/HIV management project has in place pre and post counseling sessions for clients, trained staff There has been national stock out for condoms since January 1999

Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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, checklist)	QOC systems protocols (tools/checklist finalized and in use)	National FP guidelines have been made available to all NCA projects. Quarterly monitoring visits are conducted to project sites to ensure compliance with national standards. Monthly monitoring rounds are conducted for STD/Management projects and TA provided regularly to ensure QOC is in place.	National FP guidelines have been made available to all NCA projects. Quarterly monitoring visits are conducted to project sites to ensure compliance with national standards. Monthly monitoring rounds are conducted for STD/Management projects and TA provided regularly to ensure QOC is in place.
		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	6 NCA sub-projects were supplied with computers and printers	8 NCA projects were equipped with IUD kits. 6 NCA projects were renovated. Supply of basic FP equipment and computers is in progress. 6 NCA projects were supplied with computers and printers. All the STD/HIV management projects have been renovated, equipped with clinic equipment. Plans are underway to equip the Peer Educators with kits.
		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	Fully accomplished	Laboratory equipment were procured and supplied to the 2 sites. With the supplies of these equipment, project laboratory staff were training on a 1-week laboratory and equipment management. This will be followed by on-site visits to project sites.

Nigeria							
Strategic Objective III: Increased Management, Financial and Technical Capacity Local and Communities							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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		Strategic planning conducted for NINCOF was disseminated this quarter in a 1-day meeting conducted by Pathfinder
		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 010-1	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	On-site TA was provided to project staff on project management and on financial and programmatic reporting	8 NCA projects received project management skills training. On-site TA was provided to project staff on project management and on financial and programmatic reporting
		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	No measurable progress	ICB activities have been rounded up 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 training	Improved management skills of LMC at the 2 project sites 2 workshops and 10 members trained	Monthly LMC meetings convene at Otukpo and Sagamu STD/HIV project sites	Monthly LMC meetings convene at Otukpo and Sagamu STD/HIV 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	Ongoing	Ongoing
		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 participated in the 7-day MIS/Financial Management Workshop

Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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 010-1	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	All 8 NCA sub-projects received on-site TA on MIS during monitoring visits.	All 8 NCA sub-projects received on-site TA on MIS during monitoring visits The 8 STD/HIV mgt projects received monthly TA on MIS. NCA and FORD/RH projects benefited from the 7-day MIS/Financial Management workshop this quarter 20 NCA project personnel, 16 STD/HIV management project staff and 26 Ford project staff received training on MIS
		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 010-1 STD/HIV Mgmt	No of NGOs/institutions with established commodity logistics system in place	31 project sites with improved commodity logistics systems	All the 8 NCA sub-projects received additional condoms	NCA/025-1 was supplied with additional FP commodities retrieved from NCA/019-1 that was closed. Seed stock of high quality commodities have been supplied to 8 NCA project sites
SO III	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 010-1 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	All the NCA projects have shown improved financial mgt in their reporting Also, all the 8 NCA have sustainability plans in form of cost recovery for commodities dispensed	All the NCA and STD/Mgt projects have shown improved financial mgt in their reporting Also all the 8 NCA sub-projects have sustainability plans in form of cost recovery for commodities dispensed. 20 NCA project staff attended the 7-day MIS/Financial mgt training conducted in the 2nd quarter. In attendance were also 16 STD/HIV management project staff and 26 Ford project personnel
SO III	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	No measurable progress	No measurable progress

63

Nigeria

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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 measurable progress	15 Nigerian Network Management Network (NMN) members received a 3-day update training in process consulting and organizational development.
SO III	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	This training has been suspended for now	Vocational training for empowerment will commenced in quarter 4 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	Expected Achievements	Quarter 4 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	609 new acceptors recruited at the two clinics while 818 new acceptors recruited by CBD agents	2,142 new acceptors recruited at the two clinics while 2,270 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 701 CYPs generated	Total of 3,193 CYPs generated
SO 1	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	7,370 young adults informed	13,073 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 ongoing at the IPPF funded Youth Center at Richard-Toll, a town 100km from St. Louis 7,370 young adults informed, almost double last quarter's achievement.	13,073 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	26,444 condoms distributed	68,196 condoms distributed
SO 1	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 34,553 people informed	Total of 121,908 people informed
		I 3 b Sensitize and involve community members	NCA/SEN 001-2	No. of adults informed	160,000 adults informed	27,183 adults informed	81,652 adults informed

**Senegal**

**Strategic Objective II: Improved Quality of Services**

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	Expected Achievements	Quarter 4 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	Discussions held with ABT Associates for feasibility studies on ASBEF's income generation activities; Close-out in-country seminar held for staff and volunteers	Informal workshop held with key ASBEF staff and volunteers to propose income generation activities geared towards sustainability of the program after Pathfinder's departure. Discussions on this held with ABT Associates Close-out in-country seminar held for staff and volunteers
	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	Pathfinder has negotiated a subcontract to ABT Associates to conduct the feasibility study for ASBEF to determine the viability of previously proposed income generation projects. Conclusions of discussions with Abt to provide sustainability planning TA	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. ABT Associates have been identified to conduct the feasibility study to determine viability of these proposed income generation activities Conclusions of discussions with Abt to provide sustainability planning TA.

