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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 October through December 1999. Activities and results are described under the following headings:

- Access
- Quality
- Institutional Sustainability
- Evaluation
- Information Systems
- Medical Services

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

AFRICA

Regional Overview

During the last quarter, Pathfinder had several major achievements. Principal among them were:

- Using NCA field support funds to leverage funding from the Compton Foundation (three-year grant for US$1 million) for an innovative program in some of South Africa's most poor and environmentally degraded communities. The new program combines reproductive health (RH) and environmental awareness and activities to strengthen the health and well-being of adolescent and adult residents of target communities throughout the country.

- Leveraging resources to expand availability of FP/RH services by involving and strengthening private practitioners in provision of higher quality service in Ethiopia through a grant from the Packard Foundation.

- Developing a master curriculum on Home Based Care of persons living with HIV/AIDS that has been locally adapted in three countries: (Kenya, Ethiopia, and Uganda).

- Ensuring more effective financial management and sustainability planning in five countries (Ethiopia, Nigeria, Senegal, South Africa, Uganda) through workshops conducted jointly by Abt Associates and Pathfinder, on a country basis, to give intensive technical assistance and planning support to organizations seeking greater self-sufficiency and increased resource mobilization.

- Inaugurating innovative programs targeted to increase male motivation, addressing the needs of some of the most vulnerable persons, or high transmitters (such as commercial sex workers (CSWs)), and remote populations with difficult terrain, environment, and infrastructure, such as the Delta projects in Nigeria.

- Rapidly expanding the scope and levels of community involvement in four target areas (Kangemi, Kawangware, Mombasa, and Arusha) for the regional Urban Initiative Program (UI) and establishing linkages between Ul and the Kenya Community Program on HIV/AIDs (COPHIA) for cost-effectiveness and maximum coverage.

As of December 31, 1999, Pathfinder International closed a discrete phase of activity in Tanzania that has been funded by the USAID since 1995. During that time, Pathfinder has provided technical assistance and grant support to projects mounted by five Tanzanian non-government organizations: Organization of Tanzanian Trade Unios (OTTU), Tanzania Occupational Health Services (TOHS), SUWATA (a local grassroots organization), Seventh Day Adventists (SDA) and the University of Dar es Salaam (UDSM). The program also provided some assistance to the Ministries of Health (MOH) of Tanzania and Zanzibar.

Pathfinder's major achievement during the period October to December 1999 was the convening of a dynamic "Lessons Learned" workshop for the above partners, USAID, and other players in reproductive health in Tanzania. The purposes of the workshop were to share the lessons of the

five years; brainstorm on sustainability issues; and identify practical challenges related to NGO/institutional networking and RH/STD/HIV/AIDS/MCH and FP interventions. The meeting served as a forum for developing strategies for the future, especially those related to the ongoing reform and decentralization of Tanzania's health sector.

During the workshop, it was noted that Pathfinder closes this phase with a firm foundation of experience in Tanzania and the knowledge that it has assisted its partners to achieve the capacity they need to operate in the changing environment of Tanzania's reproductive health arena. It was also noted that some partners/grantees have revealed a level of maturity that would not have been possible five years ago, or without the type of targeted assistance Pathfinder has provided. Pathfinder, therefore, has built capacity within all five non-government organizations for improved management systems and service delivery. Lessons learned and achievements were documented and then disseminated to participants. They are available upon request.

NCA subproject activities are also winding down in Uganda. Pathfinder is working on the close-out of centrally-funded project activities with two of its main grantees, the Family Life Education Program (FLEP) and East Ankole Diocese (EAD). Due in large part to technical and financial assistance from Pathfinder since 1992, FLEP has grown from a fledgling project to a leading NGO it its field. Pathfinder is still working with FLEP on issues related to financial sustainability by helping them to diversify their funding base while also developing ways to increase income generation. Pathfinder support for EAD has helped the organization provide quality FP/RH information and services to roughly 180,000 rural residents using CBD approaches. Pathfinder support to its two projects serving internally displaced people (IDPs) are expected to continue through June 2000.

Regional Initiatives

Adolescent RH Programs:
Pathfinder continued to coordinate and provide technical assistance to the East African Reproductive Health Network (EARHN), funded by REDSO/ESA. The latest copy of EARHN's newsletter "Kentanuga" was developed and produced. Pathfinder also began preparations for a regional strategic planning workshop slated for early 2000. Additionally, the trip report outlining findings and lessons learned from the ARH Study Tour was finalized in preparation for dissemination to East African Population Secretariats/policy makers, donors and program managers at the workshop next quarter.

During this quarter, Pathfinder continued updating and then field-tested *Yellow Card*, a feature-length film with themes on adolescent sexuality, which is being produced with support from USAID, DFID, and the Ford Foundation Following. The film's producer and an African assistant director made several field visits to identify potential partners in the countries to be involved in pre-testing; the film was then pre-tested over a six week period in five countries (e.g., Kenya, Uganda, Tanzania, Zambia and Zimbabwe). A 20-minute "behind the scenes" documentary on producing *Yellow Card* was made. Primarily a promotional and marketing tool, broadcast copies will be sent to television stations in the five target countries to create interest in the film prior to its intended release in May 2000. It is estimated that audiences will reach 50 million people.

Pathfinder's well-received regional programmatic ARH strategy for addressing the RH Needs of Young People in sub-Sahara Africa (1999-2003), was widely disseminated to international agencies including, UNFPA, World Bank, DFID, Ford Foundation, Rockefeller Foundation, the United Nations Foundation, USAID, cooperating agencies and local missions throughout Africa.

Also a part of its adolescent initiative, Pathfinder's Africa Region Office coordinated a workshop in Tanzania to finalize the Life Planning Skills manual for Kenyatta, Egerton and Dar es Salaam Universities. The manual is scheduled for publication and dissemination during the next quarter.

Integration

The report of Setting Africa Agenda II Conference was printed and distributed to USAID/W, USAID/REDSO, Integration Partners, and conference participants. Further dissemination of Agenda II Conference recommendations took place at a presentation of the paper at the 1999 APHA meeting in Chicago. Also related to document preparation, the Regional Office assembled training materials and guidelines, prepared abstracts of key integration documents, and established a local data-base for these materials.

A prototype Home-Based Care (HBC) Curriculum was reviewed by trainers (TASO, MOH, church missions, service providers/trainers) in Uganda. Their recommendations will be incorporated into the curriculum and pilot-tested next quarter. This is the same process used to adapt Pathfinder's master HBC Curriculum to local needs and conditions in Ethiopia and Kenya. A case description of home and community care for people living with AIDS was prepared and a paper presented at the 4th International Conference on home and Community Care for people living with HIV/AIDS in Paris, France. The booklet entitled "Integration Guide for Managers" was edited and is ready for production and distribution.

Urban Reproductive Health

Under its initiative to provide FP/RH information and services to high-risk groups living in urban slum areas, Pathfinder disseminated the results of its community diagnoses report in two of the four target sites: Mombasa, Kenya and Arusha Tanzania. Dissemination occurred at three levels: with local community structures, outlets, and partners; with community based service providers and peer educators; and with regional and country partners, CAs, and policy makers. Dissemination for the two Nairobi sites (Kangemi and Kawangware) was postponed due the strike within the City Council, but will take place next quarter. During this quarter, 100 condom dispensers were distributed and placed in strategic outlets including bars, guesthouses, and cinema houses. All CBD agents received bags for easy distribution of condoms and IEC materials. In total, more than 450,000 condoms were distributed in the four urban sites.

Ten community health events (i.e., well-mother clinics, drama and poetry performances, and music competitions) were conducted at the four participating sites. These events focused on prevention of unintended pregnancy and STI/HIV/AIDS and included information on environmental sanitation as well. Training activities are planned and scheduled for 60 CBDs and 22 CBD supervisors during the next quarter.

Increasing Access (SO I)

Kenya

During the period under review, Pathfinder in Kenya continued to ensure access to high quality reproductive health services through its five local implementing partners, (MYWO, Kabiro, High Risk, ACK Maseno West, and Eldoret). Condom distribution was up 5% in Kenya since last quarter. This increase was achieved through new initiatives that targeted workplace-based services; use of depot holders and social marketing; and the efforts of male CBDs at select places, i.e., bus stops and jua kali sites.

Mozambique

Due to the re-structuring of USAID funding and the imminent RFP for Mozambique, Pathfinder/Mozambique has been forced to begin planning project closeout. On that same note, activities have been scaled down to reflect a decrease in the FY 2000 budget. Funding for sub-grants and their activities have likewise been reduced. However, Pathfinder projects in Mozambique continued to provide FP/RH services.

Related to access, contraceptives were distributed to community based reproductive health agents (CBRHAs) and to health posts. AMODEFA and Pathfinder trained seventeen new CBRHAs as service providers in Lichinga City, Niassa, thereby increasing the availability of services.

The Pathfinder program focused special attention on activities related to youthful populations to ensure their access to FP/RH information and services. Approximately 400 youths attended special events in Zambézia and Maputo. Additionally, an ARH seminar in Zambézia drew more than 29 representatives from youth organizations. To further improve the availability of adolescent services, Pathfinder supported training of 57 students from four schools in Maputo and 51 students representing four schools in Zambézia as activists during a 60-hour course. Pathfinder also worked with local counterparts to train fifteen teachers from Maputo and 27 from Zambézia in a similar, 20-hour course.

Uganda

Related to both access and quality, Pathfinder's program in Uganda supported the training of service providers in Masindi, Kasese, and FLEP. During the quarter, the project in Masindi selected and then trained (with assistance from FLEP) 105 women to serve as VHWs at the internally displaced people (IDP) camps. The selected VHWs who are IDPs themselves, were as trained in FP concepts and methods as well as nutrition. Masindi further improved access to services by training 63 peer educators and 32 sexuality educators. Additionally, the project in Kasese which also serves IDP populations, trained 65 out-of-school peer educators in sexuality issues and techniques for working with young people. The Kasese project continues to provide over 47% of health services in the Kasese district; it serves more than 60,000 people in 45 IDP camps. This include medical treatment, immunization, condom distribution, counseling services, STD treatment, maternal services, and nutrition education. The projects in Kasese and Masindi provided supportive materials (e.g., flip charts, models, and contraceptives) to the peer educators

so they could begin offering information and services. As a result, Masindi established eighteen new outlets; these outlets serve as depots to continuously replenish stock of the rest of the peer educators. Similarly, FLEP with technical assistance from Pathfinder, trained 138 of its peer educators at a six-day workshop.

Peer Education in Uganda

Cultural norms play a significant role in program design; when the target audience is considered to have low status, it is critical to ensure trust between the provider and client before any services are offered. In Africa, adolescents in general, and young girls in particular are often vulnerable and at-risk for STIs and HIV/AIDS, abuse, etc. In Uganda, society generally perceives and portrays girls as weak, indecisive, shy, submissive, and dependent on others, especially when it comes to making decisions that affect their life. Like many development agencies, Pathfinder is trying to understand what happens to adolescents when they are confronted with difficult situations such as early pregnancy, rape, or incest. How do adolescents handle these situations? What kind of support do they receive and from where? How do you equip them with the skills and information to help them make good decisions?

Based on Pathfinder's experience, adolescents are more likely to listen to other adolescents than adults when it comes to sexuality and reproductive health issues. The organization therefore supports peer education FP/RH programs in several countries, including Uganda. As part of a recent training of adolescent peer educators, the group members shared their own stories and told others from their respective communities. With each telling, it became clear that issues of teen pregnancy, rape, etc. could not be ignored. Some stories were very horrifying and others were hard to believe. One of the peer educators named Edith told how she became pregnant at 15, and successfully concealed her condition from her household until her "hernia" resulted in baby. The baby's father, Aggrey, was even younger than Edith and refused to believe that he was old enough to get her pregnant. Scared, incredulous, and unprepared, these adolescents were ill-equipped to care for a baby. Edith had to deal with her father's rage over the situation; he threatened to cut her to pieces with a "panga" unless she revealed the name of the baby's father. Once she did, he immediately reported the case to the local authorities who imprisoned the young man. At a hearing by village court, Aggrey denied responsibility but was fined $150 for having sex with Edith. Aggrey's parents sold part of their land to pay the fine. Aggrey has since dropped out of school; Edith is living with friends looking after her baby who was underweight at birth and is still malnourished.

Edith wanted to share her story as a case study to help educate other adolescents about FP/RH. It generated many questions and served as an opportunity to promote open discussions. Why didn't they use a condom? Why didn't she tell anybody about her pregnancy? Why didn't anyone notice the pregnancy? Why did the boy agree to pay the fine but refuse to admit that he is the one who made her pregnant? What is her plan now? While Edith is in difficult position, it helps her to know that she can talk about her situation and perhaps prevent others from following in her footsteps.

Ethiopia

Although all of Pathfinder's subproject activities in Ethiopia are funded through a mission agreement, field support from the organization's central agreement is used for technical assistance to complement and support the subprojects. Given this scenario, NCA funding lead to increased access via technical assistance provided to initiate four new service delivery subprojects to be carried out. Specifically, the Ethiopian Evangelical Church Mekane Yesus/Central Synod (EECMY/CS) is implementing a CBD project in selected areas of the Oromia Region; it will serve a population of just under one million people. The Integrated Services for AIDS Prevention and Support Organization (ISAPSO) has begun implementation of an HIV-AIDS/STI awareness and prevention project in selected communities in Addis Ababa. The third project is an HIV/AIDS prevention and care project which focuses on mobilizing the national constituency served by the Ethiopian Orthodox Church-Development and Inter-Church Aid Commission (EOC-DICAC). The forth new project is being implemented by African Humanitarian Assistance(AHA); it aims to increase access to and improve the quality of FP/RH and STI/HIV/AIDS services in select areas of southern Ethiopia.

Also related to access, Pathfinder organized for the Ethiopian press and TV journalists to document project activities at selected project sites; these advocacy activities are expected to

ultimately improve access by creating awareness and support for services throughout the country.

Nigeria

During this quarter, NCA-supported projects supported access to FP/RH services through the efforts of grantee service providers, namely 144 CBDs, 45 patent medicine dealers (PMDs), and 31 clinical service providers. Their efforts resulted in the provision of services for 7,061 new users and 4,256 continuing users, thus generating 2,842 CYPs. Pathfinder improved awareness of FP/RH through the continuation of IEC campaigns (e.g., TV appearances, radio slots, clinic group talks, community dramas, market place campaigns, FLE in schools and sensitization in brothels, churches and among traditional council members). To increase both awareness (access) and information (quality) of FH/RH, subproject staff continued to distribute IEC materials this quarter. Additionally, outreach staff conducted 1,808 home visits during which 11,636 persons received information on RH/FP and STD/HIV/AIDS prevention. Sensitization activities were intensified among CSWs during the quarter. Two of the sub-projects, Aba and Mokola, Ibadan, provided more than 600 CSWs and nine hotel managers with various FP/RH messages, with special emphasis on dual method use and the benefits of condom use.

LAC Region

Bolivia

During this quarter, Pathfinder carried out a Reproductive Health Fair in the city of Trinidad, to provide information and education to the people from Trinidad, with a special emphasis on reaching adolescents and men. This activity was carried out as part of Pathfinder's ongoing support to Ministry of Health family planning services in the Department of Bení.

In the area of adolescent reproductive health, activities were carried out in the El Alto district of La Paz, where Pathfinder supports the Bolivian NGO SERVIR in strengthening the MOH system. Service providers were trained in adolescent health, and SERVIR, in coordination with District IV officials, established initial contacts with organized youth groups, schools, and community leaders in order to define a scope of the work with adolescents in this District.

Pathfinder also continued to provide support to "Carnetización Masiva", the MOH's Health Card Campaign in El Alto. During this quarter, health promoters from SERVIR visited each household in the Pathfinder-assigned health district in El Alto in order to inform residents of the benefits of the "Seguro Básico de Salud", the MOH's basic package of free health services, and to inscribe women and children in this insurance package. Pathfinder participated in the dissemination of educational messages in the four health districts of El Alto to support the "Carnetización Masiva" as well.

Brazil

The State Secretariat of Health of Bahia, SESAB, through its program with Pathfinder, currently offers family planning services in a total of 282 health posts throughout the state of Bahia. Twenty-eight out of the 30 health regions (DIRES) have at least one health post offering family planning services. SESAB has undergone a major change in its organizational structure, and as a result, a Reproductive Health Center (CRESAR) has been established that will coordinate all

family planning, as well as some reproductive health activities, including those related to Pathfinder and other CAs.

Next quarter, most of the activities with SESAB will be internal in nature. No training is scheduled due to this being the holiday season in the region. One exception will be the first SESAB family planning training outside the state of Bahia. SESAB has been invited to assist in the "replication" of its family planning policy to the state of Sergipe, located on the northeast border with Bahia.

Pathfinder/Brazil, with its population-environment partner FUNATURA, is working to improve access for the residents of the Grande SertãoVeredas National Park. In this quarter, the project continued with activities carried out by the auxiliary nurse and the community health agents: home visits and meetings in several communities and at schools, as well as referring people from the target communities to two health posts: in Chapada Gaucha and Formoso. Contacts have also been made with local government health officials in order to discuss mechanisms which will ensure continuous access to health services in the region. Funatura's staff has participated in campaigns carried out by the Secretariat of Health, such as vaccination.

Pathfinder's other population-environment project, located in Massaroca, Bahia with the local organization ADAC, also helps bring reproductive and basic health information and services to hard-to-reach populations. Two Multiplier Agent training events have been performed during the quarter in order to increase the number of people working with this population. The multiplier agents facilitate weekly community meetings.

Pathfinder do Brasil is pioneering the introduction of the Emergency Contraception Pill (ECP) in this country. Relying heavily on the ECP Consortium's work, of which PI is an active member, the Brazil office developed a three-part strategy to reach physicians, the general population, and victims of violence. This strategy will increase access to ECP by increasing demand, improving availability of services by having better-informed providers, and by alerting victims of rape that ECP is an option. Our major partners are the Ob/Gyn Society of Bahia (SOGIBA), a maternity hospital with a very active FP service, and the legal system.

The partnership with SOGIBA continued with a two-day event in Crus das Almas (the fourth in a series of nine) that included a lecture at a large public high school for teachers and students, an event with political leaders to diagnose the reproductive health situation of the region, a maternal mortality seminar for the public at large, and finally, a family planning teaching seminar for service providers with an emphasis on ECP.

Pathfinder do Brasil is also in the process of adapting client and provider IEC materials from the ECP consortium to distribute among physicians, adolescents, family planning clients in general, police stations, and colleagues of Pathfinder-supported projects, among others. It is expected that the materials will have been produced and distributed by the beginning of next quarter.

During this quarter work progressed on the FP/RH and STD/AIDS Integration Project. In collaboration with local and state health departments in Bahia and Ceará, supervision visits were conducted in order to monitor the implementation of action plans at the health unit level. The visits provided opportunity to identify and discuss, with managers and health teams, the major constraints to implementing the actions proposed. Results from the first set of visits were

positive; many actions were found to have been developed, and health teams were found to be proactive in overcoming obstacles to project implementation.

The Pathfinder-supported NGO Cetad has continued to refer people for medical and psychological treatment, as well as for HIV tests to two hospitals and Cetad's clinic. These activities and the inter-institutional coordinating mechanisms have now been formally established and systematized.