South Africa

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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 second annual strategic plan review workshop; Updated plan. Continued initiative to institutionalize PPASA's strategic plan at all levels	Second strategic plan review workshop with 30 participants (volunteers and staff).
SO III	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	Provided on-going TA in program management Prepared tools/ guidelines for program coordination and planning.	Trained 15 managers in program planning. Facilitated FY 2000 PPASA Program Planning and Review Workshop. Prepared planning guidelines/tools
		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	Postponed until FY2000	
SO III	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	Provided on-going MIS TA	Trained 20 managers in MIS.
		I.3.b Expand MIS to track financial, fund raising data	Support to PPASA	MIS expanded to include financial data No. managers trained in upgraded financial management system Indicators, tracking process, upgraded financial management systems implemented	Enhanced financial management and computerized systems At least 10 managers trained in upgraded financial management system use	Reviewed PPASA financial management system upgrade and finalized follow-on TA.	Finalized follow-on financial management/sustainability TA with Abt Associates

South Africa

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		1 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	Postponed until FY2000	
		1 4 a Support Reproductive Priorities Conference Sponsored by RHRU and PPASA.	Support to PPASA and RHRU	Participate in development of conference plan, implementation. Pathfinder's major roles defined.	At least 200 persons participating	Plan and budget in place. Estimated 220 participants to attend Pathfinder to sponsor Issues Breakfast, 2 Sessions, research awards, bursaries.	Same as Quarter 4
		1 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	Continued participation on National Fund-raising Task Force. Reviewed and finalized case statement and fund-raising guidelines. Completed Scope of Work for in-country planning mission to complete proposal for innovative RH-environmental program. Facilitated 20-person workshop on national ARH initiative to be funded by Kaiser Foundation. Contributed to 2 fund-raising proposals.	Provided TA in developing draft PPASA "case statement" for fund-raising; completed review of fund-raising guidelines with Task Force. Facilitated PPASA Workshop for Kaiser Foundation Initiative (NASHI).
		1 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	Provided on-site TA to finalize software application capabilities for donor data base.	Fund-raising data base software application components determined.

5

Tanzania							
Strategic Objective I: Increased Access to and Availability of FP and RH Services							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO I	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	(See I 1 b. below) 253,455 persons informed	(See I 1 b below) 1,220,903 persons informed
		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 57,326 antenatal visits 4,627 STD cases treated	15,532 new acceptors 635 referrals 34,772 CYP distributed 31,528 child welfare visits 11,892 antenatal visits 1,951 STD cases treated	56,867 new acceptors 3,697 referrals 119,416 CYP distributed 137,876 child welfare visits 45,161 antenatal visits 6,782 STD cases treated
		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	(See I 1 b above) 27,944 child welfare visits 9 319 antenatal visits 1,305 STD cases treated	(See I 1 b below) 131,407 child welfare visits 42,588 antenatal visits 6,136 STD cases treated
		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	(See I 1 c above) 1,058,487 condoms distributed	(See I 1.c above) 1,929,119 condoms distributed
SO I	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 346 referrals 337,312 condoms distributed	(See I 1.d above) 6,352 condoms distributed	(See I 1.d above) 6,352 condoms distributed
		I 2 b Introduce postabortion services into the existing RH activities at TOHS Hospital	NCA/TAN 009-1	No of new acceptors	TBD	Postabortion 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	No data provided	Part of, money obtained activities to start Q3
SO I	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, material 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 6 IEC materials adapted 1,000 IEC materials distributed	(See I.1 b above) 293,337 IEC materials adapted 29,937 IEC materials distributed	(See I 1.b. above) 303,337 IEC materials adapted 450,633 IEC materials distributed
		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	20 meetings for community leaders held	94 meetings for community leaders held

## Tanzania

## Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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:010-1 NCA/TAN:011-1	No. of clinics providing ECP services	15 clinics providing ECP services	1 Clinic providing ECP services	16 clinics providing ECP services
SO II	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 data provided	28 service providers trained in basic and comprehensive FP and selected RH and MCH services
		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 data provided	18 managers attended ECP sensitization meeting
		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 data provided	24 service providers trained in syndromic diagnosis and management of STDs
		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 data provided	47 CBD agents retrained in FP and selected RH services
		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 data provided	No service providers trained in CTU and RH updates
		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	No data provided	52 educators retrained in counseling and IEC
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	No data provided	34 CBD sites providing integrated services

Tanzania							
Strategic Objective II: Improved quality of services							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
		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	1951 cases referred for STD treatment	(See I 1 b)
		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		10,000 IEC materials adapted for integrated services
SO II	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	33 SDPs using the adapted tools.	40 SDPs using the adapted tools

## 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	Expected Achievements	Quarter 4 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	1 Institution with strategic plans	1 Institution with strategic plans
		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	346 SDA church members and project management team participated in strategic planning workshop	346 SDA church members and project management team participated in strategic planning workshop; 25 managers trained in planning and management of community-based FP and RH services
		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	No data provided	3 managers trained in monitoring/evaluation; 93 supervisors/CBD workers trained in MIS; 5 local partners using new MIS/PMP indicators for data collection
SO III	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	No data provided	5 financial managers trained in recordkeeping and reporting; 25 managers trained in development of sustainability plans; 5 sustainability plans developed
		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	No data provided	13 project finance managers receiving on-the-job training in financial management and accounting
		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 provided	5 financial managers trained in recordkeeping and reporting
SO III	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	No data provided	No data provided

## Uganda

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	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	No data provided	Conducted review of all CRHW catchment areas in FLEP, EAD, Masindi and Kasese projects Rationalized deployment of CRHWs, re-located referral clinics in EAD, re-organized referral system in 4 projects, closed non-productive mobile clinic sites, established clinic services and increased number of CRHWs in some areas in Masindi project
		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	Conducted 10-day training for 46 new CRHWs of Masindi project.	Luwero project closed in August 1998. Selected 30 new CRHWs in Masindi project Trained 46 new CRHW for Masindi
		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 provided	Conducted a two-day orientation workshop for 35 people - district officials, directors, managers and supervisors.
		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	Trained 16 CRHWs to serve over 5000 people in Kinyara Sugar Works.	Conducted one-day orientation for 35 people from 4 projects - district officials, directors, managers, and supervisors. Conducted an assessment of Kinyara Sugar Works and Hima cement factory as possible sites where work-based services will be established. Trained 16 CRHWs for Kinyara Sugar Works.
		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 provided	Two FLEP managers/trainers participated in three-day regional workshop on management of Cervical cancer management initiatives
		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	8,844 new clients, 9,666 revisits, CYPs, CBD agents: 172 FLEP, 84 EAD, 74 Masindi, 95 Kasese	---- new clients, ---- revisits, ---- CYPs, CBD agents: 172 FLEP, 84 EAD, 74 Masindi, 95 Kasese

## Uganda

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	1.2 Expanded services for underserved groups and those at risk [male, youth, refugees]	1.2.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	93 sexuality education sessions conducted 42 in FLEP, 23 in Masindi and 28 in Kasese	208 sexuality education sessions conducted, targeted 27 schools and 6 youth groups, 6 types of materials distributed
		1.2.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	24 sexuality education sessions conducted for women in 12 groups	118 sessions conducted, 24 women groups participating and 5 types of IEC materials distributed
		1.2.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	23 Film shows and IEC materials for STD strategy were distributed.	120 film shows, 3 drama shows and 2 types of IEC materials for STD strategy were distributed. These activities were conducted in 4 projects and targeted men
		1.2.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	16 women groups participating in loan scheme	16 women groups participating in loan scheme.
SO 1	1.3. Enhanced environment for use of FP and RH services through selected IEC and advocacy interventions [male, youth, refugees]	1.3.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	58 film shows were shown in the 4 projects.	21 health fairs organized, 8 types of IEC materials distributed These activities were conducted in 4 projects with participation of TASO, AIC, schools within the catchment areas and other community based organizations. Health fairs had a variety of activities including displays, film and drama, music presentations and counseling and clinic services.

**Uganda**

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

<b>Global SO</b>	<b>Program Outcome</b>	<b>Activities</b>	<b>PINs or Programs</b>	<b>Measurable Indicators</b>	<b>Expected Achievements</b>	<b>Quarter 4 Achievements</b>	<b>Year-to-Date Achievements</b>
		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	Four types of IEC materials were distributed. Three materials with nutrition messages and one with message promoting HIV testing	12 types of IEC materials with messages on FP, maternal health, nutrition and STD, HIV/AIDS prevention. These materials were distributed by CRHWs, service providers and community leaders.
		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	No data provided	Organized 97 film shows and 3 drama shows targeting men. These community activities included distribution of IEC materials. The number of vasectomy clients in FLEP increased from an average of 6 per quarter to 9
		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	No data provided	
		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	No data provided	
		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	No data provided	

## Uganda

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievemnets	Quarter 4 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)
SO II	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)	5 quality of care audits were conducted, 2 at FLEP VSC referral sites. Four audits were conducted in Masindi. FLEP monitored the newly established community QOC monitoring system. This also served as a follow-up of "Quality of care monitors" A training needs assessment specifically for Iganga district was conducted in FLEP	53 service providers trained in comprehensive RH services. Conducted initial training of 38 service providers in IUD insertion and removal. Provided refresher training in IUD insertion and removal to 24 practitioners and contraceptive technology up-date to 32 service providers. 4 quality of care audits conducted at 2 FLEP VSC sites, over 160 audits condcted at 63 SDPs
		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 for Kasese, conducted a 4-day nutrition training for 74 CRHWs of Masindi project	78 CBDs and 13 supervisors trained in nutrition Additional 74 CRHW trained in nutrition
		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	No data provided	258 CRHWs trained, supplied with additional IEC materials (demonstration kits, flip charts)
		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 provided	
		II.2.e Conduct follow-up support supervision of nurses and midwives in PAC	DISH contract	No PAC trainees supervised at least 3 times	20 trainees supervised at least 3 times	No data provided	
		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 two times	850 trainees supervised at least 2 times	No data provided	
		SO II	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: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
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 provided	