Ecuador

With the support of private funds, ECP activities that were previously carried out with NCA funds continued to be developed in Quito, Ecuador. During this quarter efforts were focused on providing technical assistance and funding to support CEISAN's development of a new proposal for expanding ECP services in Ecuador. ECP services were introduced in four new clinics and 50 service providers were trained in ECP provision. Emphasis was given to strengthening ECP services for adolescents by training providers in the counseling of young adults with an effort to link ECP to existing family planning services within public sector health establishments. Youth leaders received a refresher training on reproductive health and ECP. IEC, learning materials, leaflets, and posters were distributed to all ECP implementing service delivery points.

Pathfinder International also supported a privately funded PAC program in Ecuador in coordination with the Midwives Association of the Guayas Province. Training activities continued to improve the treatment of incomplete abortion and post-abortion contraception in one MOH hospital in Guayaquil.

Peru

During this quarter, Pathfinder activities focused on strengthening public sector service delivery programs, specifically those for adolescents and young adults. Quality issues were also addressed by strengthening technical competence and counseling skills of service providers and program managers.

Under the NCA/Adolescent Program one training course for service providers was conducted to improve both their technical competence and counseling skills. Also during this quarter, Pathfinder provided training materials and basic furniture and equipment for counseling rooms for adolescents at MOH establishments. Technical assistance was provided to ESSALUD-Juventud (Social Security Adolescent Program) in the area of monitoring and evaluation.

Two staff members of the PERU Country Office participated in the Annual APHA Meeting in Chicago, Illinois held in November. During the meeting, the NCA/Adolescent Program Coordinator participated in a panel with staff members of FOCUS Washington and Tulane University to present the results of a study of the MOE National Sexual and Family Education Program, "Beyond KAP: A Qualitative Study of Peruvian Students' Reactions towards the Sex Education Program". She also prepared a poster session named "Let's Talk Sex: A New Approach to Sex Education in Peruvian High Schools". Following the APHA meeting, the Adolescent Program Coordinator visited Tulane University in order to collaborate with Tulane staff in the preparation of two papers based on the data gathered from the MOE evaluation. Both papers will be published in *Studies of Family Planning* in the near future.

Under the NCA/Adolescent Program, Pathfinder International continued to support MOH programs providing services to young adults and adolescents. Although Lima is not a usual intervention area for PI/Adolescent program, a two-day workshop on " **Improving Communication Skills for Counseling Adolescents in Sexual and Reproductive Health**" was conducted in Lima at the request of the Coordinator of the MOH School and Adolescent Health Program. Participating were 30 MOH Coordinators of the School and Adolescent Program of the East Lima area, which includes six hospitals, 22 health centers and two health posts.

Other efforts to increase access to FP/RH services for young adults and adolescents included the provision of training materials and basic furniture to four new adolescent comprehensive clinics located in the cities of Tacna (2), San Martin (1), and Ayacucho (1).

Asia Region

Indonesia

The Service Delivery Expansion Support (SDES) Project continued to increase access to family planning services through a number of interventions that included making ready of SDPs, supporting village midwife services, and providing contraceptive and medical supplies to project sites. Preliminary results show that overall success of FP services in the SDES provinces has increased. BKKBN reported a total of 1,271,316 new acceptors and 1,251,116 CYPs from twelve provinces and six NGOs. The SDES Project evaluation report indicated a significant increase in CPR in the SDES areas compared to the non-SDES areas over the past five years. SDES continued ensuring the availability of free FP services at community facilities during the ongoing economic crisis. USAID through Pathfinder International has provided BKKBN a total of 1,100,000 IUDs Copper-T 380, 228,000 Norplant Implants, and 870,000 vials of Depo Provera injectables. Through AVSC, medical supplies that included 273,600 cases of Norplant services (insertion and removal) and 40,000 cases of VS services, were furnished. Of the total number of IUDs, 71% have been distributed to the clinics in SDES provinces and districts, and all the other contraceptives and medical supplies have been distributed to the clinics for free services. The VS services are a prioritized service at province and district hospitals through the mobile Visiting Specialist Team as well as specifically designated health centers offering minilaparotomy services.

Pathfinder authorized the Center for Health Research, University of Indonesia, to conduct monitoring of the distribution of contraceptives. Preliminary reports and interviews show that the medical supplies have contributed significantly to ensuring affordable prices to VS services and to the maintenance of quality services. Use of medical supplies for implant services will be used in conjunction with the distributed USAID Norplant supplies.

SDES continues to support BKKBN DKI Jakarta in providing FP activities at the Integrated Service Posts at the sub-village level and special outreach activities for the urban poor. In joint collaboration with the Yayasan Melati, BKKBN DKI Jakarta conducted an operations research activity last year to assess the effects of the economic crisis on family planning services at the 38 sub-villages and urban slum areas. The results indicated that most of the clinical providers should be trained in counseling to increase the quality of services, and the field workers should be trained in promoting contraceptive use including long-term methods. The rationale behind this special attention devoted to urban slums is that urban poor populations have less coping

mechanisms to deal with the increased price of goods including family planning and health services when compared to the rural poor.

To increase access to family planning services at the village level, SDES has developed a coordinated effort between BKKBN and IBI to ensure that counseling and contraceptive services provided by village midwives based SDPs follow standards of quality. BKKBN and IBI has developed an operational guidelines at the province level and is in the process of implementing it at the district and sub-district levels in order to provide better family planning services by midwives at the village level. During this quarter, a total of 123 POAs for province and district levels have been produced that coordinated 38,442 village midwife visits at the village level. In addition, a total of fourteen meeting have been conducted in selected provinces to improve coordination between the referral pharmacies and the village contraceptive distribution posts at the village level to increase availability of private source contraceptives.

The monitoring results indicated that the improvement of logistics systems is required to ensure the availability of adequate levels of contraceptives and essential equipment for quality services. The Crisis Monitoring and Response Units in the eleven SDES provinces continue to produce monthly province and district reports on the effects of the economic crisis on key FP variables. During this quarter, 120 monthly reports have been written, and the 1,056 monitoring trips have been conducted to assess the effects of the economic crisis on FP services. A workshop is planned on data interpretation and policy analysis.

Improving Quality (SO II)

Africa Region

Ethiopia

Through its central agreement, Pathfinder provided TA to its Ethiopia country program that contributed to the organization's strategic objective of improved quality of services. To strengthen provider competence to deliver high-quality family planning and selected RH services, Pathfinder provided oversight in the training of 110 persons in CBD, clinic, workplace, market place, and adolescent programs. This figure includes eleven EECMY/SCS nurses trained in clinical service training (e.g., IUCD/Norplant insertion/removal) at FGAE training center; this training will improve referral linkages and back-up services between the CBRH program and the nearby health facilities.

Pathfinder also provided TA to ISAPSO in a four-day peer education workshop held for fifteen CSW peer educators selected from three districts in Addis Ababa. The training focused on prevention and treatment of sexually transmitted diseases; risk behavior and risk reduction behavior; condom use and demonstration; interpersonal communication; basic counseling; and roles and responsibilities.

Mozambique

Pathfinder provided RH and post-abortion training materials to the Mozambique Ministry of Health and Maputo City Council health authorities; these materials were then reviewed with the Ministry of Health. A plan for integrating HIV/AIDS prevention in MCH services (with

particular attention to adolescent RH services provided youth centers) was then developed, along with a proposal and budget to implement an agreed plan for expanding RH services.

Pathfinder/Nampula staff conducted a TOT for AMODEFA staff from Nampula, Zambézia, and Niassa. Pathfinder and Salama staff also conducted field supervision and monitoring activities in all four localities of the Salama CBD project. Asupervision guide was introduced to MCH and elementary nurses and a preliminary version of the ARH-sponsored manual on sexuality, health, and reproductive rights of adolescents was completed.

Uganda

As part of their quality assurance effort, Pathfinder held a one-day workshop for the service providers of organization it supports to discuss the Tiahrt Amendment. Specifically, the Masindi project held five workshops for 78 CRHWs and six service providers; the Kasese project held eleven workshops for 82 CRHWs and 18 service providers; and EAD conducted six workshops for 84 CRHWs, six supervisors, and four service providers. Additionally, FLEP conducted eight workshops at the zonal level reaching 178 village health workers, 59 service providers, and sixteen CBD supervisors.

Pathfinder supported the conduct of several quality of care assessments or audits, including six of Kasese's project clinics and sixteen of FLEP's (two of which are VSC clinics). The results of the assessments will be available next quarter.

The HBC curriculum developed by the ARO was reviewed and a modified version for Uganda was developed. In addition, the first draft a "Skills Transfer Guide for Community Workers" was also developed with significant contribution from FLEP. Pre-testing of the two materials will be done in the coming quarter.

To improve both awareness and knowledge of FP/RH, the Masindi project conducted community IEC activities in all project areas. Further, all projects participated in nationwide events to mark World AIDS Day. The Masindi project put together exhibitions of their work particularly that of the CRHWs and peer educators. Adolescents from the IDP camps staged several shows. FLEP's exhibit focused on home-based care approaches to supporting People Living with HIV/AIDS.

Also related to improved quality of services, 11 community clinics in the EAD jurisdiction are undergoing major renovation with significant contribution from the communities.

Kenya

To ensure quality services for slum residents in the neediest sections of Nairobi, the Kabiro Health Care Trust Project has begun focusing on improvement of integrated service delivery. This translates into the provision of curative services, child welfare services, and immunizations; pap smears; testing and treatment of STDs; and provision of ante-natal and post-natal services. To ensure client access to accurate information on FP/RH services including STI and HIV/AIDS prevention, the CBD/youth component of the Kabiro project presented a number of puppetry shows in the slum communities.

LAC Region

Bolivia

In terms of training, Pathfinder continued to support two MOH training centers, one in Oruro and one in Trinidad, through which 68 providers were trained in Reproductive Health and Infection Prevention. A TOT was also carried out for family planning trainers of private physicians as part of Pathfinder's work under a PSI sub-contract. Twelve providers were trained in training methodologies and contraceptive technology.

Pathfinder has also continued to actively contribute the development of national norms and protocols in two areas: postabortion care and adolescent reproductive health. In coordination with other Cooperating Agencies, Pathfinder provided technical assistance in the development of postabortion care norms and protocols which will be validated and disseminated in the coming months. A national workshop was held in coordination with the Ministry of Health to validate Norms and Protocols for Adolescents Care. During the workshop, health providers from each department of the country analyzed the norms and protocols that were developed with Pathfinder support, and during the next quarter, those norms will be disseminated, and health providers throughout the country will be trained in order to serve adolescents according to the norms.

During the quarter, Pathfinder also supported two project monitoring meetings, one in Trinidad and one in District IV, El Alto. These meetings gathered the health providers that work at the health centers and referral hospitals in these areas to discuss their achievements, problems encountered, lessons learned and action plans to correct or solve the problems encountered.

The continuing program of on-site "training supervision" was advanced in Trinidad health centers. During supervision visits, providers filled out a self-assessment tool and discussed areas for improvement. Both supervisors and health providers agreed on the activities to be carried out in order to improve or solve the problems encountered during the visit, and a plan was developed for the next training supervision visit.

Brazil

In connection with support to the high-school sexual education program with the José Carvalho Foundation, Pathfinder do Brasil consultants participated in a forum on adolescent sexuality with parents of students. A final meeting between Pathfinder consultants and the Foundation's teachers was held in order to evaluate activities of the past year. Three student-only plays about contraceptive methods, drugs and AIDS prevention were also presented during this quarter, as a result of the training received by the Foundation's teachers and their work in the classroom. Negotiations will begin to transfer project costs for next year to the Foundation, with Pathfinder continuing to provide TA in project management and design, sexuality, gender and reproductive health issues.

To improve quality of services through the STD/AIDS/RH integration project, during this quarter the Pathfinder team continued to conduct training activities to strengthen integrated service provision. Health teams from the participating health units were trained to improve integrated assistance within pre-natal care and STD/AIDS prevention. In the State of Ceará, Pathfinder also conducted a needs assessment for Infection Prevention Control within project health units. Based on the results, a training module has been developed and applied in order to

standardize infection prevention procedures. For the next quarter, the same activity will be conducted in the State of Bahia.

In regards to the four NGOs focused on AIDS in Bahia and Ceará, the following activities have been conducted: Communication and Culture continued to provide training to school children through addressing AIDS prevention in school newspapers; C & C also expanded activities promoting community mobilization. By the end of the year, a total of 487 adolescents were trained, 216 newspapers with "equal-to-equal" editorials were published, 283,500 copies of newspaper were distributed and 175 social mobilization activities took place. The Institute for Health and Social Development (ISDS) has continued its evaluation study. The IV Seminar of Broadcasters Against Aids was held in October. Cetad has continued to carry out activities with an interdisciplinary team in their mobile health unit: medical services, counseling, IEC materials and condom distribution are included.

GAPA (AIDS Support and Prevention Group) held a Reproductive Health Seminar in which Pathfinder invited experts to talk to the women from the project target area. The seminar was held over the course of four afternoons and covered the following topics: family planning, STDs, cancer prevention and AIDS. Approximately 75 women participated.

Peru

The above-mentioned training activity to improve service provider communication skills and counseling for adolescents also contributes to improved quality of public sector services. Participants also received a copy of the training module,"*Improving Interpersonal Communications Skills and Counseling for Adolescents on Sexual and Reproductive Health Care*". This modules continues to be distributed among other public institutions providing adolescent services as well, such as the MOH Family Planning and Reproductive Heath Program.

Furthermore, two English versions of the newsletter *In-Focus Series,* developed by FOCUS Washington have been translated into Spanish and are being distributed among public and private sector institutions that conduct adolescent programs.

Pathfinder continued with the translation, production and dissemination in Peru, Bolivia and Mexico of the English version of Pathfinder's fifteen training curricula, *Comprehensive Reproductive Health and Family Planning Training Curriculum.* During this quarter, Module # 7 *Intrauterine Devices,* and Module #5, *Emergency Contraceptive Pills,* were translated into Spanish. Also, the document *Clinical Evaluation and Management Handbook* developed by the American Medical Association was translated into Spanish. At present this document is being reviewed and revised by a group of professionals providing technical support to the MOH Adolescent Program so that it can be adapted for use in Peru.

Finally, Pathfinder has proposed to conduct a study that will assess the status of existing adolescent services in the four regions where the NCA/Adolescent Program is working. Determining the type and extent of resources available for Adolescent RH services in the region will contribute to the development of plans to improve the quality of services, and it will more effectively direct TA. Three questionnaires have been developed for the study: (1) **Service Provider Questionnaire** to identify service provider profile, expertise, attitude towards adolescent issues and approach to service delivery; (2) **Adolescent Questionnaire** to obtain

information about the profile of adolescents seeking services and their perception of the quality of services received; and (3) **Adolescent Service Delivery Questionnaire** to record information about the types of adolescents reproductive health services provided at the service delivery site. These data collection instruments have been field-tested; data collection and analysis of data will be carried out during the next quarter.

Asia Region

Indonesia

Several activities to increase the quality of services including providing training for village midwives in IUD insertion and removal, VS services for doctors, and counseling for fieldworkers were completed. A total of 306 village midwives were trained in IUD insertion and removal, 105 providers in VS, and 570 VMWs and fieldworkers in IPC counseling. The Quality Assessment Study indicated that some providers have knowledge but it has not yet translated into actual practice. Most trained providers do not follow all of the standards for the insertion and removal of IUD and Norplant. There is a need, therefore, to improve adherence to service delivery standards including knowledge and behavior in clinical and counseling procedures. In addition to the Quality Assurance Team visits, SDES supports the implementation of medical-technical meetings at the province level to discuss ways for improving the quality of FP services particularly IUD and VSC. All training conducted during this fiscal year will emphasize strict trainee selection criteria.

The training activities are focused on the potential SDES districts where demanded for IUD and VS services are high. Doctors and midwives from these potential districts are trained in IUD and VS. In addition, an integrated apprenticeship training at the HC was conducted for VMWs to provide practical knowledge and skills in IUD insertion and removal. With the assistance of JHPIEGO, BKKBN will develop a TOT curriculum for midwives apprenticeship training. A TOT for senior midwives will be conducted as a pre-requisite to the integrated apprenticeship training. The senior midwives with then train village midwives in clinical skills through local HCs in three provinces including West Java, South Sumatra and Central Java.

The AVSC and JHU/PCS provide technical assistance to BKKBN in the SDES Project implementation. AVSC provide TA mainly in minilaparotomy services at hospitals and HC bases. Based on the discussions with USAID, Pathfinder and AVSC, TA will focus on developing guidelines for minilaparotomy services at HC and printing a training guideline for minilaparotomy technique. The specifically designed minilaparotomy services at the HC by medical doctors will reduce the cost of services for poor and near poor populations. Counseling training will also be conducted and will strongly emphasize informed consent.

TA by JHU/PCS in IEC development implemented in four SDES provinces including Central Java, West Java, North Sumatra, and South Sumatra will also emphasize local needs and resources. The objective is to strengthen province and district capabilities in IEC development. In line with SDES, the IEC developed will focus on use of long-term method effectiveness as an alternative contraceptive choice and on the importance of maintaining contraceptive use.

Due to increasing cumulative reports of HIV/AIDS (as of September 1999 there were 942 cases in Indonesia), SDES has selected two provinces, East and West Java, as pilot project areas for a HIV/AIDS prevention activity through integrated family planning services in two PKBI clinics.

Training on the syndromic approach, counseling and laboratory testing for Gonorrhea and Syphilis, have been completed. Sentinel surveillance type of activities will be conducted for four months starting November 1999 among "high-risk" pregnant women.

Vietnam

The Pathfinder International Vietnam Office, with funding from the ANE/SEA/SPA, is working closely with the Ha Noi Health Service and the American College of Nurse-Midwives (ACNM) on the Training for Safe Motherhood and Newborn Care Initiative. The overall goal of the initiative is to improve the capacity of midwifery care providers (both midwives and obstetrician-gynecologists) to provide normal maternal/newborn care. In doing so, it also looks at mechanisms for responding to emergency obstetric and neonatal care in Ha Noi. To accomplish this goal the following specific objectives were planned:

1. To establish an eight-member Safe Motherhood Training Team (SMTT) belonging to the Ha Noi Health Service; and

2. To provide training to 140 midwifery care providers working in four district maternity clinics and one provincial hospital in Ha Noi in normal maternal/newborn care.

Pathfinder's longer-term goal is to develop within the Ha Noi Health Service a Training Center to provide training on safe motherhood and care of the newborn for other health providers, first in Ha Noi Province and in the long-term in other parts of Vietnam. As part of this effort, the capability of the two training sites – the Ha Noi Obstetric and Gynecological (Ob/Gyn) Hospital and the Ha Noi Secondary Medical School is being enhanced. For example, additional training has and will be conducted for staff of the Ob/Gyn Hospital and two of the members of the SMTT are staff at the Ha Noi Secondary Medical School. Therefore, there is potential to influence pre-service training.