## Uganda

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievemnets	Quarter 4 Achievements	Year-to-Date Achievements
		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 provided	63 medical practitioners trained in QOC.
		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	62 SDPs using self assessment approach. 16 quality audits conducted in FLEP	Continued to use self assessment approach in 49 FLEP clinics and strengthened system in EAD, introduced it in 7 Kasese clinics and 4 Masindi clinics. Conducted special quality audits in all sub-projects (At least 1 audit per clinic per quarter).
		II.3.e. Renovate selected health facilities in DISH districts.	DISH contract	No. of facilities renovated	No. of facilities renovated - TBD		
		II.3.f Conduct focus group and client satisfaction surveys	DISH contract	No. of surveys conducted and disseminated	No. of surveys conducted - TBD		
		II.3.g. Coordinate IEC operations research on client attitude, knowledge and behavior	DISH contract	Operations research conducted and disseminated	TBD		
		II.3.h Prepare 1999 community and facility surveys	DISH contract	Written implementation plan	TBD		

## Uganda

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	No data provided	25 memoranda signed, 17 in FLEP, 2 in Masindi and 6 in Kasese
		III 1.b. Facilitate development of marketing strategy [resource diversification strategy]	NCA/UGA:001-3	Marketing strategy developed	Strategy developed	No data provided	Strategies not ready but prepared five proposals for FLEP including an RFP for a nutrition project, and one proposal for Masindi. Preliminary results of the technical proposal show FLEP in the lead although final award is not yet granted. the rest of the four FLEP proposals were funded and Masindi proposal was also funded
		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		
SO III	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	A one-day quality of care orientation seminar was conducted for district council. 63 district officials attended	58 meetings conducted at sub-county level. One meeting conducted for district council of Iganga district
		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 provided	
		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	No data provided	
		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		
		III 2 e Training in const-sharing by establishing fee-for-service programs	NCA/UGA 001-3	No of SDP participating in training	63 SDPs participating in training	Management of fee-for-service training was conducted for 920 health management committee members from 27 SDP	Management of fee-for-service training was conducted for 920 health management committee members from 27 SDP

***Results Frameworks***

***Asia***

Indonesia							
Strategic Objective 1: Increased Access to and Availability of FP and RH Services							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Target	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	1.1. Ensured Availability of Low Cost FP Services for Poor and Near Poor Populations	1.1.a Procure contraceptive supplies	SDES	Copper-T IUDs Norplant	1,100,000 Copper-T IUDs 228,000 Norplant		1,100,000 IUD + 228,000 Norplants received by BKKBN
		1.1.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		818,000 contraceptive labels and 60,000 guidebooks produced
		1.1.c. Monitor distribution of contraceptives by BKKBN	SDES	Report on distribution	Report on distribution of contraceptives completed		496,937 USAID IUDs distributed and 55,000 Norplant implants distributed
SO 1	1.2. Ensured Access to FP Services through Multiple Service Delivery Systems	1.2.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	3,551,779 new acceptors served by all grantees	918,707 new FP acceptors served by all grantees	4,557,966 new FP acceptors served by all grantees
				No. of SDPs renovated, equipped or receiving administrative support	430 SDPs renovated, equipped, or receiving administrative support including 92 village midwife posts, 205 gov't clinics and hospitals; 133 NGO clinics	282 SDPs renovated, equipped or receiving administrative support, 23 vill. Midwife posts, 126 gov't clinics, 133 NGO clinics	435 SDPs renovated, equipped, or receiving administrative support including 97 village midwife posts; 205 gov't clinics and hospitals, 133 NGO clinics
		1.2.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	134 NGO clinics providing services	134 NGO clinics providing services	134 NGO clinics providing services
				No. of NGO clinics renovated and equipped	133 NGO clinics renovated, equipped, or receiving administrative support	133 NGO clinics renovated, equipped or receiving administrative support	133 NGO clinics renovated, equipped or receiving administrative support
				No of FP clients served through NGO clinics	36,605 new acceptors served through NGO clinics	7,889 new acceptors served through NGO clinics	34,797 new acceptors served through NGO clinics
		1.2.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:064-2 NCA/IND:065-2 NCA/IND:066-2	No. of team visits conducted	1,217 VSC Visiting Specialist Visits 1,176 Integrated Service Visits 6732 IUD home visits 960 Specific Visits by IBI/IDI 96 NGO mobile visits	338 visiting specialist visits conducted, 252 integrated service visits conducted, 2,336 IUD home visits conducted by midwives, and 291 IBI/IDI service visits conducted and 24 NGO mobile visits conducted	1,588 VSC visiting specialist visits conducted; 1,176 Integrated service visits conducted, 6,804 IUD home visits conducted by midwives; and 993 IBI/IDI service visits conducted and 96 NGO mobile visits were conducted to date

Indonesia

Strategic Objective 1: Increased Access to and Availability of FP and RH Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements*
		1.2.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	92 village midwife posts supported	23 village midwife posts supported (renovated or equipped)	97 village midwife posts supported (renovated or equipped)
				No. of village midwife service visits conducted	106,219 Midwife service visits conducted	16,639 midwife service visits conducted	113,638 midwife service visits conducted
		1.2.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	8 PAKBD/POD supported (renovated/equipped)	119 PAKBD/POD supported (renovated/equipped)
SO 1	1.3 FP Services Maintained and Promoted	1.3 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	51,000 printed IEC materials 1,205 mass media materials	3,750 IEC materials produced and 74 mass media materials produced	53,254 printed IEC materials produced and 1,156 mass media materials produced
		1.3 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	212,935 IEC outreach visits conducted; 8,787 IEC meetings conducted, 1,607,591 persons informed through IEC outreach and meetings	87,189 IEC outreach visits conducted, 758 IEC meetings conducted, 598,228 people informed through IEC visits and meetings	252,688 IEC outreach visits conducted; 8,737 IEC meetings conducted, 1,767,619 people informed through IEC visits and meetings.
				No. of people attending orientations/ seminars	4,895 people attending orientations 155 people attending workshop on VSC	14 people attending workshop	5,015 people attending orientations and 155 people attending workshop on VSC to date.
SO 1	1.4 Health Effects of the Economic Crisis Monitored	1.4 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	CMRU April, May and June reports submitted	CMRU April, May and June reports submitted

k:\year5\quarterlyreport\ndfwk\ndfwky5cum2.xls

## Indonesia

## Strategic Objective 2: Improved Quality of Services and Contraceptive Method Mix

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	737 midwives trained in IUD	30 village midwives trained in IUD insertion and removal	852 midwives trained in IUD insertion and removal
				No of providers trained in VS	233 providers trained in VS	44 providers trained in VS clinical skills	208 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	893 midwives and 832 field workers trained in counseling		893 midwives and 845 field workers trained in IPC/Counseling
		II.1.c. Develop standard guidelines for village midwives/providers	NCA/IND:055-4 NCA/IND:057-4 NCA/IND:058-4 NCA/IND:060-4 NCA/IND:062-3 NCA/IND:063-2 NCA/IND:064-2 NCA/IND:065-2	No of guidebooks and manuals produced and disseminated	54,300 guidebooks and manuals for providers developed	7,300 pocket guides for providers developed	56,600 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	23 midwives trained in Peer Review	23 midwives trained in Peer Review
				No. of Peer Review activities conducted	48 Peer Review activities conducted		48 Peer Review activities conducted
				No of 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		10 IBI clinics conducting village midwife apprenticeship program
				No of village midwives trained through apprenticeship program	120 village midwives trained through apprenticeship program		120 village midwives trained through apprenticeship program
		II.1.f. Support the National Clinical Training Network	NCA/IND:060-4	No of Trainers Trained	40 provincial trainers trained in standardization of clinical skills and 40 trainers trained in IPC/Counseling	40 trainers trained in standardized clinical skills	40 provincial trainers trained in standardization of clinical skills and 40 trainers trained in IPC/Counseling
No of Training Manuals produced	3,300 guidebooks produced (1,200 IUD, 1,600 pocket guides, 500 IPC/Counseling)				3,300 guidebooks produced (1,200 IUD, 1,600 pocket guides, 500 IPC/Counseling)		
SO II	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	Preliminary results presented	Preliminary results presented
		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	506 QA team visits conducted	114 QA visits conducted	601 QA team visits conducted

Indonesia

Strategic Objective 3: Increased Management, Financial and Technical Capacity of Local Organizations							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achevements	Quarter 4 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	424 provincial BKKBN staff trained in strategic planning	60 people trained	471 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	395 NGO staff trained in clinic management 86 NGO staff trained in financial management	26 NGO staff trained in clinic management and 45 NGO	273 NGO staff trained in clinic management 90 NGO staff trained in financial 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	2 people trained	2 people trained

Rev: 8/23

84

*Results Frameworks*

*Latin America and the Caribbean*

10/10

85

Bolivia							
Strategic Objective I: Increased Access to and Availability of FP and RH Services							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievement	Year-to-Date Achievements
SO I	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	4,532 new acceptors 1,453 CYPs	9,416 new acceptors 2,950 CYPs
		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	4,532 new acceptors 6,131 CYPs	23,650 new acceptors 35,800 CYPs
		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 controls	1,931 pregnant women with at least one prenatal control before 5th month 17,963 pregnant women with four or more prenatal controls	101 SDPs 9,019 pregnant women with at least one prenatal control before 5th month
	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 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	187 PP new acceptors	1,579 PP new acceptors
		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	3 hospitals utilizing a post-abortion flowchart	3 hospitals utilizing a post-abortion flowchart
		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	22 new users 26 CYPs 1 SDPs 69 CBD agents	325 new users 192 CYPs 1 SDPs 69 CBD agents

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievement	Year-to-Date Achievements
SO 1	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	NCA/BOL 019-5 NCA/BOL 022-1 NCA/BOL 024-2	Total number of home visits No of adults informed No of IEC activities	87,510 home visits 262,500 adults informed 177,097 IEC activities	21,815 home visits 51,919 adults informed 4,059 IEC activities	105,259 home visits 287,058 adults informed 182,060 IEC activities
		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		1,716 adolescents informed	5,305 adolescents informed
		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		6 promoters carrying IEC activities for adolescents
		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	2 Organizations motivated and contacted through the adolescents program	10 Organizations motivated and contacted through the adolescents program
		I 3 e Increase and strengthen community-level participation in FP, RH and MCH (advocacy)	FOCUS	Baseline development	3 Baseline development	3 Baseline development	3 Baseline development
		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	3 Qualitative research	2 Qualitative research are being developed	2 Qualitative research are being developed
		I 3 g Development of an evaluation tool for adolescents programs	FOCUS	Evaluation tool developed	1 Evaluation tool developed	1 Evaluation tool developed	1 Evaluation tool developed
		I 3 h Evaluation of adolescents programs	FOCUS	No of RH services on adolescents evaluated	3 RH services on adolescents evaluated	1 RH services on adolescents evaluated	1 RH services on adolescents evaluated
	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	3 new institutions providing DMPA	3 new institutions providing DMPA