The initiative is an important component of Pathfinder's overall objective of working with Vietnamese partners in the public and private sector to improve the quality and range of reproductive health services. It also is enhancing training in safe motherhood and care of the newborn in the Reproductive Health Program (RHP), a partnership between Pathfinder, AVSC International, and Ipas. In July 1999, ten participants, representing all four RHP continuing provinces (Ha Noi, Hue, Soc Trang and Ho Chi Minh City), completed the intensive two-week clinical course on safe motherhood and care of the newborn. The Ha Noi SMTT, a consultant from ACNM and a Pathfinder program officer conducted this training. The RHP will hold a similar course for representatives from its new provinces (Vinh Phuc, Quang Ninh, Can Tho and An Giang) in 2000/2001.

Additionally, the initiative will assess the effectiveness of the ACNM training curriculum on "safe motherhood and care of the newborn" adapted for use in Vietnam. The evaluation and end of project review covered under the continuation activities described herein are extremely timely as ACNM is conducting similar evaluations in other countries.

Activities Completed in 2nd Quarter:

- September - October 1999 – Routine Monitoring by Pathfinder International and Ha Noi Health Service;
- October - November 1999 – ACNM consultant and SMTT trained ten more midwifery providers from the Hanoi Ob/Gyn Hospital. ACNM consultant reviewed SMTT's clinical and teaching knowledge;
- December 1999 – Routine Monitoring by Pathfinder International and Ha Noi Health Service.

Institutional Sustainability (SO III)

Africa Region

South Africa

Pathfinder and PPASA continued its capacity building collaboration and was able to prepare and transmit a successful proposal to the Compton Foundation. As a result, the Foundation has given a US$1 million, three-year grant for an innovative RH-environmental program. Building upon PPASA's existing partnerships with working for Water and UNFPA, PPASA and Pathfinder will strengthen PPASA's capacity to expand RH services in conjunction with water conservation and other environmental interventions usually in remote, disadvantaged communities. The program will also strengthen ARHS and income generation activities, using products derived from clearing alien species, to benefit these needy communities and residents. USAID/South Africa will provide additional support, and other partners with requisite technical skills will be identified.

Ethiopia

As part of its institutional capacity building and sustainability initiative, Pathfinder in collaboration with Abt Associates, organized a six-day financial management and cost accounting training course for all Pathfinder partner organizations. Results of the training will be reported next quarter.

As part of a collaborative work with USAID-supported implementing partners, Pathfinder participated in the mid-term evaluation of the Shenkola Child Survival Project (SCSP) of World Vision International in Soro Woreda, Hadiya zone. During the evaluation, assessment of the CBRH program in Soro Woreda and possible areas of collaboration was conducted using a checklist developed by both partners.

The draft evaluation report of EECMY/SCS CBRH activity on FP and other MCH activities was disseminated among staff members and presented at the 10th Annual Scientific Conference of the Ethiopian Public Health Association.

Kenya

Using CORE funds from its central agreement, Pathfinder and Abt Associated held a workshop on financial management and sustainability for all of Pathfinder's Kenya grantees. This particular intervention was designed to assist grantees to diversify their resource base and facilitate operational sustainability. A report on the results of this training will be available next quarter.

Also related to institutional capacity building, Pathfinder worked with a consultant to help two local implementing partners (MYWO and ACK Maseno West) to develop district specific programs that respond to the changing environment. The scope also called for a program management assessment as well as revamping of these programs.

Mozambique

Pathfinder began working with Salama to develop proposals for procurement of additional funding for its RH activities in light of the possible termination of USAID funding. With Pathfinder assistance, local grantee Salama was successful in procuring 100 bicycles for its CBRHAs through a generous donation by Trocare, an Irish organization.

As part of the partnership between Salama, Pact, and Pathfinder, the Salama Executive Director participated in a six-day Pact-sponsored seminar on planning, monitoring, and evaluation. Dr. Leo Morris from the Center for Disease Control, worked with major donors (UNFPA, USAID, UNICEF) in redesigning the ARH survey objectives and sample size.

Pathfinder also prepared a draft budget for AMODEFA to reflect reductions in USAID funding. To help AMODEFA diversify its funding base and to maintain programs, Pathfinder staff met with IPPF consultants to discuss AMODEFA's institutional needs. Pathfinder also began planning a proposal for expansion of AMODEFA's CBD activities in Zamezia using UNFPA funding.

Uganda

The project was reviewed and district support was identified through meetings with the Masindi district health committee and heath team. As a result, the district agreed to provide supplies and clinical materials to expand child survival interventions including immunization and growth monitoring activities. The Masindi project also provided the local equivalent of US$1,500 for micro-credit schemes in three groups; two are CRHW groups and one is a women' group in an IDP camp. The FLEP sustainability plan is continuing with TA from Pathfinder and Abt Associates. EAD continued to support micro-projects for 84 CBDs. FLEP also continued to provide technical assistance to the VHW Association that manages micro-credit scheme for the 178 VHWs.

Kasese conducted eleven one-day workshops on project MIS for 98 CRHW and eleven service providers.

LAC Region

Bolivia

Pathfinder and SERVIR, in order to strengthen the managerial capabilities of the MOH Health District IV officials, designed and carried out a training course in Logistics Management Systems and developed an action plan in order to avoid contraceptive stock outs in the district.

During this quarter, a preliminary analysis of the COMBASE's "cost-recovery and shared risk" initiative was carried out; the percentage of sustainability or cost-recovery in each COMBASE health center is as follows:

- Candelaria 41%
- Jaywayco 32%
- Molle Molle 24%
- Aroma 57%
- Quillacollo 2% (new center)
- San Miguel 22%
- Hospital 88%

It is worth noting that several of the health centers are located in very poor areas of Cochabamba, a fact which is primarily accountable for the lower cost recovery percentages in these centers.

Brazil

Pathfinder do Brasil continues to provide assistance to SESAB in strengthening existing family planning services within participating health units. Pathfinder do Brasil provides technical and financial support for the state family planning data collection system, SISMAC. The new SISMAC is currently comprised of three modules: Service Statistics, Training and Logistics. The Service Statistics and Training modules have been completed. The Service Statistics module is fully operational in 28 DIRES, the city of Salvador and SESAB's headquarters. The Training module is centralized at SESAB's HQ. Pathfinder do Brasil has finished the first "beta" (version) of the logistics module; validation is currently under way.

A fourth module for SISMAC is under conceptual development. This new module (Planning) will link all three other modules and fulfill several functions: assisting SESAB managers to plan strategies and identify possible bottlenecks in the distribution of contraceptives; providing human and physical resource inventories and their relationship with the capacity to provide services; and estimating contraceptive needs.

Pathfinder has also been approached by SESAB to incorporate data on pre-natal care into the Services module of SISMAC. As explained above, SISMAC is a family planning-only data collection system, but internal SESAB re-structuring between CRESAR (Reproductive Health Center) and the Women's Health Division will necessitate this move. Pathfinder is currently evaluating this request; a decision will be made next quarter after a meeting with The Ministry of Health (see below).

Next quarter Pathfinder will hold a meeting with The Ministry of Health of Brazil in order to discuss the possibility of expanding SISMAC beyond the state level, with the idea that the system should be absorbed by the MOH and then disseminated to all 26 other states of Brazil. The meeting will also address the situation of family planning and contraceptive logistics in Brazil and possible solutions to related problems.

In the HIV/AIDS/RH Integration Project, the State and Municipal Secretariats of Health continues to play a very active role. Representatives from Bahia and Ceará actively participate in project development, and all activities have been planned and implemented in partnership with Municipal and State Secretariats of Health. An analysis of project "direct costs" has shown that the public sector in both states cover 50% of direct project costs.

In the community of Massaroca, six of the ADAC project's multiplier have been incorporated into the federally-funded Community Health Agents Program. Each one of them will receive a small monthly salary. This will assure the continuity of the work beyond the life of the project.

ISDS has presented the Broadcasters Against Aids experience in several congresses and seminars around the country during the quarter, including the III Brazilian Congress on STD/AIDS Prevention, as well as radio and TVs presentations. In addition, ISDS has launched a competition for DJs to produce radio spots targeting women and young adults; winners will be included in the new CD to be funded by the Ceará State Secretariat of Health.

Cetad has carried out several meetings with government health officials in order to include the Harm Reduction Program into the PACS (Community Health Agents Program).

Peru

Pathfinder's NCA/Adolescent Program continued to provide technical assistance to the MOH School and Adolescent Health Care Program to strengthen organizational capacity for the implementation of quality, comprehensive counseling services for young adults and adolescents. This TA, which is being provided not only at central level but also in four different regions of Peru, focuses on program management and service organization.

The NCA/Adolescent Program Coordinator continued to collaborate with Tulane University in assisting the Social Security Youth Program (EsSALUD) in the area of monitoring and evaluation. During this quarter the final KAP questionnaire for evaluating ES-Salud Peer Promoters Program was reviewed, field-tested and answered by 6,000 adolescent from seven cities (different regions) where the program is currently being implemented.

Asia Region

Indonesia

Pathfinder International, through SDES, continued to strengthen institutional sustainability through the clinical training network, training of NGO staff in clinic management, and program planning as well as in financial management. Additionally, SDES provided support to the developing Crisis Management Response Units (CMRU) at the BKKBN central, provincial and district levels. A total of 105 BKKBN, NRC and NGO staff have been trained in operational planning methods. The CMRU has been replicated in the non-SDES provinces and districts, and they provide regular reports on the impact of the economic crisis such as the availability of

contraceptive supplies, drop-out users, and accessibility of services in the country. As recommended in the evaluation, SDES will support NGO capabilities in advocacy. Although accepted in some provinces, the availability of minilap services at Health Centers is still limited. SDES has plans, therefore, to support and advocate for the availability of nationwide minilaparotomy services at Health Centers and at outpatient clinics, and for the acceptance of the minilaparotomy technique without the uterine elevator through PKMI, the Indonesian Association for Voluntary and Secure Contraception.

Monitoring and Evaluation

At Pathfinder Headquarters, evaluation staff was extensively involved in responding to the RFA in October and November. Distribution efforts of "Evaluation Notes"–two page highlights of Pathfinder evaluations – continued in December with the completion of an external mailing and the submission of eight "Evaluation Notes" to USAID's online Development Experience Clearinghouse. The Evaluation Coordinator also attended the American Public Health Association Annual Meeting in November and assisted in the presentation of two poster sessions.

In the field during this quarter, Senior Evaluation staff traveled to Bolivia, Peru, and Bangladesh. Technical assistance in the LAC Region included completing a process evaluation of training in Trinidad, Bolivia, and developing an evaluation plan and instruments (e.g. client and provider questionnaires and interview guides for local authorities and medical staff) for a FOCUS baseline study in Peru on public services for adolescents in four regions of the country. The LAC Senior Evaluation Officer also met with Virginia Chambers, the Director of the Regional Desk for LAC at Ipas, to discuss mutual collaborative efforts in Bolivia, Peru, and the Ecuador. In ANE, the Director of Evaluation provided technical assistance to the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) on a study examining the relationship between abortion and family planning utilization in Bangladesh.

Indonesia

The following reports and studies were completed during this reporting period:

Contracpetive Monitoring Study.

- Conducted by PPKUI, Phase I analysis, report and summary report are now complete. Provincial data sheets have also been completed and have been distributed to BKKBN provincial offices and SDES coordinators for information and action. Phase 2 began in January 2000, and will include the monitoring of USAID donated injectables for three SDES provinces (North Sumatra, South Sumatra and West Java).

Quality Assessment Study

- Conducted by PKKUI, the final report has been completed and approved.

Output/Impact Study

- The final report of this study has been completed and approved.

Management Effectiveness Study — Lessons Learned from SDES Management and Programmatic Intervention.

- The final report of this study has been completed and approved.

Information Systems

The Information Systems Unit has now deployed the New Pathfinder Support System (NewPSS) in all country offices. NewPSS is a comprehensive information management application that permits users around the world to enter, access, analyze, and report on data essential to the organization. A tightly controlled system of time-stamped electronic signoffs enforces a new standard of accountability for all administrative processes relating to programs and projects, including quarterly programmatic reporting and essential financial transactions relating to projects administered by subgrantees.

A new standard of accountability has been enforced with password-protected log ins and identification of those submitting administrative transactions. This protection does not, however, interfere with access to information: every office can view programmatic and financial information relating to Pathfinder activities, regardless of the location of the office that originated the information, on a read-only basis

NewPSS has been successfully deployed in Brazil, Bolivia, Peru, Indonesia, Vietnam, Nigeria, Ethiopia, Kenya, Uganda, Mozambique, Egypt, Tanzania, and Bangladesh. All installations involved at least a week of training with carefully recorded field input making its way back into subsequent iterations of the application. Input from field offices has resulted in considerable improvement in ease of use. The system continues to be upgraded on a regular basis to include new functionality as programmatic needs and management requirements evolve.

ISU is also in the process of upgrading and enhancing local networks in all offices on an as-needed basis to improve the data collection and reporting capabilities of all country offices.

Medical Services

STD/HIV/AIDS Integration

Work on the home-based care for persons living with AIDS (PWLA) training curriculum is a new and well-received activity for community health workers (CHWs). The objective of a new Pathfinder training curriculum is to prepare CHWs to teach family members to provide care in Africa. This curriculum will be used as a model in developing one that can be used worldwide. Medical Services staff participated in a workshop in Uganda with two community organizations to discuss approaches to HBC and to review the draft HBC curriculum for CHW.

Headquarters staff participated in a pre-testing of the draft training module, Prevention and Management of RTIs, in Nairobi, Kenya in November and December. Twenty participants–nurses, health officers and doctors–completed the two-week curriculum, including a three-day practicum, for a successful pre-test. Revision of this module will be completed in Spring 2000.

Medical Services Unit presented Pathfinder's current understanding of syndromic management of STDs in a presentation, "Syndromic Management of STDs: What Works and What Doesn't" at an international conference on AIDS in Rio de Janeiro, December, 13 1999. The concept that syndromic management (SD) of STDs works well for urethritis in men and SD for vaginitis

works poorly was well received by this audience, including STD experts from WHO. Genital ulcer disease and lower abdominal pain syndromes were also described as being reasonably effective, using current flowcharts from Pathfinder's new RTI training curriculum. This presentation was a useful update for 300 participants and a good affirmation that the approach in Pathfinder's training materials is technically and programmatically sound.

Pathfinder worked to incorporate feedback from the peer review of the inaugural piece in its new series of technical guidance papers based on evidence and current priorities in FP/RH programs. The paper, "HIV Transmission Through Breastfeeding," will be finalized and distributed during the next quarter. A paper on reproductive rights is in the works.

Postabortion Care

Work continued on the update of the MVA module, part of the comprehensive family planning and reproductive health training curriculum.

ECP

Pathfinder's global contribution to expanded use of ECPs is best illustrated in Kenya, as reported at the annual Emergency Contraception Conference on 1 October, 1999 in New York. Postinor-2 (0.75 mg levonorgestrel) is being sold through 310 pharmacists throughout the country, with current sales at 4000 treatment doses per month. Most ECPs are provided directly from pharmacists to women in need of EC. This is a direct result of Pathfinder's policy, service guideline, initial introduction, and training efforts, together with registration actions by Pathfinder and our private industry partner. Other EC Consortium members also contributed to this success. To date there has been no adverse response to this expanded commercial marketing of ECPs in Kenya.

SO2

Pathfinder jointly developed a course, " with MSH. Given by MSH and the INSP, it is scheduled for 17-29 October, 1999, in Cuernavaca, Mexico. Pathfinder and MSH implemented the jointly developed course, "Gerencia de Programas: Gestion Administrativa para Mejorar la Calidad," in Cuernavaca, Mexico from 17-29 October. The course was sponsored by MSH and the INSP(Instituto Nacional de Salud Publica).

Pathfinder staff presented poster sessions at the annual meeting of the American Public Health Association. The topics were "Chronic Challenges in International Training" and "Applying Training Globally."

Work continued on the "Integrated Supervision" module, part of the comprehensive family planning and reproductive health training curriculum. Field testing of the module is tentatively scheduled for next quarter in Ethiopia.

Pathfinder worked with other CAs to develop a collaborative project called Healthwise for Nigeria.

Pathfinder gave a talk on reproductive rights to Tufts University graduate students as part of their class on International Health.

Pathfinder, with MSH and UNFPA, co-sponsored the translation into Portuguese of the Family Planning Manager.

At the request of the Linkages Project, Pathfinder reviewed its draft training manual on LAM.

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ACNM	American College of Nurse Midwives
AHA	African Humanitarian Assistance
AMODEFA	Associacao Mocambicana para o Desenvolviemento da Familia
APHA	American Public Health Association
ARH	Adolescent reproductive health
AVSC	Association for Voluntary and Safe Contraception
BKKBN	National Family Planning Board of Indonesia
CA	cooperating agency
CBD	community-based distribution of services
CBRH	community-based reproductive health
CEISAN	Centro de Estudios e Investigaciones en Salud y Nutricion
CHW	community health worker
COPHIA	Kenya Community Program on HIV/AIDS
CPR	contraceptive prevalence rate
CRESAR	Reproductive Health Center
CRHW	community reproductive health workers
CYP	couple years of protection
CSW	commercial sex workers
DJ	disc jockey
DFID	British Department for International Development (formerly ODA)
CD	compact disc
EAD	East Ankole Diocese
EARHN	East African Reproductive Health Network
EECMY	Evangelical Church Makane Yesus
ECP	emergency contraceptive pill
EOC-DICAC	Ethiopian Orthodox Church-Development and Inter-Church Aid Commission
FLEP	Family Life Education Project
FP	family planning
FY	fiscal year
GAPA	AIDS Support and Prevention Group
HBC	home based care
HC	health centers
HIV	human immunodeficiency virus
IDP	internally displaced persons
IEC	information, education, and communication
ISDS	Institute for Health and Social Development
ISAPSO	Integrated Services for AIDS Prevention and Support Organization
IUD	intrauterine device
JHU/PCS	Johns Hopkins University/Population Communication Services
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
KAP	knowledge, attitude and practices
MCH	maternal child and health
MOE	Ministry of Education

MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake
NewPSS	New Pathfinder Support System
NGO	non-governmental organization
OTTU	Organization of Tanzania Trade Unions
PACS	Community Health Agents Program
PMD	patent medicine dealers
PPASA	Planned Parenthood Association of South Africa
PPKUI	Health Research Center for the University of Indonesia
PSI	Population Services International
PWLA	person living with AIDS
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	reproductive health
RHP	Reproductive Health Program
SCSP	Shenkola Child Survival Project
SCS	South Central Synod
SDA	Seventh Day Adventists
SDP(s)	service delivery point(s)
SDES	Service Delivery Expansion Project
SERVIR	Servicios Educativos En Salud Reproductiva
SESA	Secretaria Estadual de Saúde do Caerá
SESAB	Secretaria de Saude do Estado da Bahia
SISMAC	Continuous Assessment and Monitoring System
SMTT	Safe Motherhood Training Team
SOGIBA	Ob/Gyn Society of Bahia
SO	strategic objective
SOTA	state of the art
SSA	Secretariat of Health
STD*	sexually transmitted disease
STI*	sexually transmitted infection
SUWATA	Silika la Wananake Tanzania
TA	technical assistance
TASO	The AIDS Support Organization
TOHS	Tanzania Occupational Health Services
TOT	training of trainers
TV	television
UNSM	University of Dar es Salaam
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VHW	village health workers
VS	vasectomy
VSC	voluntary surgical contraception
WHO	World Health Organization

* 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 2000 through QUARTER 2
ACHIEVEMENTS BY REGION

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-99 Jun-00	Percent Achieved
TOTAL WORLDWIDE							
CYPs Provided	6,674,284	1,422,431	1,314,515			2,736,946	41.01%
CYPs Referred	16,098	5,359	902			6,261	38.89%
New Users	4,483,688	1,075,253	1,355,569			2,430,822	54.21%
Persons Trained	6,600	977	1,775			2,752	41.70%
Persons Informed	5,818,415	1,268,897	1,176,833			2,445,730	42.03%
Adolescent CYPs	8,796	15,593	12,196			27,789	315.93%
Adolescents Informed	22,000	27,616	53,752			81,368	369.85%
AFRICA							
CYPs Provided	301,832	61,008	25,897			86,905	28.79%
CYPs Referred	14,598	5,046	902			5,948	40.75%
New Users	441,662	66,807	43,660			110,467	25.01%
Persons Trained	2,807	343	1,051			1,394	49.66%
Persons Informed	5,450,526	1,154,120	980,769			2,134,889	39.17%
Adolescent CYPs	8,796	682	150			832	9.46%
Adolescents Informed	22,000	21,802	49,366			71,168	323.49%
ASIA/NEAR EAST							
CYPs Provided	6,257,830	1,318,529	1,251,116			2,569,645	41.06%
CYPs Referred	0	313	0			313	#DIV/0!
New Users	3,906,957	955,444	1,271,316			2,226,760	56.99%
Persons Trained	2,608	147	636			783	30.02%
Persons Informed	234,228	71,642	161,797			233,439	99.66%
Adolescent CYPs	0	0	0			0	N/A
Adolescents Informed	0	3,837	3,621			7,458	#DIV/0!
LATIN AMERICA							
CYPs Provided	114,622	42,894	37,502			80,396	70.14%
CYPs Referred	1,500	0	0			0	N/A
New Users	135,069	53,002	40,593			93,595	69.29%
Persons Trained	1,185	487	88			575	48.52%
Persons Informed	133,661	43,135	34,267			77,402	57.91%
Adolescent CYPs	0	14,911	12,046			26,957	N/A
Adolescents Informed	0	1,977	765			2,742	#DIV/0!