87

## Bolivia

## Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	2 new institutions with VSC services available 3 institutions with DMPA services available	2 new institutions with VSC services available 3 institutions with DMPA services available
		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	12 meetings held at national level
	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 trainings held		All method specific data are aggregated. See Quantitative 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		236 providers trained
		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	43 providers trained 3 training sessions held	43 providers trained 3 training sessions held
		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	No data reported	No data reported
		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 Training curricula on adolescents interviewing techniques and training developed No of trainers trained	5 Training materials disseminated/distributed 1 norm and protocol for adolescent care disseminated and validated 1 training curricula on adolescents interviewing techniques and training developed 13 trainers trained		3 training modules disseminated/distributed 13 trainers trained

## Bolivia

## Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	234 providers trained 9 trainings held	882 providers trained 35 trainings held	
		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	6 reference clinics offering intergrated services	6 reference clinics offering intergrated services
			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	2district involved	2 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	10 SDP implementing QOC standards systems	10 SDP implementing QOC standards systems
			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**

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	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.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	20 reports submitted	24 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	5 institutions with accurate financial reports	5 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 plans to increase income generation vis a vis sustainability developed	1 commercial plans 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

**Bolivia**

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	1.5 persons month used to provide TA	1.875 persons month used to provide TA
		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	10 regular meetings	10 regular meetings
		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	A supervision tool developed = Y	A supervision tool developed = Y
		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	12 training activities held	12 training activities 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	Expected Achievements	Quarter 4 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	21,859 CYPs 28,455 New Users	93,779 CYPs 115,532 New Users (preliminary data, about 80% of data entered for 4th quarter)
		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	Project has ended	6,010 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	Project has ended	SOMARC is official reporter of data
		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		Data has not been collected
	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		Data has not been collected
		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
		I 2 e Support FP and RH projects for men	NCA/BRA 905-1	No. of New Users	1,000 New Users	Project never started	Project never started
	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 IEC&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	20 activities	52 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
		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

## 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	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1		I 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	None	4 meetings held by Depo-Provera Program (NCA/BRA:911-1 S2/BRA:901-1)
		I 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	12 activities	85 activities
		I 3.f Support research on FP, RH and MCH	S2/BRA 001-2	Research results	TBD	Evaluation Completed	Evaluation Completed
	I 4. Increased availability of high quality long-acting methods	I 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

## Brazil

## Country Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	Project never started	Project never started
		II 1 c. Introduce, support or expand ECP services and link with ongoing FP services	NCA/BRA 910-1	New Users	500 New Users	Project never started	Project never started
	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	None	75 providers trained in clinical services
		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	None	None
		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)	Project never started	Project never started
	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	Training has not yet started	None
		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	Actual services have not yet begun	None
		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	None	4 pilot initiative started (SESAB, SMS- Bahia, SMDS and SESA-Ceará)

## 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	Expected Achievements	Quarter 4 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	Project has ended	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	None	30 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	None	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	1 additional MIS System is being developed	3 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	None	None
	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	None	None

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

95

**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	Expected Achievements	Quarter 4 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	2 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	None	None
	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	None	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

Country Strategic Objective IV: Increased Sustainable and Effective Programs to Prevent Sexual Transmission of HIV Among Major Focus Groups

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	20 service delivery posts with integrated services	None	Needs Assessment Completed, and training will begin in September
		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	None	Needs Assessment Completed, and training will begin in September
		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	None	Needs Assessment Completed, and training will begin in September
	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	None	Needs Assessment Completed, and training will begin in September
			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	None	Needs Assessment Completed, and training will begin in September
		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	None	Needs Assessment Completed, and training will begin in September
			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	None	Needs Assessment Completed, and training will begin in September