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PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 2
ACHIEVEMENTS BY REGION

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-99 Jun-00	Percent Achieved
TOTAL AFRICA							
CYPs Provided	301,832	61,008	25,897			86,905	28.79%
CYPs Referred	14,598	5,046	902			5,948	40.75%
New Users	441,662	66,807	43,660			110,467	25.01%
Persons Trained	2,807	343	1,051			1,394	49.66%
Persons Informed	5,450,526	1,154,120	980,769			2,134,889	39.17%
Adolescent CYPs	8,796	682	150			832	9.46%
Adolescents Informed	22,000	21,802	49,366			71,168	323.49%
ETHIOPIA*							
CYPs Provided	N/A	N/A	N/A				
CYPs Referred	N/A	N/A	N/A				
New Users	N/A	N/A	N/A				
Persons Trained	N/A	N/A	N/A				
Persons Informed	N/A	N/A	N/A				
Adolescent CYPs	N/A	N/A	N/A				
Adolescents Informed	N/A	N/A	N/A				
KENYA							
CYPs Provided	201,013	17,840	16,687			34,527	17.18%
CYPs Referred	0	0	0			0	0.00%
New Users	377,190	35,478	27,215			62,693	16.62%
Persons Trained	785	40	42			82	10.45%
Persons Informed	4,797,069	601,036	823,604			1,424,640	29.70%
Adolescent CYPs	6,752	607	150			757	11.21%
Adolescents Informed	20,000	11,515	13,351			24,866	124.33%
MOZAMBIQUE							
CYPs Provided	33,916	617	107			724	0.00%
CYPs Referred	0	1,885	71			1,956	0.00%
New Users	15,410	1,316	2,055			3,371	0.00%
Persons Trained	452	101	49			150	33.19%
Persons Informed	0	6,389	19,309			25,698	N/A
Adolescent CYPs	0	0	0			0	0.00%
Adolescents Informed	2,000	3,743	5,420			9,163	458.15%
NIGERIA**							
CYPs Provided	28,019	3,108	2,842			5,950	21.24%
CYPs Referred	TBD	0	0			0	N/A
New Users	16,224	2,297	7,061			9,358	57.68%
Persons Trained	270	25	0			25	9.26%
Persons Informed	186,520	123,940	70,254			194,194	104.11%
Adolescent CYPs	0	0	0			0	0.00%
Adolescent Informed	0	3,019	27,885			30,904	N/A

* Ethiopia subprojects are funded through a mission cooperative agreement so outputs are captured through that reporting mechanism
** All data has not been received

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

PF FISCAL YEAR 1999 through QUARTER 2
ACHIEVEMENTS BY REGION

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-99 Jun-00	Percent Achieved
TANZANIA* **							
CYPs Provided	38,884	32,088	0			32,088	82.52%
CYPs Referred	6,263	2,540	0			2,540	40.56%
New Users	18,960	14,800	0			14,800	78.06%
Persons Trained	569	162	0			162	28.47%
Persons Informed	466,937	336,928	0			336,928	72.16%
Adolescent CYPs	2,044	75	0			75	3.67%
Adolescents Informed	0	0	0			0	N/A
UGANDA							
CYPs Provided	0	7,355	6,261			13,616	N/A
CYPs Referred	8,335	621	795			1,416	16.99%
New Users	13,878	12,916	7,329			20,245	145.88%
Persons Trained	731	15	960			975	133.38%
Persons Informed	0	85,827	67,602			153,429	N/A
Adolescent CYPs	0	0	0			0	0.00%
Adolescents Informed	0	3,525	2,710			6,235	N/A

* Subprojects are supported through a mission cooperative agreement while technical assitance is provided, in part, through field support
** All data has not been received
*** All Tanzania subprojects ended in October 1999, outputs for October 1999 are included in Quarter 1 report

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PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 2
ACHIEVEMENTS BY REGION

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-99 Jun-00	Percent Achieved
TOTAL ASIA/NEAR EAST							
CYPs Provided	6,257,830	1,318,529	1,251,116			2,569,645	41.06%
CYPs Referred	TBD	313	0			313	TBD
New Users	3,906,957	955,444	1,271,316			2,226,760	56.99%
Persons Trained	2,608	147	636			783	30.02%
Persons Informed	234,228	71,642	161,797			233,439	99.66%
Adolescent CYPs	TBD	0	0			0	N/A
Adolescents Informed	TBD	3,837	3,621			7,458	TBD
INDONESIA							
CYPs Provided	6,257,830	1,318,529	1,251,116			2,569,645	41.06%
CYPs Referred	TBD	313	0			313	TBD
New Users	3,906,957	955,444	1,271,316			2,226,760	56.99%
Persons Trained	2,608	109	636			745	28.57%
Persons Informed	234,228	71,642	161,797			233,439	99.66%
Adolescent CYPs	TBD	0	0			0	TBD
Adolescents Informed	TBD	3,837	3,621			7,458	TBD
***VIETNAM**							
CYPs Provided	N/A	0				0	N/A
CYPs Referred	N/A	0				0	N/A
New Users	N/A	0				0	N/A
Persons Trained	TBD	38				38	TBD
Persons Informed	N/A	0				0	N/A
Adolescent CYPs	N/A	0				0	N/A
Adolescents Informed	N/A	0				0	N/A

*Vietnam NCA funding only covers Child Suvival - The Safe Motherhood Program The only activity that is tracked under this program is traini

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PATHFINDER INTERNATIONAL

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PF FISCAL YEAR 1999 through QUARTER 2
ACHIEVEMENTS BY REGION

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Cumulative to Date	
	FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-99 Jun-00	Percent Achieved
TOTAL LATIN AMERICA							
CYPs Provided	114,622	42,894	37,502			80,396	70.14%
CYPs Referred	1,500	0	0			0	0.00%
New Users	135,069	53,002	40,593			93,628	69.32%
Persons Trained	1,185	487	88			865	73.00%
Persons Informed	133,661	43,135	34,267			88,546	66.25%
Adolescent CYPs	0	14,911	12,046			26,957	N/A
Adolescents Informed	TBD	1,977	765			4,914	TBD
BOLIVIA							
CYPs Provided	14,622	10,150	6,599			16,749	114.55%
CYPs Referred	0	0				0	N/A
New Users	54,869	7,503	5,463			12,966	23.63%
Persons Trained	627	128	88			216	34.45%
Persons Informed	76,061	34,036	34,267			68,303	89.80%
Adolescent CYPs	0	0				0	N/A
Adolescents Informed	TBD	1,616	765			2,381	TBD
BRAZIL *							
CYPs Provided	100,000	32,744	30,903			63,647	63.65%
CYPs Referred	1,500	0				0	N/A
New Users	80,000	45,475	35,130			80,605	100.76%
Persons Trained	165	138				138	83.64%
Persons Informed	500	0				0	0.00%
Adolescent CYPs	0	14,911	12,046			26,957	N/A
Adolescents Informed	0	0				0	N/A
ECUADOR							
CYPs Provided	0	0				0	N/A
CYPs Referred	0	0				0	N/A
New Users	200	24	33			57	28.50%
Persons Trained	80	81	55			136	170.00%
Persons Informed	300	569	292			861	287.00%
Adolescent CYPs	0	0				0	N/A
Adolescents Informed	TBD	211	572			783	TBD
PERU **							
CYPs Provided	0	0				0	N/A
CYPs Referred	0	0				0	N/A
New Users	0	0				0	N/A
Persons Trained	313	140	235			375	119.81%
Persons Informed	56,800	8,530	10,852			19,382	N/A
Adolescent CYPs	0	0				0	N/A
Adolescents Informed	0	150	1,600			1,750	N/A

* Some outputs not available from the Secretaria de Saude do Estado da Bahia
** Outputs not available from the Ministry of Health, objectives not set as per USAID/Peru norms

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Results Frameworks

Africa

Uganda

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSPC ore	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
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 outreach FP and RH services through CRHWs and women's groups.	SO I	1	001 004 008 009							Referrals: 450 IUDs, 240 VSC/F, 15 VSC/M, 130 implants, 7500 injectable. Total referrals 8335. New Users: pill 2284, condom 3332, jelly TBD, F/tablets 380, total new users 5996 Distribution: 23,480 cycles, 152,304 condoms, 14,056 f/tablets. Support 410 CRHWs, in 116 catchment areas and 130 women groups	Total referrals: 2,808. Total new users 4,291 Distribution: 13,503 cycles, 96,553 condoms, 37,993 f/tablets. Support 443 CRHWs, in 126 catchment areas and 96 women groups	Total referrals: 6,974 Total new users: 10,662 Distribution: 20,553 cycles, 71,273 condoms, 8,434 f/tablets Support 853 CRHWs, in 116 catchment areas and 86 women groups
	I.1.b. Support clinic- and mobile-based FP and RH services	SO I	2	001 004 008 009							New users; IUD 540, VSC/F 300, VSC/M 32, Norplant 140, injectable 5,660, pill 400, condoms 650, foaming tablets 160. Total new users 7,882 Distribution; 576 IUDs, 300 VSC/F, 32 VSC/M, 140 implants, 16,356 injections, 8,312 cycles, 46,568 condoms, 5,700 f/tablets. Support 64 SDPs and 18 mobile sites. 4 NGOs	Total new users: 2,808 Distribution; 99 IUDs, 82 VSC/F, 5 VSC/M, 142 implants, 6,692 injections, 3,090 cycles, 13,298 condoms, 1,560 f/tablets. Support 77 SDPs and 18 mobile sites. 4 NGOs	Total new users 6,545 Distribution; 178 IUDs, 265 VSC/F, 32 VSC/M, 323 implants, 7614 injections, 5,656 cycles, 26,003 condoms, 3,255 f/tablets. Support 64 SDPs and 18 mobile sites. 4 NGOs
	I.1.c. Support workplace-based FP and RH services	SO I	4	001 004 008 009							Work in at least 2 workplaces in each of the 4 projects; in towns of Jinja, Masindi, Kasese and Mbarara Train 32 service providers	1 workplace in Masindi	1 workplace in Masindi
I.2. Expanded access for under-served groups and those at-risk, including young adults, men, and hard-to-reach regions and populations	I.2.a. Support "youth friendly" education and services in selected sites	SO I	79	001 004 008 009							Conduct 136 sexuality education sessions involving 34 schools and 34 youth groups. Establish selected services for youth (condom distribution, STD and HIV counseling services)	172 sexuality education sessions in 66 schools and 66 youth groups. 266 condom & pill distribution outlets were established for adolescents. No. of adolescents informed: 2,710	68 sexuality education sessions in 24 schools and 18 youth groups. Condom & pill distribution has been established in FLEP and Masindi project
	I.2.b. Support FP/RH services for post-abortion women	SO I	9	001 009							Train approximately 4 service providers per site Equip 3 SDPs Introduce PAC services in Kasese St. Paul, Iganga Hospital, and FLEP Kamuli referral center	—	—

Uganda

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSPC ore	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	I.2.c. Support FP/RH services oriented to men (male motivation activities)	SO I	11	001 004 008 009							4 institutions with male motivation activities Establish 6 male only clinics Establish 60 condom distribution outlets 10 film shows in each project targeting men	Kasese, Masindi, FLEP and EAD involved in male motivation activities. 6 male only clinics serving, Total catchment areas reached 37	Kasese, Masindi, FLEP and EAD involved in male motivation activities. 5 male only clinics serving, 32 condom outlets established. Two film shows carried out in FLEP, Kasese and Masindi project areas. Total catchment areas reached 27
I.3. Enhanced environment for use of FP, RH, and MCH services	I.3.a. Establish national advocacy group to promote integration of STD and HIV/AIDS (hurry up and scale up)	SO I	15			CSAF					Establish a National STD and HIV/AIDS advocacy group Conduct two meetings	—	—

Uganda

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSPC ore	Oth 1	Oth2	Focus	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Expanded range of appropriate contraceptive methods available	II.1.a. Support community IEC activities that target specific audiences (including home visits, community meetings, health fairs, film shows, and distribution of IEC materials)	SO II	12	001 004 008 009							Organize 38 health fairs, 77 film shows Conduct 16,000 home visits; distribute 5 types of IEC materials Increase use of services by primary target audience by 30%	13 health fairs, 19 film shows, 66,977 home visits, 1 types of materials distributed,	36 health fairs, 73 film shows, 77,981 home visits, 4 types of materials distributed
	II.1.b. Expand contraceptive options - Complete equipping of SDPs for IUD insertion.	SO II	18	001 004 008 009							Equip 30 facilities for IUD insertion	—	10 facilities equipped
	II.1.c. Improve access to VSC services by supporting and strengthening referral system from CRHWs to VSC centers	SO II	18	001 004 008 009							Support strengthening of referral system for VSC services in 4 projects and increase number of clients who use VSC services	Referral system for adolescent reproductive health services in Masindi, Kasese and FLEP areas streamlined.	Referral system for adolescent reproductive health services in Masindi, Kasese and FLEP areas streamlined.
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	SO II	63, 68	001 004 008 009							Conduct training for 63 service providers in selected RH aspects including orientation to "youth friendly" and "male friendly" service provision, counseling for informed choice and consent		15 service providers trained in life saving skills and counselling - FLEP
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 nutrition, growth monitoring and exclusive breastfeeding in existing FP and RH services.	SO II	21	001 004 008 009							Integrate nutrition education, growth monitoring, and breastfeeding in existing services at 63 clinic and 285 CRHW level in FLEP, Kasese and Masindi Nutrition activities conducted once a month in 287 catchment villages Improvement in nutrition status of children 0-2 years	Trained 105 VHWs in 10 IDP camps, initially the VHWs are to Introduce family planning, nutrition education, growth monitoring, and breastfeeding in 10 IDP camps.	Trained 105 VHWs in 10 IDP camps, initially the VHWs are to Introduce family planning, nutrition education, growth monitoring, and breastfeeding in 10 IDP camps.
	II.3.b. Support community-based models for STD and AIDS (Home-based) care	SO II	54	001 004 008 009							At least 300 primary care givers trained in basic HIV/AIDS care skills		—

Uganda

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSPC ore	Oth 1	Oth2	Focus	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
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	SO II	29	001 004 008 009							63 SDPs and 18 mobile clinics using QOC standard of practice protocols All CRHWs using demonstration kits and other visuals to reinforce informed choice	77 SDPs and 18 mobile clinics using QOC standard of practice protocols All CRHWs using demonstration kits and other visuals to reinforce informed choice. All peer educators provided with penis models	140 SDPs and 18 mobile clinics using QOC standard of practice protocols All CRHWs using demonstration kits and other visuals to reinforce informed choice
	II.4.b. Strengthen community system for monitoring QOC, including refinement of tools and facilitation of implementation of QOC improvement plans	SO II	29	001 004 006 007							Support 63 QOC community monitoring systems, orient over 3,600 community leaders, support functions of 360 "QOC monitors" including regular reporting, increase client satisfaction through use of QOC improvement plans developed on a quarterly basis by each catchment area	Supporting 37 QOC community monitoring systems. Supported functions of 117 "QOC monitors" including regular reporting, increase client satisfaction through use of QOC improvement plans developed on a quarterly basis by each catchment area	Supporting 37 QOC community monitoring systems. Supported functions of 117 "QOC monitors" including regular reporting, increase client satisfaction through use of QOC improvement plans developed on a quarterly basis by each catchment area
	II.4.c. Establish contraceptive tracking system to minimize stockouts	SO II	36	001 004 008 009							Install computerized contraceptive tracking systems in 4 projects and train 8 staff in use of the system	Installed computerized contraceptive tracking systems in 4 projects and train 13 staff in use of the system	Installed computerized contraceptive tracking systems in 4 projects and train 13 staff in use of the system
	II.4.d. Conduct client satisfaction survey and exit interviews	SO II	61	001 004 008 009							Conduct survey in two projects - FLEP and Kasese		—

Uganda

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a Develop/refine sustainability plans for local institutions	SO III	32	001 004 008 009							Develop sustainability plans for 4 NGOs	—	—
III.2. Improved financial sustainability of local service organizations	III.2.a. Improve financial sustainability and resource diversification efforts especially at the local level	SO III	40	001 004 008 009							Develop one proposal for each of the 4 NGOs and submit to potential donors (resource diversification)	Developed proposals for 32 FLEP communities.	Developed proposals for 32 FLEP communities and 2 Kasese clinics
	III.2.b. Facilitate development marketing strategy for NGOs and develop proposals for	SO III	40	001 004 008 009							Develop marketing strategy and institutional capability statements for 4 NGOs	—	—
	III.2.c. Improve management of clinic costs, including developing cost-based plans, and cost-recovery/income generation		44	001 009							Strengthen fee-for-service schemes at 22 service delivery sites Conduct financial management training for 330 community leaders and 22 service providers	Strengthened fee-for-service schemes at 21 service delivery sites Conduct ed financial management training for 383 community leaders and 21 service providers	Strengthened fee for-service schemes at 21 service delivery sites Conduct ed financial management training for 525 community leaders and 37 service providers
	III.2.d. Establish computerized accounting system		45	001 009							Establish computerized accounting system in FLEP and Kasese projects	—	—
	III.2.e. Support micro-credit scheme for community workers as a strategy to sustain established community based services		40	001 004 008 009							Strengthen loan management in the FLEP association and expand its working capital Provide business training to EAD CRHWs and expand working capital of the micro-credit scheme Initiate micro-credit program in Kasese and Masindi to benefit all CRHWs	—	Strengthened loan management in the FLEP association through tarining of executitive committee. Initiated micro-ARH training
III.3. Improved technical capacity of local service delivery organizations	III.3.a. Develop NGOs as a resource center in RH for other local NGOs as well as public sector.	SO III	72, 75	001 009							Develop further capacity in FLEP Assist Kasese to establish center of excellence in QOC for training purposes	—	capacity initiated.

Uganda

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
III.4. Strengthen community development and resources	III.4.a. Support skills development, income-generation, and social empowerment activities of women	SO III	55	001 004 006 007							Conduct 108 sexuality education sessions for young women; support 12 micro-credit schemes; engage 36 women's groups; 320 women participating in loan revolving schemes; 98% loan repayment rate; improve income of 80% of participating women	Conducted 26 sexuality education sessions for young women; support 11 micro-credit schemes; engage 27 women's groups; 237 women participating in loan revolving schemes	Conduct 68 sexuality education sessions for young women; support 8 micro-credit schemes; engage 27 women's groups; 417 women participating in loan revolving schemes
	III.4.b. Facilitate formal signing of memoranda-of-understanding between NGOs and local government		75	001 004 008 009							Facilitate signing of 26 memoranda between NGOs and local government: FLEP-12, EAD-8, Kasese-4, and Masindi 2	Facilitate signing of 33 memoranda between FLEP project areas and local government	Facilitate signing of 59 memoranda between NGOs and local government: FLEP-5, and Masindi-1

South Africa

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP Core	FPSP FS	Oth1	Oth2	Focus	Oth Donor	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date
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	SO III	32		901						Timely implementation of planned activities System for annual review and plan tracking implemented	—	Continued to review PPASA's implementation of their strategic plan
I.2. Improve program planning, implementation procedures, and systems.	I.2.a. Implement new protocols, guideline tools, indicators for program planning, development and monitoring	SO III	73		901						At least 20 managers trained in program planning guidelines to strengthen program planning, design monitoring completed, disseminated	Implemented FY2000 planning workshop results attended by 14 most senior provincial office/HQ manageers	Plans for PPASA programs using new methodologies in place
	I.2.b. Conduct CBD study tour so that PPASA's capacity to implement effective systems that support effective CBD programs is enhanced	SO III	43		901						CBD tour for 6 persons conducted	—	—
I.3. Enhanced management systems	I.3.a. Implement MIS/monitoring, evaluation systems; new guidelines, protocols, formats, tools, indicators; review computer needs; computerize selected MIS/M & E/computer use. Enhanced MIS throughout PPASA network	SO III	35		901						Enhanced MIS system outputs for planning, resource allocation, management in 9 offices and HQ Protocols, guidelines, formats introduced Better use of data by managers, MIS/M&E computer software applications developed and installed At least 20 managers trained in using data for decision-making	—	—
	I 3.b Expand MIS to track financial, fund-raising data	SO III	38		901						Enhanced financial management and computerized systems At least 10 managers trained in upgraded financial management system use	Abt conducted first workshop to upgrade PPASA financial management system and sustainability planning	Abt conducted first workshop to upgrade PPASA financial management system and sustainability planning
	I.3.c. Conduct "data for decision-making workshop" to strengthen data analysis and use by managers for planning, resource allocation, performance review, monitoring, feedback	SO III	73		901						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	—	—
I.4. Diversified and increased resources for sustainability	I.4.a. Review, strengthen sustainability, fund-raising plans, guidelines in light of strategic plan focuses	SO III	40		901						Sustainability plans are implemented at provincial national office levels	—	Collaborated with Abt in provision of sustainability training.
	I.4.b. Prepare specific fund raising proposal to diversify and increase available resources	SO III	40		901						At least 3 new fund raising proposals, strategies, guidelines developed % of budget from new revenues TBD Completed Compton proposal	Participated as member of National Fundraising Task Force; reviewed proposed PPASA national fundraising guidelines. Proposal for innovative RH encironment program submitted to Compton.	USAID/South Africa funding leveraged to support successful application to Compton Foundation. Foundation ahs given three year grant of $1 million to support Pathfinder/PPASA/WW collaboration

South Africa

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP Core	FPSP FS	Oth1	Oth2	Focus	Oth Donor	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date
	I.4.c. Develop/design computerized donor and fund raising database	SO III	35		901						Donor database designed Substantial new revenues/resources available to support PPASA work and PI/PPASA partnership	Outline of software application capabilities for donor database completed and under discussion	Outline of software application capabilities for donor database completed and under discussion

Nigeria

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded, improved, or established FP and selected RH services through multiple service delivery systems (including public, private, clinic-based, hospital-based, workplace-based, CBD, cross-sectoral NGOs, and social marketing)	I.1.a. Support community and market-based FP and RH services	SO I	1	017 018 020 021 022 023 024 025					FF	001 004 006 007	No. of new acceptors: 18,500 No. of CYPs: 31,500 No. of CBDs/MBDs/PMDs/TBAs/ CSW-PEs providing services: 629	Five CBD sites served 7,061 new acceptors and generated 1,001 CYPs. 220 CBDs/MBDs/PMDs/PEs provided services	Six CBD sites served 7,665 new acceptors and generated 1,708 CYPs. 220 CBDs/MBDs/PMDs/PEs provided services
	I.1.b. Consolidate existing clinic-based FP and RH services	SO I	2	017 018 020 021 022 023 024 025						001 005 006 007	No. of new SDPs: 16 (see above for service delivery expected achievements)	—	715 persons were counseled and screened on STD/HIV infection. 27 persons were referred by two stakeholder groups
	I.1.c. Support workplace-based FP and RH services	SO I	4	25						001 004	No. of workplace sites supported: 5 No. of persons served: 1,500 CSWs, 4,000 motor park users/truck drivers/cyclists in Sagamu, Otukpo and Aba	1 workplace site at Aba serving 600 SCWs was supported	4 workplace sites supported
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 programs designed to serve CSWs, youths, men, and Muslim women in Sagamu, Otukpo, Sabo-Ibadan, Nembe, Kano,Kaani, Katsina, Birnin Kebbi, Kazode, and Gembu	SO I	58	017 020 023					FF	001 003 004 005 006 007 008	No. of communities with programs to serve hard-to-reach groups: 11	4 NCA, 2 Ford, 2 DFID projects are serving eight hard-to-reach groups	4 NCA, 2 Ford, 2 DFID projects are serving eight hard-to-reach groups
I.3. Enhanced environment for use of FP, RH, and MCH services through selected IEC, research, and advocacy interventions	I.3.a. Strengthen community level participation through sensitization, advocacy, stakeholders meetings, and joint participation in project management	SO I	14, 15	017 020 023					FF	001 003 004 005 006 007 008	No. of opinion/community leaders and significant stakeholders attending sensitization/advocacy workshops: 7,000	103 advocacy meetings reaching 11,636 persons were conducted by 7 NCA sub-projects	1,057 advocacy meetings were conducted by 8 NCA sub-projects. 81,931 community memebrs were sensitized
	I.3.b. Conduct operations research on FP/RH programs	SO I	53							002 005	Better designed FP/RH programs incorporating operations research findings, recommendations, and lessons learned	STD/HIV mgt. research activities with OSUTH and OGH are ongoing	A new reserach proposal with focus on the pattern of STD/HIV infection among CSWs was developed and is currently being reviewed for OSUTH-based project

Nigeria

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Ensured voluntary and informed choice from widest range of appropriate contraceptive methods available	II.1.a. Support the expansion of contraceptive options by offering more long term methods through private for-profit health institutions	SO II	49	017 018 020 021 022 023 024 025							No. of implant acceptors -TBD No. of referrals - TBD No. of local organizations offering implant: 8	138 CYPs achieved. 11 BTL were performed by 3 NCA projects. Implants to be offered by 4 NCA projects in the next quarter	2,539 CYPs achieved. 25 BTL were performed by 7 NCA projects. Implants ot be offered by 4 NCA projects in the next quarter.
	II.1.b. Support client-focused IEC activities for FP, RH, and MCH services (including home visits, community meetings, educational talks, and dissemination of IEC materials)	SO II	12	017 020 023					FF	001 003 004 005 006 007 008	No. of home visits: 40,600 No. of educational talks held: 20,500 No. of persons informed: 186,520	12,437 persons were visited in 1,808 home visits made by 7 NCA subprojects. 103 community meetings were held with 11,636 persons. A total of 70,254 persons were reached.	25,179 persons were visited in 6,810 home visits made by 8 NCA subprojects. 1,112 community meetings were held with 128,175 persons. A total of 112,162 persons were reached.
II.2. Strengthened provider competence to deliver high quality FP and selected RH services (including MCH and STI and HIV/AIDS services)	II.2.a. Train/retrain CBDs/MBD and other health workers in FP, selected RH, and MCH services and integrated service delivery	SO II	63, 66, 67, 68	017 018 020 021 022 023 024 025					FF	001 003 004 005 006 007 008	No. of service providers trained: 559 No. of refresher training's: 5 No. of persons trained on implant:18 No. of training activities: 23	24 mgt staff of all subprojects benefited from a two week sustainability workshop. 16 persons from the NCA subprojects took part in the Year 2 plan work session.	24 mgt staff of all subprojects benefited from a two week sustainability workshop. 16 persons from the NCA subprojects took part in the Year 2 plan work session.
	II.2.b. Review/update curricula, protocols, standards of practice for all cadres of service providers	SO II	24	017 018 020 021 022 023 024 025					FF	001 003 004 005 006 007 008	Updated curricula and 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 by the project	NCA projects will not have protocols. STD/HIV mgt. Project is awaiting feedback on pre-tested protocols developed by by the project
II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STI and HIV/AIDS services	II.3.a. Support clinic managers, providers, and trainers to integrate STIs and HIV/AIDS prevention services with FP programs	SO II	25	017 018 020 021 022 023 024 025						001 003 004 005 006 007 008	No. of clinics where STIs and HIV/AIDS are fully integrated: 17	All the 8 NCA subprojects have fully incorporated STI/HIV/AIDS treatment into their services. Four NCA subprojects reported on STI/HIV mgt of 476 patients. 150 PWAs received home based care in STI/HIV mgt project.	715 persons were counseled and screened on STD/HIV infection. 27 persons were referred by two stakeholder groups, All the 8 NCA projects have fully incorporated STI/HIV/AIDS treatment into their services. Four NCA projects reported on STD/HIV mgt. of 1,334 patients. 150 PWAs received home-based care in STD/HIV mgmt project.

Nigeria

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.3.b Support the integration of MCH activities with FP/RH programs	SO II	26	017 018 020 021 022 023 024 025							No. of local organizations offering MCH services: 9	All the 8 NCA projects presently support the integration of MCH services with FP/RH programs	All the 8 NCA projects presently support the integration of MCH services with FP/RH programs
	II.3.c. Strengthen referral linkages between CBD/MBD/PMDs, peer educators, clinics, hospitals, and other STI/HIV AIDS referral centers in all project sites	SO II	27	017 018 020 021 022 023 024 025					FF	001 003 004 005 006 007 008	No. of project sites with effective referral linkages: 27	Effective referral linkage is in place in NCA/017, 020, 021, 022, 024 and 025. Referral linkages within the 6 Otukpo based projects were strengthened in the quarter.	Effective referral linkage is in place in NCA/017, 020, 021, 022, 024 and 025. Referral linkages within the 6 Otukpo based projects were strengthened in the quarter.
	II.3.d. Strengthen and pilot community-based models for STI and AIDS (Home-based) care among coverage populations	SO II	66							001 003 004 005 006 007 008	No. of health workers and community volunteers trained in home-based care model for HIV/AIDS care: 1,005 No. of home-based care model for HIV/AIDS care piloted: 1	4 projects site models: N2/001, 003, 004 and 008.	4 projects site models: N2/001, 003, 004 and 008.
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	SO II	29	017 018 020 021 022 023 024 025					FF	001 003 004 005 006 007 008	No. of project sites using QOC systems, protocols, tools, checklists: 27	The following exist in all NCA projects; Minimum of 4 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. National FP guidelines have been made available to all NCA projects	The following exist in all NCA projects; Minimum of 4 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. National FP guidelines have been made available to all NCA projects
	II.4.b. Provide on-the-job training to laboratory technicians to support the conduct of operations research	SO II	62							002 003 005 008	No. of project sites with laboratory staff with updated skills: 4	Fully accomplished	Fully accomplished

Nigeria													
Country Strategic Objective II: Improved Quality of Services													
		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.4.c. Provide HIV screening and implant insertion kits to 8 NCA grantees	SO II	31	017 018 020 021 022 023 024 025							No. of project sites using HIV screening and implant insertion kits: 8	To be accomplished in the next quarter	To be accomplished in the next quarter
	II.4.d. Provide motorcycles and bicycles to facilitate CBD program	SO II	31	017 018 020 021 022 023 024 025							144 CBDs and 10 CBD supervisors provided with bicycles and motorcycles to facilitate service delivery and supervision	138 CYPs achieved.	138 CYPs achieved.

Nigeria

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Conduct strategic planning activities with NGOs, grantees and community groups	SO III	32	017 018 020 021 022 023 024 025					FF	001 002 003 004 005 006 007 008	No. of strategic plans developed: 27	—	—
	III.1.b. Increase development and utilization of management information systems (MIS) for local implementing organizations	SO III	35	017 018 020 021 022 023 024 025					FF	001 002 003 004 005 006 007 008	No. of grantees with computerized MIS in place: 27	Eight grantees have computerised MIS systems in place.	Eight grantees have computerised MIS systems in place.
	III.1.c. Provide TA to develop/strengthen local partners' ability to design, manage and evaluate FP/RH programs	SO III	32 73 72	017 018 020 021 022 023 024 025					FF	001 002 003 004 005 006 007 008	No. of organizations that improved program design, management, and evaluation capability: 27	On-site TA was provided to all 8 NCA subproject staff on project management and on financial and programmatic reporting.	On-site TA was provided to all 8 NCA subproject staff on project management and on financial and programmatic reporting.
	III.1.d. Continue the provision of TA on capacity building to 7 local NGOs and plan for expansion to include 3 more	SO III	71						FF		No. of NGOs with improved capacity to manage programs: 11	No measurable progress.	No measurable progress.
	III.1.e. Conduct workshops/ training to strengthen local management committees (LMC) at Otukpo and Sagamu	SO III	72							001 002 003 004 005 006 007 008	Improved management skills of LMC members in two project sites	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.f. Provide support to NW as an organization to strengthen its strategic approach, forward planning and options for growth	SO III	74						FF		NW organization is operationalized and implementing activities	ongoing	ongoing

Nigeria

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	III.1.g Finalize development of manual/guidelines on management and supervisory skills development (MSSD) for NGOs	SO III	24						FF		A self-explanatory MSSD manual in use by partner NGOs	ongoing	ongoing
	III.1.h. Strengthen select NW members' capacity to provide TA to local NGOs	SO III	74						FF		No. of members with updated skills and knowledge on capacity building and process consulting: 11	ongoing	ongoing
	III.1.i Provide on-site TA in commodity logistics to improve capacity to forecast, prepare, warehouse, and distribute equipment and supplies	SO III	36	017 018 020 021 022 023 024 025					FF	001 003 005 006 007 008	No. of partner organizations with improved commodity logistics system: 24	Of the eight Ncas, only NCA NIR:020 (Katsina Nursing Home) experienced condom spoilage of 144 pieces as a result of poor storage. All 8 NCA subprojects have improved commodity logistics systems in place.	Of the eight Ncas, only NCA NIR:020 (Katsina Nursing Home) experienced condom spoilage of 144 pieces as a result of poor storage. All 8 NCA subprojects have improved commodity logistics systems in place.
III.2 Improved financial sustainability of local service organizations	III.2.a. Improve financial sustainability and resource diversification efforts	SO III	40	017 018 020 021 022 023 024 025					FF	001 003 005 006 007 008	At least 27 partner organizations assisted to institutionalize financial management systems and develop resource diversification and sustainability plans	24 staff each from all project sites attended a two week sustainability workshop in this quarter.	24 staff each from all project sites attended a two week sustainability workshop in this quarter.
	III.2.b. Improve management of clinic and community-based costs, including developing cost-based plans, and cost-recovery/income generation and pricing plans for services and private sales of commodities	SO III	43 44 45	017 018 020 021 022 023 024 025					FF		Establish cost-recovery, income-generating, and pricing plans for CBD and clinic based programs	All the NCA subprojects have put in place cost recovery systems. A total of LC 141,943.00 was generated through cost recovery mechanisms by the 5 NCA projets that reported confirmed figures during the quarter.	All the NCA subprojects have put in place cost recovery systems. A total of LC 141,943.00 was generated through cost recovery mechanisms by the 5 NCA projets that reported confirmed figures during the quarter.
III 3. Strengthen community development and resources including community mobilization, income generation, functional education and women's empowerment	III.3 a. Continue social women empowerment activities among the high risk and under-served populations in Otukpo,Sagamu,Kano,Nembe,Kazode,Gembu and Kaani	SO III	55						FF	001 003 008	No of communities enhancing women's empowerment for informed health decision making and better economic status in communities: 7	The training has been suspended for now.	The training has been suspended for now.

Nigeria

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.4. Improved technical capacity of local service delivery organizations	III.4.a. Provide TA to local service delivery organizations in QOC, IEC, integration, reproductive health, and monitoring and evaluation	SO III	62 73	017 018 020 021 022 023 024 025					FF	001 003 005 006 007 008	At least 24 grantees with in-house capacity for training own staff in QOC, integration, and reproductive health	TA on QOC was provided for all NCA subprojects during the monitoring visits. Lapses identified are to be addressed in a planned QOC and Counseling training for 16 operational staff of the subprojects coming up next quarter.	TA on QOC was provided for all NCA subprojects during the monitoring visits. Lapses identified are to be addressed in a planned QOC and Counseling training for 16 operational staff of the subprojects coming up next quarter.