## Ecuador

## 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	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	1.1. Expanded public and private sector FP and selected RH services through multiple service delivery systems	1 1 a Support clinic-based ECP services	NCA/ECU:004-1	No. of SDP providing ECP services No. of new acceptors of ECP through clinic-based services	4 SDP providing Ecp services 200 ECP new acceptors	5 SDP providing ECP services 10 ECP new acceptors	5 SDP providing ECP services 43 ECP new acceptors
		1 1 b. Support hospital-based FP and RH services	PF/ECU 008-1	No. of hospitals providing quality FP and RH services No. of FP acceptors, by method No. of CYP generated	PAC activities introduced in 1 MOH hospital TBD FP acceptors, by method		
		1 1 c Support FP and RH service delivery through private practitioners	PF/ECU 008-1	No. of midwives participating No. of midwives providing PA counseling	40 midwives participating 40 midwives providing PA counseling		
		1 1 d Strengthen PA care and FP with MOH hospitals, reinforcing counseling, clinical skills, and infection prevention practices	PF/ECU 008-1	% of clients counseled in PA % of PA acceptors, by method No. of hospitals providing quality PA care	100% of PA patient receiving FP/PA counseling 60% of PA clients leaving the hospital with method See 1 1 c for hospitals providing quality PA care		
I 2 Expanded access for underserved groups and those at-risk (including young adults, men, and hard-to-reach populations)		1 2 a Increase access for young adults to ECP services	NCA/ECU 004-1	No. of SDP providing services to young adults and adolescents No. of new ECP acceptors No. of young adults informed and counseled	2 SDP providing ECP services to young adults TBD new young adult ECP acceptors TBD young adults informed and counseled	1 SDP providing ECP services to young adults 122 young adults informed	2 SDP providing ECP services to young adults 144 young adults informed
		1 2 b Support post-abortion projects	PF/ECU 008-1	No. of MOH Hospitals with PA services in operation No. of PA patients leaving the hospital with method	See 1 1.c MOH Hospitals with PA services in operation See 1 1 e % of PA patients leaving the hospital with method		
I 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 ECP services (educational talks, maternal development and dissemination, client ECP use packets)	NCA/ECU 004-1	No. of people informed, by mode of communication No. of client-focused IEC materials developed, printed and distributed by type and topic	300 women receive information on ECP 500 brochures, 500 posters and 500 ECP packets distributed 2,000 copies of PA/FP methods distributed	422 brochures, 39 ECP packets distributed	420 women received information on ECP 916 brochures 99 ECP packets distributed
		1 3 b. Support provider-focused IEC activities to increase support for and reduce provider biases toward ECP	NCA/ECU.004-1	No. of professionals informed through orientation sessions	100 professionals informed through orientation sessions		
		1 3 c Support IEC activities targeting underserved/at-risk populations	NCA/ECU 004-1 PF/ECU 008-1	No. of young adults informed about FP, including ECP No. of IEC materials produced and distributed, by type No. of PA women informed	TBD young adults informed about FP, including ECP TBD IEC materials produced and distributed, by type TBD PA women informed	122 young adults informed about FP, including ECP	144 young adults informed about FP, including ECP
		1 3 d Evaluate and document introduction of ECP services in Ecuador	NCA/ECU 004-1	No. of studies conducted, by type	1 baseline conducted to assess KAP of providers	Baseline conducted and report prepared	Baseline conducted and report prepared

## Ecuador

## Strategic Objective II: Improved Quality of Services

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO II	II 1 Expanded range of appropriate contraceptive method available	II 1 a Introduce and integrate ECP into regular FP/RH services	NCA/ECU 004-1	No of sites introducing ECP	Introduce ECP in 4 additional clinics	ECP introduced in 1 additional clinic	ECP introduced in 1 additional clinic
	II 2 Strengthened provider competence to deliver high quality FP and selected RH services (incl MCH and STD and HIV/AIDS)	II 2 a Support training in post-abortion FP counseling and clinical services	PF/ECU 008-1	No of service providers trained in FP PA care and counseling, 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	10 OB/GYN trained in PA care and MVA 40 midwives and 6 nurses trained in PA counseling 2 training courses held TBD service providers providing services in which they trained		
		II 2 b Train providers who deliver FP and selected RH services to underserved/at-risk population to provide ECP as part of their RH services	NCA/ECU 004-1	No of providers trained, by type of training	50 providers trained to provide ECP	22 service providers trained to provide ECP	23 service provider trained to provide ECP
		II 2 c Conduct orientation seminars for midwives on PA Care	PF/ECU 008-1	No of seminars on PA Care held No of participants			
		II 2 d Develop and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	NCA/ECU 004-1 PF/ECU 008-1	No of training materials adapted/ disseminated, by type of material	200 copies of service delivery guidelines to be disseminated 20 copies of PAC training modules distributed		200 copies of service delivery guidelines printed
		II 2 e Conduct orientation seminars for physicians and other providers on ECP	NCA/ECU 004-1	No of participants at orientation seminars	100 participants at 4 orientation seminars		120 participants at 3 seminars
	II 3 Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STI and HIV/AIDS	II 3 a Introduce MVA for the treatment of incomplete abortion in MOH hospitals and health centers	PF/ECU 008-1	No of SDP using MVA for treatment of incomplete abortion No of hospitals with high quality PAC services No of health centers with high quality PAC services			
		II 3 b Integrate select RH activities with FP/RH services	PF/ECU 008-1	No of SDPs offering FP/RH services			

Ecuador

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

Global SO	Country Program Outcome	Country Program Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO III	III.1. Improved technical capacity of local service organizations	III 1.a. Provide TA to local service delivery organizations in QOC, IEC, RH	PF/ECU:008-1 NCA/ECU:004-1	No. of institutions receiving TA, by type of TA	3 institutions provided with TA in IEC and QOC (medical protocols on PA and IP)	1 institution provided with TA in ECP services	1 institution provided with TA in ECP services