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Mozambique

Country Strategic Objective I: Improve Access to and Availability of RH Services in Target Districts within Focus Provinces

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded, improved, or established RH service delivery system with increased SDPs (public and private)	I.1.a. Establish FP/RH services at health posts/centers by staffing them with trained MCH and elementary nurses	SO I	2	001 002		001 002					No. of health posts/centers which establish FP/RH services: 13 No. of new acceptors: 4,660 No. of CYP: 23,166	No. of new acceptors: 2,055 (includes all new acceptors) No. of CYPs: 107 (includes all CYPs) No. of CYPs referred: 71 (includes all CYPs referred) No. of persons informed: 19,309 (includes all persons informed)	Nurses from 18 health posts and centers were re trained in RH/FP
	I.1.b. Introduce CBRH models and establish CBRH services through efforts of TBAs, basic midwives, and traditional healers	SO I	1	001		001					No. of functioning CBD models: 3 No. of new acceptors: 1,500 No. of CYP: 1,500		2 CBD programs, in Nampula City and Ribaue district, have trained activistas and begun activities
I.2. Expanded/improved alternative delivery systems reaching underserved groups (adolescents/youth; men; urban poor)	I.2.a. Provide services to men through worksite services at factories	SO I	4	002		002					No. of new worksite SDPs: 5 No. of new acceptors (men): 1,250 No of CYP: 1,250		4 worksite SDPs have trained MCH nurses
I.3. Increased availability of postpartum, postabortion and ECP services.	I.3.a. Establish PP/PA and ECP services at new SDPs	SO I	65	001 002		001 002					No. of SDPs with trained provider of PP/PA services: 13 No. of new acceptors of ECP services: 500	Planning for PP/PA (PAC) training continues	
I.4. Enhanced environment for use of RP, RH and MCH services (through advocacy and research)	I.4.a. Support study tours for advocacy group (CB); to Kenya (worksite); Swaziland (integration); and Uganda (adolescents)	SO I	18	001 002		001 002					No. of study tours: 2 trips in 4 provinces (advance groups) plus Maputo No. of follow-on activities per province: 2 Write paper on CBD policy		
	I.4.b. Conduct advocacy training to improve community support for FP/RH programs	SO I	14	001 002		001 002					No. of advocates per target province and centrality: 2 90% complete training No. of events per advocate per year: 2		
	I.4.c. Conduct formative research; pretesting IEC messages	SO I	53	001 002		001 002					Formative research protocol Pretesting initial messages No. of main RH IEC messages and related materials developed: 3		Purchased 350 FP flipcharts produced by CARE with input from PI

Mozambique													
Country Strategic Objective I: Improve Access to and Availability of RH Services in Target Districts within Focus Provinces													
		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	I.4.d. Develop RH sensitization materials in order to conduct sensitization exercises with community/district leaders to enhance awareness of FP/RH programs	SO I	14	001 002		001 002					No. of pocket manuals produced: 1 No. of action plans produced : 2 No. of leaders sensitized: 100		21 leaders (Cunle, Ribaue district) sensitized

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Ensured voluntary and informed choice from widest range of appropriate contraceptive methods available	II.1.a. Support expanded method mix, including long-acting methods	SO II	18	001 002		001 002					No. hospitals offering long-acting methods: 5 No. of SDPs offering at least three FP methods:13		2 hospitals in Maputo, 1 in Ribaue offering long-acting methods;
	II.1.b. Strengthen supply system models for PP/PA-related services	SO II	36	001 002		001 002					No. of supply system functioning in districts: 5		Beginning supply system improvement
	II.1.c. Support community health committees/circles of interest to improve FP/RH awareness and knowledge	SO II	12	001 002		001 002					75% of target community have CHC or COI One activity per month per CHC/COI 75% respondents with knowledge about 3 messages		
	II.1.d. Create FP/RH awareness, knowledge and demand through theater group activities	SO I, SO II	12	001 002		001 002					No. of theater groups per focus province: 2 (1 per target district) No. of event per group per month: 1 No. of participants per event: 50		Theatre group in Ribaue was trained in RH/FP
	II.1.e. Develop and implement integrated RH communication strategy/model per subgroup/special population	SO II	12	001 002		001 002					Communication strategy implemented in Nampula and Maputo Year 1; Niassa and Zambezia Year 2		
	II.1.f. Develop and produce RH IEC materials	SO II	24	001 002		001 002					IEC materials developed and distributed to 80% grantee SDPs and 50% of partner health posts/centers in focus districts or communities in Nampula and Maputo Year 1; Niassa and Zambesia Year 2 IEC materials developed and distributed to all grantee community networks in Nampula and Maputo Year 1; Niassa and Zambesia Year 2	Flipcharts distributed to Salama and AMODEFA for nurses and agents (PVO partners also using same flipcharts)	IEC FP flipcharts developed for posts/centers

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.2. Strengthened provider competence to deliver high quality RH services, including counseling activities	II.2.a. Train MCH and elementary nurses in basic/comprehensive FP/RH in target districts in Nampula, Niassa and Zambezia.	SO II	63	001 002		001 002					No. of MCH and elementary nurses trained in basic/comprehensive FP/RH: 150		27 nurses trained
	II.2.b. Assist Institutes of Science and Centers of Training to develop and implement pre-service RH curriculum for MCH nurses, elementary/ basic nurses, and elementary midwives	SO II	24	PIA-GRM							No. of curricula developed: 3		Discussions with Institute in Nampula begun for curriculum development
	II.2.c. Train staff to screen/counsel syphilis patients and then implement model lab program in one target district hospital	SO II	25	001		001					90% receive training 90% pregnant women screened 100% receive appropriate treatment, including referral No. of stockouts per year: 2		
	II.2.d. Train physician/nurse teams from provincial/target districts in LT surgical methods and infection prevention. N.Zone	SO II	65	001 002		001 002					All target provinces have at least one team trained All target district hospitals are providing surgical method services or have effective referral system All hospital implementing infection prevention protocol	Training being planned for Quarter 3	Planned consultant visit for early October to plan training program
	II.2.e. Train master trainer teams (TOT) at provincial level (Northern Zone and Maputo) in special skills: postpartum counseling, postabortion care, and emergency contraception; and assist/monitor target district training	SO II	65	001 002		001 002					No. of providers successfully complete CTUs: 8 (2 per focus province) No. of SDPs with trained provider: 38 90% eligible clients receiving PP or PAC counseling/ services	Training being planned for Quarter 3	Planned consultant visit for early October to plan training program

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.f. Conduct CTU training in PP, Pab services and ECP for dist/prov hospital staff at prov/district level; N Zone	SO II	65	001 002		001 002					80% eligible providers attend at least 1 CTU/year 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	Training being planned for Quarter 3	Planned consultant visit for early October to plan training program
	II.2.g. Train master trainer teams (TOT) at provincial level (Northern Zone) in RH curriculum for Elementary Midwives and TBAs	SO II	63	001		001					100% team trained in the 3 provinces No. of manuals and guidelines developed: 1		
	II.2.h. Train TBAs and Elementary Midwives in grantee target districts	SO II	67	001		001					50% TBAs and 75% Elementary Midwives trained in grantee target districts No. of manuals and guidelines developed: 1		
	II.2.i. Develop general orientation materials for subgrantee/NGO activistas; provide training to old and new activistas/ CBRHA in pilot projects	SO I, SO III	24 67	001 002		001 002					No. of sets of material developed: 1 No. of activistas trained: 100	Curriculum developed in Year 1 has been used to train 65 Salama and 30 AMODEFA activistas	
	II.2.j. Train master trainers provincial level [Northern Zone] in Child and Maternal Health modules for activistas/CBRHA [community based RH agents]	SO II	67	001		001					100% master trainers trained No. of manuals and guidelines developed: 1	TOT for 6 master trainers for AMODEFA projects in Nampula, Niassa and Zambezia	Master training occurred in Yr1; all master trainers already trained
	II.2.k. Train activistas/ CBRHAs in integrated RH, MH and CH	SO II	66, 67	001		001					75% CBRHs trained No. of manuals and guidelines developed: 1		100% CBRHs trained
	II.2.l. Train master trainers (PVO/NGO) in IEC materials use	SO II	24	001 002		001 002					100% master trainer team trained		

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Country Strategic Objective II: Improved Quality of RH Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.m. Train health providers and activistas/CBRHAs to use RH IEC materials	SO II	24	001 002		001 002					80% of total activistas/community agents of grantees trained to use RH communication materials 50% 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 Year 1; Niassa and Zambesia Year 2		
II.3. Enhanced referral systems and community linkage with SDPs	II.3.a. Develop referral plans for SDP and catchment areas including transport mechanism; and referral standards and guidelines	SO II	27	001		001					75% of SDPs and communities with referral plan 75% of SDPs with written guidelines 60% confirmed referrals		Nurse and CBRH training included training in referral system, including plan
II.4. Improved quality assurance and quality management systems (CQI)	II.4.a. Develop and implement supportive supervision systems and related training/materials for RH (PNI) providers: MCH and Elementary Nurses, Elementary Midwives for Northern Zone	SO II	29	001 002							75% providers trained and using assessment tool 75% supervisors trained 50% of SDPs with quarterly supervisory visit Assessment tool and guidelines developed and disseminated	Supervision guidelines introduced to 10 Elementary and 4 MCH nurses in Ribaue	

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Country Strategic Objective II: Improved Quality of RH Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.4.b Assist in development and implementation of provincial QA guidelines for RH, and the establishment/monitoring of Provincial QA Circles (focus provinces in Northern Zone)	SO II	62	001 002		001 002					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 No. of members from each district/provincial QA groups attended:TBD No. of QA workshops/methods training: 1		
	II.4.c Facilitate QOC/RH workshop and development of provincial QA RH plans	SO II	62	001 002		001 002					No. of workshop per province per year: 1 No. of plans per province: 1		
	II.4.d. Developed and implement integrated RH logistics model	SO II	36	001 002		001 002					75% of SDPs and with at least 1 person trained 60% of SDPs implementing model 50% of SDPs with two stockouts per year		Begun on-site training in Nampula SDPs for logistics

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Country Strategic Objective III: Expand Adolescent RH Services (Decrease Teen Pregnancies and STIs)

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Increased SDPs offering quality adolescent RH services	III.1.a. Operationalize SDPs offering school-based ARH services by staffing them with trained staff and equipping them (Maputo, Nampula, Zambezia and Niassa)	SO I	64	002		002			X		No of SDPs with at least one trained staff member and equipment/ materials to provide adolescent RH services or refer to trained provider: 8		5 SDPs in Maputo equipped and have trained staff; Central hospital youth clinic completed, equipment being supplied
	III.1.b. Establish ARH services at SDPs in target cities	SO I	7	002		002			X		No of SDPs offering ARH services in target cities: 10 No of new (adolescent) acceptors: 2,000 No. of adolescent CYP: 2,000		9 SDPs in target cities offering ARH services
III.2. Increased number of providers with specific adolescent RH skills	III.2.a Develop adolescent RH service and counseling curriculum for providers	SO II	24	002		002			X		No of adolescent service and counseling curricula: 1		ARH curriculum under final review
	III.2.b. Conduct technical ARH updates for adolescent network providers	SO I	64	002		002			X		No. of ARH network providers trained:15		
	III.2.c. Conduct adolescent RH training for doctors/nurses/ counselors working in grantee adolescent RH clinics/centers	SO I	64	002		002			X		(Refer to II.2.a)	13 ARH network providers trained	13 ARH network providers trained
	III.2.d. Conduct adolescent RH TOT for provincial providers from target districts	SO I	64	002		002			X		No. of trainers trained in ARH: 20		
	III.2.e. Develop professor/peer counselor ARH curriculum for school-based use	SO I	56	002		002			X		No. of curricula developed: 1		

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Country Strategic Objective III: Expand Adolescent RH Services (Decrease Teen Pregnancies and STIs)

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	III.2.f. Conduct TOT in ARH for school-based professor/peer counselors	SO I	64	002		002			X		80% of professors and peer counselor trainers needed for five school programs per year		
	III.2.g. Implement training in ARH counseling and communication for school-based peer counselors/activistas	SO I	64	002		002			X		No. of trained peer counselors (10 per network) per year: 40-50		16 peer counselors (school-based activistas) re-trained in Nampula City
	III.2.h. Conduct TOT for use of IEC materials	SO I	64	002		002			X		No. of TOT course per province conducted: 1		
	III.2.i. Train providers/counselors/peer activistas to use IEC materials	SO I	64	002		002			X		No. of providers trained: 230		
	III.2.j. Conduct TOT in pilot curriculum for professor trainers in participating schools	SO III	64	002		002			X		No. of TOTs conducted: 2 No. of professors trained: 6		
	III.2.k.Train all participating professors in pop./FLE	SO III	64	002		002			X		No. of professors trained: 18		
III.3. Increased adolescent/youth peer networks linked with counseling sites/service centers	III.3.a. Implement and monitor ARH events per school and community networks, including community meetings and cultural events for adolescents	SO I	74	002		002			X		No. of events per year: 45 No. of contacts from all activistas: 9,000 No. of new acceptors: 3,000 No. of continued acceptors: 3,000	ARH project supported event with National Youth Council; 200 youths participated	1 event in Maputo
	III.3.b. Implement seminar series for parents of adolescents	SO I	56	002		002			X		No. of seminars per year/per province: 2		2 seminars (1 Zambezia, 1 Maputo) conducted

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Country Strategic Objective III: Expand Adolescent RH Services (Decrease Teen Pregnancies and STIs)

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.4. Functioning model adolescent RH training site/clinic/ community centers in 2 provinces	III.4.a. Initiate model adolescent RH training site/clinics in Maputo and Nampula	SO I	76	002		002			X		No. of RH clinics fully staffed: 1 No. of clinics renovated and equipped for service (counseling, direct clinical services or referral): 1 80% staff at RH clinic trained No. of new acceptors: 500 No. of continued users: 500	First youth-friendly clinic inaugurated at Maputo Central Hospital; 200 youth sought services in Q2; 2,400 condoms distributed No. of adolescents informed: 5,420 (includes all adolescents informed)	First youth-friendly clinic inaugurated at Maputo Central Hospital; 200 youth sought services in Q2; 2,400 condoms distributed No. of adolescents informed: 5,420 (includes all adolescents informed)
III.5. Effective mass communication strategy and plan in order to disseminate youth-focused IEC RH materials	III.5.a Develop mass communication strategy and dissemination plan for ARH; introduce in Maputo and Zambezia	SO I	12	002		002			X		Introduction of plan for subgrantees and partners		Planning begun
	III.5.b. Perform feasibility study for Aro Juvenil newspaper	SO I	53	002		002			X		Feasibility study performed		
	III.5.c. Improve, produce, and disseminate Aro Juvenil newspaper (depends on findings of feasibility study)	SO I	12	002		002			X		No. of newspaper produced and disseminated: 1		
	III.5.d. Establish IEC committee with ICS	SO I	12	002		002			X		No. of IEC committees with ICS in each province: 1		
	III.5.e. Conduct a formative research, pretesting and production of ARH IEC materials	SO I	12	002		002			X		Formative research conducted No. of sets of materials produced per type: 1		
III.6. Active Intersectoral Committee for Adolescent Development	III.6.a. Provide technical support, build capacity of CIADAJ	SO I, SO III	12	002		002			X		Workplan Technical support plan	Continued work with CIADAJ	Continued work with CIADAJ

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Country Strategic Objective III: Expand Adolescent RH Services (Decrease Teen Pregnancies and STIs)

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.7. Supportive policy environment at provincial and national levels, and increased awareness regarding adolescent SRH among leaders and	III.7.a. Conduct study tours - adolescent programs	SO III	15	002		002			X		Policy recommendations Policy advocacy actions/materials		
	III.7.b. Conduct adolescent RH policy/planning workshops and technical forum for decision makers	SO III	15	002		002			X		No. of forums per year: 1 No. of participants: 25		
	III.7.c. Facilitate regional adolescent program exchanges/meetings/ workshops	SO III	15	002		002			X		No. of exchanges per year: 4 No. of organizations: 2-5 No. of individuals: 10		
	III.7.d. Develop and implement ARH advocacy package and training/workshop	SO I, SO III	15	002		002			X		No. of advocates per focus province and centrally: 2 90% complete training No. of events per advocate per year: 2		
	III.7.e. Use new ARH data base and findings from studies for policy discussions/technical seminars	SO III	15	002		002			X		No. of forums per year: 2		
	III.7.f. Assist in development of national multisector Adolescent and Youth Program	SO III	12	002		002			X		Quarterly update of resource list No. of requests processed per quarter: 5-10		
	III.7.g. Sensitize and train mass media/journalists in ARH issues	SO III	15	002		002			X		No. of mass media/journalists sensitized and trained per year: 1		
	III.7.h. Organize Youth Festival – Maputo	SO III	14	002		002			X		No. of festivals conducted: 1		
III.8. Improved (adolescent) NGO institutional capacity	III.8.a. Conduct workshop in adolescent/youth project management	SO III	78	002		002			X		No. of workshops conducted: 2 (1 in north, 1 in Maputo)		

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Country Strategic Objective III: Expand Adolescent RH Services (Decrease Teen Pregnancies and STIs)

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	III.8.b. Develop database for adolescent RH services, especially within NGOs	SO III		002		002			X		No. of databases developed: 1		
	III.8.c. Conduct feasibility study of ARH resource center; implement development per findings	SO III	7	002		002			X		No. of feasibility studies performed: 1		

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Country Strategic Objective IV: Strengthen NGO Management Capacity/Capability

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
IV.1. Strengthened NGO program/institutional management capacity	IV.1.a. Assess annual implementation of institutional capacity building (ICB) action plan	SO III	32	001 002		001 002					No. of ICB assessments/plans: 1		
	IV.1.b. Implement and monitor strategic plan	SO III	32	001 002		001 002					Strategic plan and follow-up steps	AMODEFA planning strategic plan workshop for Q 3	
IV.2. Improved financial systems and sustainability of partner NGOs	IV.2.a. Train grantee financial officers in financial management	SO III	38	001 002		001 002					No. of officers per grantee attends at least 1 training per year (incountry or external): 1	Salama officer participated in training by Pact	1 officer from each subgrantee participated in on-site training
	IV.2.b. Conduct seminars in grant management and cost monitoring	SO III	37	001 002		001 002					No. of seminars per year (including both grantees): 2 No. of participants: 5-10		
	IV.2.c. Develop and implement sustainability plan, including revenue generation plan	SO III	40	001 002		001 002					Sustainability plans in progress for each grantee		Planning process initiated with Salama
IV.3. Expanded NGO capability in human resources and MIS	IV.3.a. Develop procedures/personnel manuals	SO III	34	001 002		001 002					No. of manuals per grantee: 1		Manuals for Salama and AMODEFA in progress
	IV.3.b. Develop membership orientation guides/training	SO III	34	001 002		001 002					No. of guides developed: 2 Associated training materials 50% old members re-oriented 90% new members oriented		
	IV.3.c. Develop/refine personnel evaluation and personal development plans	SO III	34	001 002		001 002					Revised forms/system 50% of employees have personal development plan	PI/Nampula reviewing Salama job descriptions and plans	
	IV.3.d. Conduct seminars for implementation and use of New PSS (including related analysis)	SO III	35	001 002		001 002					No. of seminars: 2 No. of seminars per year thereafter (including both grantees): 1 No. of participants: 5-10 Quarterly PSS reports with analysis of program implications		6 PI staff trained in use of NewPSS
	IV.3.e. Conduct seminar on data for decision making; baseline study results and program implications	SO III	35	001 002		001 002					No. of seminars per year: 1 No. of participants per grantee: 5-10		
	IV.3.f. Hold QA workshops and develop plans/interventions	SO III	62	001 002		001 002					No. of workshops per year: 1 No. of participants (both subgrantee and district partners): 5-10 QA plan		

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Country Strategic Objective IV: Strengthen NGO Management Capacity/Capability													
		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	IV.3.g. Develop organizational database (membership, volunteers, training, health services)	SO III	32	001 002		001 002					No. of systems (membership, volunteers, training, health services/impact) adapted for each grantee: 3-4		
	IV.3.h. Develop GIS system per grantee and Pathfinder	SO III	62	001 002		001 002					No. of functioning GIS system: 2		

Mozambique

Country Strategic Objective V: Strengthen RH Capacity in NGOs and Improve Public Sector Capability to Utilize NGOs/PVOs to Maximize Delivery of RH Services

		Global		Funding Source							Indicators		
				USAID					ther Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
V.1. Improved RH coordination among PVOs	V.1.a. Facilitate national and provincial PVO RH task groups in focus provinces	SO III	14,15	904							No. of RH task groups in each focus province: 1 No. of meetings per year per province with written minutes, written membership and objectives, guidelines for each RH task group: 6 80% of health PVOs (100% USAID funded) participating	Planning for next RH task group/Nampula for Q3	Nampula RH task group met 2 times; 75% participation
	V.1.b. Facilitate communication and programmatic exchange among PVOs and between PVOs and NGOs	SO III	70	904							No. of communication and programmatic exchanges per year:3		ongoing
V.2. Strengthened district and provincial planning capacity in RH, incorporating NGOs/PVOs	V.2.a. Conduct annual target district RH work planning exercise with subgrantee and public sector officials	SO III	32	904 903							No. of annual target district RH work planning exercises: 2 (Year 1), 4 (Year 2)		District RH planning exercise in Ribaue conducted
	V.2.b. GIS workshop for NGOs/PVOs/public sector	SO III	73	904 903							No. of workshops held: 2 No. of provinces participating: 4		
	V.2.c. Perform district RH inventories, mapping in target districts	SO III	53	904 903							No. of district RH inventories performed: 2 (Year 1), 4 (Year 2)		RH inventory performed in Ribaue; mapping performed in 1 locality in Ribaue
	V.2.d. Perform baseline facility assessments	SO III	53	904 903							No. of representative samples for target district per year: 2		
V.3. National NGO/PVO guidelines/protocols/clinical standards for quality RH services	V.3.a. Facilitate development of NGO/PVO RH clinical protocols and treatment [family planning, STIs, safe motherhood and early infant home case management of common illnesses]	SO III	24	904 903							No. of protocols approved per year: 1-2	Planning for consultant visit in CBD guidelines and protocols for Q3	

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Country Strategic Objective V: Strengthen RH Capacity in NGOs and Improve Public Sector Capability to Utilize NGOs/PVOs to Maximize Delivery of RH Services

		Global		Funding Source							Indicators		
				USAID					ther Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	V.3.b. Develop NGO/PVO guidelines for quality RH services, consistent with GRM norms	SO III	29	904 903							No. of guidelines approved/implemented per year: 1-2		
	V.3.c. Assist in development/implementa-tion of common NGO/PVO RH program indicators	SO III	35	904							Approved set of USAID RH indicators for SO III developed No. of NGOs/PVOs assisted: 6		
	V.3.d. Assist in development of common NGO/PVO RH and facility and program assessment instruments	SO III	35	903 904							No. of RH and facility and program assessment instruments developed: 1 per year		
	V.3.e. Facilitate CBD Task Force	SO III	1	904							No. of meetings/year: 3-4 75% of member organizations participating in at least 2 meetings or sponsored activities/year CBD curriculum development workshop CBD design workshop		
V.4. Expanded RH services among international PVOs	V.4.a. Perform PVO needs assessments and develop TA plans/MOU	SO III	32	904							No. of assessments: 6 MOUs and TA plans - across all 3 provinces		
	V.4.b. Provide RH TOTs for PVO trainers	SO III	35	904							No. of TOTs per year: 1 No. of PVOs: 6 No. of participants: 15		
	V.4.c. Facilitate PVO technical seminars and contraceptive technology updates (CTUs) on selected topics	SO III	65	904							No. of technical seminars and CTUs per year: 1-2 No. of PVOs: 6 No. of participants: 15		
	V.4.d. Initiate and maintain RH clearing house and STTA directory	SO III	15	904 903							Quarterly update of resource list No. of requests processed per quarter: 5-10		

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Country Strategic Objective V: Strengthen RH Capacity in NGOs and Improve Public Sector Capability to Utilize NGOs/PVOs to Maximize Delivery of RH Services

		Global		Funding Source							Indicators		
				USAID					ther Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	PVO II	Oth 2	FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
V.5. Effective monitoring system for RH component of PNI – Northern Zone (see V.2)	V.5.a. Introduce pilot monitoring and evaluation system for RH component of PNI for Northern Zone	SO III	73	904 903							Pilot monitoring system introduced in Northern Zone	Supervision guidelines include monitoring indicators at post and CBD levels	
	V.5.b. Assist GRM in implementation of M&E system	SO III	73	903							Monitoring and evaluation system implemented		

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Kenya

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

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
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	SO I	1	001 033 034 035		001 033 034 035	001 034 035	001 033 034 035				No. of new acceptors : 253,600 No. of CYP: 142,469 No. of new acceptors of ECP: 890 No. of persons informed: 4,553,669	New acceptors= 26,792 CYP = 16,270 ECP = 14 Persons informed = 823,604	New acceptors = 59,740 CYP = 31,631 ECP = 14 Persons informed = 1,424,700
	I.1.b. Support clinic- and mobile-based FP and RH services	SO1	2	001 033 034 035		001 033 034 035	001 033 034 035	001 034 035		013		No. of new acceptors: 75,000 No. of CYP: 43,500 No. of new acceptors of ECP: 450 No. of clinic sites (9) and mobile sites (21)	New aceptors = 26,792 CYP = 16,270 ECP = 14 Clinic sites11, Mobile sites 10	New acceptors = 59,740 CYP = 31,631 ECP = 14 Clinic sites 13, mobile sites 10
	I.1.c. Support hospital-based FP/RH/MCH services	SO1	3	029 034		029 034	034	029 034				No. of new acceptors 3,190 No. of CYP: 5,174 No. of new acceptors of ECP: 90	New acceptors = 8,075 CYP = 7449 ECP = 37	New acceptors= 8,629 CYP = 7,894 ECP=52
	I.1.d. Support workplace-based FP and RH services	SO1	4	034		034	034	034				No. of new acceptors: 28,000 No. of persons informed: 223,400 No. of workplaces supported (in Eldoret): 8	New acceptors = 0 Persons informed = 0 Workplaces supported = 7	New acceptors = 333 Persons informed = 7 Workplaces supported = 7
	I.1.e. Support social marketing and contraceptive sales initiatives for FP/RH	SO1	5	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035				No. of institutions involved in social marketing of contraceptives: 5	Insititutions involved in social markting = 1	Insititutions involved in social markting = 1
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	SO1	58	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035				No. of sites providing postpartum and postabortion FP and counseling services: 5 No. of new PP/PA acceptors: 4,770 No. of PP/PA CYP: 3,118 No. of service providers trained in PP/PA: (see II.2.a.)	Sites providing PP/PA = 5 New acceptors of PP/PA = 423 CYP = 417 Service Providers trained in PP/PA = 0	Sites providing PP/PA = 5 New acceptors of PP/PA = 977 CYP = 862 Service Providers trained in PP/PA = 1
	I.2.b. Support university based FLE/peer education in 2 public universities	SO1	79								011 012	No. of new users (adolescent): 11,200 No. of adolescent CYP: 6752 No. of adolescents informed: 20,000	New users (adols.) = 70 CYP = 150 Adols informed = 965 ECP = 37	New users (adols.) = 456 CYP = 757 Adols informed = 12,480 ECP = 296

Kenya

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

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.3. Enhanced environment for use of FP, RH and MCH services through advocacy	I.3.a Increase and strengthen community-level support for FP/RH activities	SO1	14	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035				No. of community/public meetings (barazas) and group discussions held: 146,000	No. of community/public meetings (barazas) and group discussions held: 24439	No. of community/public meetings (barazas) and group discussions held: 31787
	I.3.b. Support advocacy activities at national level to improve policy environment	SO1	15	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035			011 012	No. of policymakers sensitized: 250	None	None

Kenya

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Ensured voluntary & informed choice from widest range of appropriate contraceptive methods available	II.1.a. Support and expand ECP services and link with ongoing FP services	SO II	49	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 033 034 035				No. of ECP acceptors: (refer to I.1.a, b, and c) No. of clinic sites providing ECP:40 No. of clinical service providers trained in ECP: (refer to II.2.b.)	clinic sites providing ECP = 2 No. clinical service providers trained in ECP = None	clinic sites providing ECP = 2 No. clinical service providers trained in ECP = None
	II.1.b. Support client-focused IEC activities for FP/RH services	SO II	12	001 029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035			011 012	No. of persons informed through home visits: 955,840 No. of persons informed through other provider efforts: (refer to I.1.a, b, and c)	Persons informed through home visits = 66,161	Persons informed through home visits = 249,200
II.2. Strengthened provider competence to deliver high quality FP and selected RH services (including MCH and STI and HIV/AIDS)	II.2.a. Conduct refresher-training for service providers on basic and comprehensive FP/RH service delivery	SO II	63	029 033 034 035		029 033 034 035	033 034 035	029 034 035				No. of service providers trained on basic FP/RH service delivery: 67 No. of service provider trained on comprehensive FP:124 No. of service providers trained in ECP: 310 No. of service providers trained in PP/PA: 90	No of service providers trained in comprehensive FP = 42 Service providers trained in ECP = none No of service providers trained in PP/PA = 0	No of service providers trained in comprehensive FP = 62 Service providers trained in ECP = none No of service providers trained in PP/PA = 1
	II.2.b. Conduct training for service providers on ECP service delivery	SO II	65	029 034 035 033		029 034 035	034 035	029 034 035				No. of service providers trained on ECP service delivery: 310	None	None
II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate, including referral links for MCH, STI and HIV/AIDS services	II.3.a. Support clinic managers, providers and trainers to integrate STIs and HIV/AIDS prevention services with FP programs	SO II	25	029 033 034 035		001 029 033 034 035	001 033 034 035	001 029 034 035				No. of sites where FP/RH and STIs HIV/AIDS integration services are offered: 28 static clinic facilities and 9 mobile clinics.	11 static clinics and 10 mobile clinics	13 static clinics and 10 mobile clinics
	II.3.b. Pilot community-based models for STI and AIDS (Home-based) care among coverage populations	SO II	54	001 033		001 033	001 033	001				No. of CBDs trained as trainers in home-based care: 66 No. of home care givers trained in home-based care: 128	No. of CBDs trained a s trainers in HBC = 27 No of home care givers trained in HBC = 0	No. of CBDs trained as trainers in HBC = 59 No of home care givers trained in HBC = 195

Kenya

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
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	SO II	29	001 029 033 035		001 029 033 035	001 033 035	001 029 035				No. of institutions that adapt/develop QOC systems: 4 No. of SDPs implementing QOC standards: 37 No. of CBD agents using service delivery protocols to enhance quality of services: 1400	No of institutions that adapt/develop QOC systems = 4 No of SDPs implementing QOC stds = 21 No of CBDs using SD protocols to enhance quality services = 1,039	No of institutions that adapt/develop QOC systems = 4 No of SDPs implementing QOC stds = 23 No of CBDs using SD protocols to enhance quality services = 1,039
	II.4.b. Improve the availability and acceptability of appropriate facil, equip, supp for services provided	SO II	31	029 033		029 033	033	029		013		No. of SDPs equipped: 4 No. of SDPs renovated/upgraded: 1	No of SDPs equipped=none No of SDPs renovated = 0	No of SDPs equipped=1 No of SDPs renovated = 1

Kenya

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

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Strengthen strategic and operational planning capacity of local institutions	SO III	32	001 035		0010 35	001 035	001 035				No. of institutions participating in strategic planning activities: 2	No of institutions participating in strategic planning activities = 5	No of institutions participating in strategic planning activities = 5
	III.1.b. Increase development and utilization of management information systems (MIS) for local implementing organizations	SO III	35	001 029 033 034 035		001 029 033 034 035	001 034 035	001 029 034 035				No. of institution staff who received technical assistance in MIS: 20 No. of institutions receiving TA in MIS: 5	No of institutions staff receiving TA in MIS = 0 No of Instits.receiving TA in MIS = 0	No of institutions staff receiving TA in MIS = 3 No of Instits.receiving TA in MIS = 3
III.2. Improved financial sustainability of local service organizations	III.2.a. Improve resource diversification.	SO III	40	001 033 034 035		001 033 034 035	001 034 035	001 034 035				No. of institutions receiving TA in resource diversification:4	No of instits. receiving TA in resource diversification = 5	No of instits. receiving TA in resource diversification = 5
	III.2.b. Improve efficiency and cost-effectiveness of clinic based services.	SO III	44	033 034 035		033 034 035	034 035	034 035				No. of institutions TA in unit-based costing: 3	No of instits. receiving TA in unit-based costing = 5	No of instits. receiving TA in unit-based costing = 5
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	SO III	25 29	001 029 033 034		001 029 033 034	001 034	001 029 034				No. of institutions that adapt/develop QOC systems: 4 No. of SDPs implementing QOC standards: 37 (28 static and 9 mobile sites) No. of QOC team visits conducted -TBD	No of instits. that adapt/develop QOC systems = 5 No of SDPs implementing QOC stds = 21	No of instits. that adapt/develop QOC systems = 5 No of SDPs implementing QOC stds = 23
III.4 Strengthed community development and resources	III.4.a. Support skills development, income generation, and social empowerment activities for women.	SO III	55	001 033 034 035		001 033 034 035	001 034 035	001 034 035				No. of women trained in income generation activities: 50 No. of CBDs involved in income generation activities: 500 No. of CBD groups given seed money: 50	No of women trained in income generation = None No of CBDs involved in IGAs = 894 No. of CBD groups given seed money = 0	No of women trained in income generation = None No. of CBDs involved in IGAs = 894 No. of CBD groups given seed money = 1

Ethiopia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded public and private ector FP & selected RH services hrough multiple service delivery ystems	I 1.a Consolidate and strengthen programs at existing sites and initiate CBD program at new sites	SO I	1			002 003 006 007 008 010 013 018 903			902		Raised CBD sites from 34 to 47	—	32 CBD sites in operation
	I.1.b. Continue providing services at existing market place sites & initiate similar programs at new sites	SO I	1			002 003 018 903			902		Increased marketplace programs from 1 to 8	—	1 Marketplace program in operation
	I 1 c. Continue providing services at existing workplace sites & initiate similar programs at new sites	SO I	4			002 003			902		Increased workplace programs from 7 to 12	—	3 workplace programs in operation
	I.1.d. Consolidate & strengthen program center clinics; establish additional program center clinics; provide RH/FP services	SO I	2			002 003 006 007 008 010 013 018 903			902		Clinics provide services increased from 31 to 73 clinics 78,412 new acceptors 95,684 CYPs generated 11,825 persons referred	32 existing clinics provide services; 10,782 new acceptors served; 15,121 CYPs generated	32 existing clinics provide services; 21,619 new acceptors served; 28,457 CYPs generated
	I.1.e. Initiate HIV/AIDS/STI prevention and control services at bus station booths	SO I	4			018					3 booths established	—	—
I.2. Expanded access for under-served groups and those at - risk, including young adults, men, and hard-to-reach populations	I.2.a. Strengthen existing adolescent programs; initiate adolescent programs; initiate school based programs	SO I	56			002 003 007 010 018					Provide youth programs at 3 centers 5 clubs initiated or revitalized 69,160 young adults informed 600 young adults counseled 716 young adults provided with contraceptives 723 CYP generated	43,658 young adults informed	67,546 young adults informed
I.3. Enhanced environment for use of FP & RH services through advocacy interventions	I.3.a. Strengthen existing Project Advisory Committees (PAC) and establish new ones where new CBD programs are to be initiated and provide sensitization for community leaders	SO I	14			002 003 008 013 018 903					No. of PACs increased from 6 to 19 601 community leaders sensitized	6 existing functional PACs	6 existing functional PACs
	I.3.b. In collaboration with FHI, conduct operations research on male involvement and the effectiveness of various service delivery approaches, such as CBD, workplace etc.	SO I	53			901					2 research results produced	1 CBRH project effectiveness done	1 CBRH project effectiveness done

Ethiopia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcomes	Country Program Activities	SO	Act Num	FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II 1 Ensured voluntary and informed choice from widest range of appropriate contraceptive methods	II.1.a. Conduct IEC activities at clinics, CBD sites, adolescent centers, and workplace sites targeted at different groups, including men, through different channels	SO II	12			002 003 006 007 008 010 013 018 903			902		No. of persons informed: 675,552 No. of IEC activities conducted: 28,531	No. of persons informed. 301,152	No. of persons informed: 560,966
	II.1.b. Develop/adapt and distribute culturally appropriate IEC materials targeted at different groups, including men	SO II	12			002 003 006 007 008 010 013 018 901 903			902		3 posters, 1 brochure and 1 leaflet developed/adapted 61,850 leaflets of 6 types, 18,150 posters of 7 types, 5,000 brochures of 1 type, 213 flip charts of 1 type, and 5 billboards distributed	12,830 pamphlets of two types distributed. 470 posters/flipcharts distributed.	12,000 leaflets of two types developed and printed; 22,944 pamphlets and 701 posters/flipcharts distributed.
	II.1.c. Introduce ECP at clinics	SO II	49			003					No. of clinics provide ECP: 4	4 FGAE clinics provide ECP	4 FGAE clinics provide ECP
	II.1.d. Strengthen the capacity of model clinics to provide long acting methods to increased number of clients; introduce long acting methods at the new model clinic	SO II	18			002 003 006 007 008 010 013 903			902		No. of clinics providing long acting methods: 39	No. of existing clinics providing long acting methods: 31	No. of existing clinics providing long acting methods: 31
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	SO II	63, 67			002 003 006 007 008 010 013 018 901 903			902		Practitioners Trained: 683 CBD Agents; 70 marketplace providers; 35 depot holders; 70 workplace providers; 275 Peer Promoters; 109 clinical service providers, 74 male group leaders 88 training activities conducted	55 CBD workers, 12 nurses, and 15 peer promoters were trained.	160 CBD workers, 27 nurses, 108 peer promoters, 101 male groups leaders, 450 health and development workers trained.
	II.2.b.Train CBRH trainers in home based care to PWAs	SO II	69			901 903					No. of persons trained: 15	—	No. of persons trained: 17
	II.2.c. Develop IEC/Counseling guidelines for clinic based providers	SO II	24			903					IEC/Counseling guideline developed	—	—
	II.2.d. Develop national clinic-based RH/FP management and supervision manual	SO II	24			903					A national clinic-based management and supervision manual developed	—	—
	II.3.e. Develop adolescent life skills/FLE curriculum	SO II	24			903					Adolescent life skills/FLE curriculum developed	—	—
	II.2.f. TOT on CBRH	SO II	63			901					No. of persons trained: 15	—	—
	II.2.g. Finalization of CBRH management and supervision manual	SO II	24			901					CBRH management and supervision manual developed	—	—