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

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1	1.1 Expanded public and private sector FP and selected RH services through multiple service delivery systems	1.1 a Support clinic-based FP and RH services	PASARE	No. of clinics providing FP and RH services No. of acceptors by method No. of CYP generated No. of regions participating in program	14 hospitals providing FP/RH services TBD acceptors, by method TBD CYP generated by method	14 hospitals providing FP/RH services 35,015 acceptors (5 IUD, 23% OC, 32% Injec, 36% Barrier, 1%VSC) 37,374 CYP generated	14 hospitals providing FP/RH services 67,074 acceptors (8% IUD, 22% OC, 37% Injec, 30% Barrier, 3% VSC) 80,642 CYPs generated.
		1.1 b. Support hospital-based FP and RH services	PASARE	No. of hospitals providing PA/FP services 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
		1.1 c. Strengthen PP/PA care and FP with MOH hospitals, reinforcing counseling, clinical skills, and infection prevention practices	PASARE	% 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	40% of clients counseled 25% of PP/PA acceptors	50% of clients counseled 30% of PP/PA acceptors
	1.2 Enhanced environment for use of FP, RH and MCH services through selected research and advocacy interventions	1.2 a Support young adults (15-24 years) projects through multidisciplinary clinics within MOH hospitals and centers and NGO	FOCUS/NCA	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	14 SDP providing services to adolescents No information available on the # of adolescents informed and/or counseled	14 SDP providing services to adolescents. No information available on the # of adolescents informed and counseled
		1.2 b Support client-focused IEC activities for FP, RH and MCH services (home visits, community meetings, educational talks, material development and dissemination)	PASARE FOCUS/NCA	No. of people informed, by mode of communication No. of IEC materials 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 2 types of brochures produced 1 type of poster produced 50,000 copies of brochures and posters distributed	1 cue cards set distributed 220 brochures on contraceptive methods distributed 30 posters 625 educational talks 78,505 persons informed	443 FP posters 6,122 brochures 85 cue cards set distributed 6,520 "La Regla" devices distributed 625 educational talks 78,505 persons informed
		1.2 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	No. of providers informed No. of provider-focused IEC activities conducted No. of plans developed and implemented to improve client-provider communication No. of self-instructional materials for health personnel and community-level health workers in MCH topics	88 providers informed 4 provider-focused IEC activities conducted		
		1.2 d Support IEC activities targeting underserved/at-risk populations	PASARE FOCUS/NCA	No. of underserved/at risk population informed No. of adolescents informed No. of IEC materials produced and distributed, by type	22,600 adolescents informed 4 IEC brochure produced targeting adolescents 55,000 copies of brochure distributed	2 IN-FOCUS series translated into Spanish 400 copies of each printed and being distributed	14 IN-FOCUS series translated into Spanish 2,000 copies of each printed and being distributed 2,000 copies of brochure about FOCUS printed
		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	Final version of the Action Plan developed and being distributed.	Final version of Action Plan printed and distributed

101

Peru							
Country Strategic Objective I: Increased Access to and Availability of FP and RH Services							
Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 Achievements	Year-to-Date Achievements
SO 1		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)	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	Final report of 1 evaluation study with MOE re. ARH completed. 1 Preliminary report of research study re Project IPSS Joven completed 1 follow-up training evaluation on Communications Skills and Counseling in Huancavelica and Ayacucho completed and Final report being prepared	Final report completed for 2 survey studies (MOE and MOH) Field work and data analysis completed for Follow-up training evaluation in Huancavelica and Ayacucho Final report being prepared
	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	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	13,234 CYPs generated from long-acting methods. Proportion of long-acting (35%) vs short-term ( 65%)	36,189 CYPs generated from long-acting methods Proportion of long-acting (45%) vs short-term (55%)

## Country Strategic Objective II: Improved Quality of Services

Global SO	Program Outcome	Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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		
	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	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		As per local Mission instructions, all training activities on FP/RH topics will be assumed directly by MOH
		II 2 b Train providers who deliver FP and selected RH services to underserved/at-risk populations	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		1 training course on CTU and Counseling 15 providers trained
		II 2 c Conduct CTU and RH updates	PASARE	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		As per local Mission instructions, all training activities on FP/RH topics will be assumed directly by MOH
		II 2 d Develop and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	PASARE FOCUS/NCA	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	20 RH Guides and 20 pocket guides distributed Printing and distribution of Handbook on Communication Skills and Counseling for Adolesc	293 RH Guides and 337 pocket guides distributed 2,000 copies of handbook on Communication Skills and Counseling for Adolescents printed
		II 2 e Conduct TOT, provide training in curriculum or material development, or establish training facilities or centers	PASARE FOCUS	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
	II 3 Enhanced constellation of FP and RH services available, where necessary and appropriate, inc 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
		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
	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	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		12 SDP with IP practices and 3 SDP with QOC standards implemented
		II 4 b Conduct training for QOC	PASARE	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		3 QOC training workshop conducted for 58 participants 3 training courses in IP for 31 participants
		II 4 c Renovate/upgrade clinics	PASARE FOCUS/NCA	No of SDP renovated/ upgraded No of SDP equipped	25 SDPs renovated/equipped	5 counseling rooms implemented (PASARE)	19 SDP (PASARE) and 1 SDP (FOCUS) renovated/equipped

Peru							
Country Strategic Objective III: Increased Management, Financial, and Technical Capacity of Local Organizations							
Global SO	Program Outcome	Program Activities	PINs or Programs	Measurable Indicators	Expected Achievements	Quarter 4 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	PASARE	No of functional networks with strategic plans No of program managers trained in strategic planning	52 program managers trained in strategic planning		1 Strategic Planning Workshop for 20 participants
		III 1 b Strengthen organizational capacity to design, manage and evaluate FP, RH and MCH Programs	PASARE	No of NGOs and SDP participating in program design and management activities	6 SDP participating in program design and management activities		
		III 1 c Strengthen human resource capacity to manage FP and RH services	PASARE	No of program managers trained, by type of training	17 program managers trained in management		
SO III	III 2 Improved financial sustainability of local service delivery organizations	III 2 c Improve training capabilities, training systems of institutions and trainers	PASARE 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
SO III	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		7 MOH hospitals received TA in RH/FP