Ethiopia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcomes	Country Program Activities	SO	Act Num	FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.h. Train CBD supervisors in CBD program management and supervision	SO II	78			002 003 006 007 008 010 013 018					No. of CBD supervisors trained in CBD program management and supervision: 29	—	—
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	SO II	25			002 003 006 007 008 010 013 903			902		HIV/AIDS/STD information and education provided to 347,871 persons STD diagnosis and treatment offered at 28 clinics 10,345 clients screened and treated for STD SDPs integrating HIV/AIDS/STDs increased from 51 to 53.	51 existing SDPs integrate HIV/AIDS/STDs; 104 clients screened and treated for STD	51 existing SDPs integrate HIV/AIDS/STDs; 291 clients screened and treated for STD
	II.3.b. Strengthen & expand the integration of MCH programs in the existing clinics and the new model clinic	SO II	26			002 003 006 007 008 010 903			902		Clinics integrating MCH increased from 5 to 32 clinics 30,967 children served 14,417 mothers attended	5 existing SDPs integrate MCH service; 4,595 children sreved; 2,607 mothers attended	5 existing SDPs integrate MCH service; 7,138 children sreved; 4,391 mothers attended
	II.3.c. Integrate postabortion and postpartum care with FP services	SO II	57, 58			003 006 007 008 010					3 SDPs offer integrated postpartum care; clinics offering postabortion care increased from 3 to 4.	—	—
	II.3.d. Strengthen referral linkages between CBD programs & clinics of existing programs and establish referral linkages between new CBD programs & clinics	SO II	27			002 003 006 007 008 010 013 903					No of clinics linked up with CBD programs increased from 51 to 58 clinics	51 exisiting clinics linked up with CBD programs	51 exisiting clinics linked up with CBD programs
	II.3.e. Develop HIV/AIDS integration guidelines	SO II	32			903					HIV/AIDS integration guideline developed	—	—
II.4. Improved quality assurance and quality management systems	II.4.a. Implement QOC standards/systems	SO II	29			002 003 007					16 SDPs implementing QOC standards/ systems	—	—
	II.4.b. Equip and renovate clinics	SO II	31			002 008 013 903			902		No. of clinics equipped: 24 No. of clinics renovated: 10	—	—

Ethiopia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
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	SO III	35			002 003 006 007 008 010 013 018 901 903			902		M & E instruments institutionalized at all levels of the grantees	Institutonalization of M&E instruments in progress	Institutonalization of M&E instruments in progress
	III.1.b. Develop strategic plan	SO III	32			007 901					Develop strategic plan	—	—
	III.1.c. Develop a national RH/FP training strategy	SO III	32			903					RH/FP training strategy developed	—	—
	III.1.d. Install MIS for the MOH	SO III	35			903					MIS installed for MOH	—	—
	III.1.e. Provide TA in program/finance management	SO III	38			002 003 006 007 008 010 013 018 901 903			902		56.8 person-months of TA provided	9.0 person-months of TA provided	22.5 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	SO III	38			002 003 006 007 008 010 013 018 901 903			902		The master sustainability and the specific plans implemented Cost accounting system introduced All SDPs instituted to have cost-recovery activities	—	—
	III.2.b. Develop financial management manual and improve MIS	SO III	38			002					A financial management manual developed Accurate & timely submission of financial report	—	—
III.3. Improved technical capacity of local service delivery organizations	III.3.a. Train managers in sustainability planning and financial management	SO III	37			901 903			902		30 managers trained	28 managers trained	28 managers trained
	III.3.b. Train managers in program/finance management	SO III	37			002 003 006 007 008 010 013 018 901 903			902		106 managers trained	—	—

Ethiopia													
Country Strategic Objective III: Increased Management, Financial, and Technical Capacity of Local Organizations													
		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.4. Improved community-based resource mobilization	III.4.a. Conduct community-based mobilization	SO III	75			002 003 006 007 008 009 010 013					7,940 community-based mobilization conducted	—	—

Results Frameworks

Asia

Indonesia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
I.1. Ensured Access to FP Services through Multiple Service Delivery Systems	I.1.a. Support clinic-based FP and RH services and ensure access to long-acting sustainable contraceptive methods (particularly IUD and VS)	SO I	2	055 057 058 059 060 061 062 063 064 065 066 067 068 069							3,906,957 new acceptors served by all grantees; 6,275,830 CYPs distributed; 91 government SDPs renovated, equipped, or receiving administrative support including Health Clinics and hospitals	1,271,316 new acceptors served by all grantees; 1,251,116 CYPs distributed; 0 CYPs referred; 55 SDPs renovated, equipped or receiving administrative support	2,219,700 new acceptors served by all grantees; 2,554,672 CYPs distributed; 313 CYPs referred; 198 SDPs renovated, equipped or receiving administrative support
	I.1.b. Maintain access to FP and RH services through NGO clinics	SO I	2	055 057 059 067 068 069							147 NGO clinics providing services; 146 NGO clinics renovated, equipped, or receiving administrative support; 40,266 new acceptors served through NGO clinics	73 NGO clinics providing services; 47 NGO clinics renovated, equipped or receiving admin. support; 7,608 new acceptors served through NGO clinics; 17,843 CYPs distributed thru NGO clinics	189 NGO clinics provid. serv; 145 NGO clinics renovated equipped or receiving admin. support; 14,668 new acceptors served through NGO clinics; 32,816 CYPs distrib. thru NGO clinics
	I.1.c. Conduct medical team visits to provide IUD and VS services in areas where access is limited	SO I	2, 59	058 060 061 062 063 064 065 066							1,151 VSC Visiting Specialist Visits 818 Integrated Service Visits 7,405 IUD home visits 992 Specific Visits by IBI/IDI 103 NGO mobile visits	437 visiting specialist visits; 1,138 specific visits by IBI/IDI, 24 NGO mobile visits conducted	627 visiting specialist visits; 1,292 specific visits by IDI/IBI; 48 NGO mobile visits conducted
	I.1.d. Provide FP and RH services through midwives at the village level	SO I	2,1	058 060 061 062 063 064 065 066							101 village midwife posts supported 111,321 Midwife service visits conducted	123 POAs produced; 38,442 VMW service visits conducted	135 POAs produced; 45,108 VMW service visits conducted
	I.1.e. Maintain access to contraceptive supplies distributed through combined medicine and contraceptive distribution posts (PAKBD/POD) at the village level	SO I	1, 36, 43	058 060 062 063 064 066							PAKBD/POD supported and POD/PAKBD managers trained in SDES provinces	No POD/PAKBD activities have been undertaken during this quarter	No POD/PAKBD activities have been undertaken to date

Indonesia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
	I.1.f. Maintain access to injectables through USAID donated contraceptive supplies	SO I	2	056, 057, 059, 065, 066, 067, 068, 069							870,000 injectable vials distributed to 3 SDES provinces (N. Sumantra, S. Sumantra and W. Java) and to NGOs in the 3 provinces	555,000 injectable vials have been sent to the provinces	555,000 injectable vials have been sent to the provinces
	I.1.g. Maintain acces to quality VSC and implant services through the distribution of medical supplies by AVSC and PKMI	SO I	2	060, 061, 062, 063, 064, 065, 066, 070, 071, 072, 073							3,038 packages distributed; Minilap-300 (50 packages); Minilap-100 (50 packages) Lap-100A (48 packages); Lap-100B (102 packages); NSV-100 (50 packages); Norplant-100 (2,736 packages)	packages distributed: Minilap-300 (22 packs); Lap-100A (17 packs); Lap 100B (51 packs); NSV-100 (25 packs)	packages distributed: Minilap-100 (28 packs); Minilap-300 (49 packs); Lap-100A (47 packs); Lap-100B (99 packs); NSV-100 (48 packs); Norplant-100 (2,612 packs)
I.2. FP Services Maintained and Promoted	I.2.a. Develop IEC materials to promote use of IUD and VS and other FP methods	SO I	12	055 058 059 060 061 062 063 064 065 066 069							104,115 printed IEC materials 2,313 mass media materials	21,000 printed IEC materials and 579 mass media materials produced; 161,797 persons informed through IEC activities; 3,621 adolescents informed through IEC activities	36,000 printed IEC materials and 650 mass media materials produced; 217,214 persons informed through IEC activities; 7458 adolescents informed through IEC activities
	I.2.b. Support IEC activities to maintain contraceptive use and promote use of sustainable, long-acting methods	SO I	12	055 058 059 060 061 062 063 064 065 066 069							234,228 IEC outreach visits conducted 5,384 people attending orientations; 171 people attending workshop on VSC	8,233 IEC outreach visits conducted; 962 persons attending IEC seminars and 440 persons attending VSC workshops	16,598 IEC outreach visits conducted; 2,156 persons attending IEC seminars and 465 persons attending VSC workshops
	I.2.c. Provide TA by PCS in IEC development to 3 SDES provinces	SO I	12								No. of IEC training activities conducted; no. of revised IEC materials distributed	IEC training conducted in 3 provinces: North Sumantra, West and Central Java	IEC training conducted in 3 provinces: North Sumantra, West and Central Java

Indonesia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
I.3. Family Planning Effects of the Economic Crisis Monitored	I.3.a. Monitor the effects of the economic crisis on family planning.	SO I	35, 36	058 060 061 062 063 064 065 066							Support a Crisis Monitoring and Response Unit in 11 SDES provinces; 18, 932 persons attending R/R orientation; 5,000 Reporting and Recoding guidelines/manuals produced	Crisis Monitoring and Response Units in 11 SDES provinces established; 120 monthly reports completed; 1,056 monitoring trips completed	Crisis Monitoring and Response Units in 11 SDES provinces established; 253 monthly reports completed; 1,615 monitoring trips completed
	I.3.b. Conduct a research activity on the effects of the economic crisis on family planning in the slum areas of DKI Jakarta through BKKBN DKI Jakarta and an NGO (Yayasan Melati)	SO I	53	060							1 research on the effects of the economic crisis on family planning in the slum areas of DKI Jakarta conducted.	reserach and final report completed. Intervention plan based on the research result has been developed and will be implemented in Q3	1 research and 1 final report completed. Intervention plan based on the research result has been developed and will be implemented in Q3
	I.3.c. Conduct Phase 2 monitoring of the USAID donated contraceptives through PPKLA (the University of Indonesia Health Research Institute)	SO I	35	055, 057, 058, 059, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073							Phase I monitoring report completed; reports by provinces completed; Phase II monitoring to commence November 1999	Phase I monitoring report completed; reports by provinces completed; Phase II monitoring has commenced January 2000	Phase I monitoring report completed; reports by provinces completed; Phase II monitoring has commenced January 2000

Indonesia

Country Strategic Objective II: Improved Quality of Family Planning and Reproductive Health Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
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	SO II	65	058 060 061 062 063 064 065 066							596 midwives trained in IUD; 253 providers trained in VS	306 IUD and 105 VSC clinical trainings have been undertaken	306 IUD and 105 VSC clinical trainings have been undertaken
	II.1.b. Provide TA in minilaparotomy services and a practicum minilap program by AVSC in 2 SDES provinces	SO II	85	063, 065							no. of doctors and paramedics trained in minilaparotomy services without uterine elevators; no. of doctors and paramedics attending minilap practicum	The draft of training manual and clinical procedure guidelines completed	The draft of training manual and clinical procedure guidelines completed
	II.1.c. Conduct a training of trainers for senior midwives at HCs, and train village midwives though an integrated apprenticeship program at the HCs in clinical sites	SO II	66, 52	058, 063, 064, 066							no. of senior midwives trained; no. of village midwives following an integrated apprenticeship program	TOT and apprenticeship program will begin in Quarter 3	TOT and apprenticeship program will begin in Quarter 3
	II.1.d. Train midwives and field workers to improve counseling skills	SO II	52	058 060 061 062 063 064 065 066							796 midwives and 625 field workers trained in counseling	253 Field workers trained in counseling; 335 midwives trained in counseling and 36 providers trained in other clinical services	281 Field workers trained in counseling; 335 midwives trained in counseling and 84 providers trained in other clinical services
II.2. Enhanced Constellation of FP and RH services available	II.2.a. Develop STD/HIV Standard of Procedure guidelines for clinical providers	SO II	71	055							100 guidelines produced		
	II.2.b. Train clinical providers in STD/HIV management	SO II	66	055							30 clinical providers trained in STD/HIV management		
	II.2.c. Train clinical providers in STD/HIV counseling	SO II	52	055							30 clinical providers trained in STD/HIV counseling		
	II.2.d. Support the integration of STD/HIV services with FP/RH programs	SO II	25,31	055							2 NGO clinics renovated and equipped for STD/HIV diagnosis		
II.3. Improved Quality Assurance and Quality Management Systems	II.3.a. Conduct Quality Assessment as part of the SDES evaluation	SO II	53	SDES							Data analysis and report on Quality Assessment completed		
	II.3.b. Conduct Quality Assurance Team Visits to monitor quality of services	SO II	29	058 060 061 062 063 064 065 066							480 QA team visits conducted		

Indonesia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date
III.1. Strengthened Program Management Capabilities of Local Organizations at all levels	III.1.a. Train NGO staff in clinic management and program planning	SO III	44	059 067							308 NGO staff trained in clinic management and program planning	12 persons trained in clinic management and program planning	12 persons trained in clinic management and program planning
	III.1.b. Train NGO staff in financial management	SO III	37	067 068 069							93 NGO staff trained in financial management	No training conducted during Quarter 2	No training conducted to date.
III.2. Stregthen Advocacy Efforts at Health Centers.	III.2.a. Support the advocacy of minilaparotomy services at Health Centers and out patient clinics and for the acceptors of the minilaparatomy technique without the uterine elevator	SO III		57							Increasing availability of minilaparotomy services at Health Centers and at out-patient clinics; Increased use of the minilaparotomy techniques without the uterine elevator	4 policy advocacy meetings conducted to increase access to minilaparotomy services at out-patient clinics. A new regulation stating the support and acceptance of VSC services by the Ministry of Health has recently passed.	4 policy advocacy meetings conducted to increase access to minilaparotomy services at out-patient clinics. A new regulation stating the support and acceptance of VSC services by the Ministry of Health has recently passed.

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN[1]	Expected Achievements	Quarter 2 Achievment	Year-to-Date
II.1. Strengthened delivery of clinical services and quality of care in project provinces	II.1.a. Resupply essential equipment at Provincial Centers in accordance with RHP Provincial Equipment list	SO II	31						010 011 012 013		Centers maintain and use stocks of all essential equipment and supplies		
	II.1.b. Provide training in Reproductive Tract Infections	SO II	69						010 011 012 013 901		10 people participate in 35 hour training -- 5 days @ 7 hrs/day		
	II.1.c. Provide one reproductive health technology update	SO II	63						010 011 012 013 901		140 people participate in 21 hour training -- 3 days @ 7hrs/day		
	II.1.d. Provide two training workshops in the counseling of special populations such as young adults, older women and people with RTIs or HIV	SO II	69						010 011 012 013 901		140 people participate in 42 hour training -- 3 days x 2 courses @ 7hrs/day		
	II.1.e. Hold follow-up to QOC Workshop in March '96. Disseminate initial results of QOC client follow-up research and data from new client record keeping system and relate to continuing improvements in service delivery	SO II	53						010 011 012 013 901		30 people participate in 28 hour training -- 4 days @ 7 hrs/day		
	II.1.f. Provincial centers to develop prioritizing lists of essential equipment for district and commune levels	SO II	31						010 011 012 013		Centers maintain and use stocks of all essential equipment and supplies		

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN[1]	Expected Achievements	Quarter 2 Achievment	Year-to-Date
	II.1.g. Train all district and commune level staff with responsibility for MCH/FP in all modules' content relevant to their work and appropriate to their level of skill	SO II	63,68						010 011 012 013		1200 staff participate in minimum 140 hour training -- 20 days including theory and practice @7 hrs/day		
	II.1.h. Conduct Onsite Training for all staff in four selected new RHP Project sites in all content of Comprehensive RHS Curriculum and have new practices institutionalized	SO II	63						014 015	017 018	100 staff participate in minimum 140 hour training -- 20 days including theory and practice @7hrs/day		
	II.1.i. Conduct project monitoring visits	SO II							901 016	901	Trips conducted by appropriate MOH supervisors and RHP office staff		
	II.1.j. Conduct a Quality of Care Workshop for the four new RHP sites	SO II							014 015 901	017 018 901	20 people participate in 60 hours training -- 10 days @ 6 hrs. day		
	II. 1.k. Conduct a second TOT for the new provinces	SO II							014 015 901	017 018 901			
	II.1.l. Conduct a workshop on integrated supervision	SO II	78						010 011 012 013 901		30 people participate in 42 hour training -- 6 days @ 7 hrs/day		

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN[1]	Expected Achievements	Quarter 2 Achievment	Year-to-Date
	II.1.m. Implement client-oriented medical record system	SO II	73						010 011 012 013 901		140 people participate in 8 hour training -- 1 day @ 8 hours		
	II.1.n Provide basic computer training for staff responsible for the management of the information system	SO II	77						010 011 012 013		10 people participate in 20 hour training -- @ 20 sessions		
	II.1.o. Conduct a workshop on managing and using the information collected through the client-oriented medical record system	SO II	73						010 011 012 013 901		20 people participate in 35 hour training -- 5 days @7 hrs/day		
	II.1.p. Seminar series on reproductive health and related topics for officials from MOH and related. ministries	SO II	15						016 901		20 people attend 4 half-day seminars		
	II.1.q. Int'l training/or attend int'l professional meetings	SO II	15						016 901		Trip/Training completed		
II.2. Expanded range of contraceptive methods offered and accepted, especially post abortion, at all project sites and selected districts.	II.2.a. Develop a simple MCH/FP Quick Reference Handbook for service providers	SO II	26						901		6,500 copies printed		
	II.2.b. Develop additional training modules e g in Maternal and Neonatal Care, HIV counseling, and Emergency Contraceptive Pills	SO II	24						901		1,300 copies each of three modules will be printed and distributed		
	II 2 c Develop two training videos in Vietnamese	SO II	24						901		750 copies each recorded and distributed		
	II.2.d. Publish three issues of a quarterly newsletter in Vietnamese containing project tips and information and technical updates to be circulated to clinics nationwide	SO II	15						901		10,000 copies each of 3 issues will be printed and distributed		

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN[1]	Expected Achievements	Quarter 2 Achievment	Year-to-Date
	II.2 e. Create 2 more pamphlets on RH topics	SO II	12						901		12,500 copies each printed and distributed		
	II.2.f. Procure library materials for the MCH/FP department, MOH	SO II	15						901		Materials delivered to the MCH/FP Dept.		
II.3. Strengthened capacity to provide safe motherhood services in selected project provinces	II.3.a. Provide clinical training for the staff of the four continuous provincial RHP Sites in Safe Motherhood and Care of the Newborn	SO II	68						010 011 012 013 901		8 people participate in 96 hour training -- 12 days @ 8 hrs/day		
	II.3.b. Conduct a training of trainers course for the Ha Noi Health Service	SO II	68			001					8 participnats in 48 hrs training-6 days @ 8hrs/day		
	II.3.c. Conduct a series of retraining courses	SO II	68			001					150 participants in 96 hours training-12 days @ 8 hrs/day	40 providers at district level trained to date, as planned. 10 people from the Hanoi Ob/Gy hospital trained	A total of 80 providers trained-70 at the distric level and 10 from the Ha Noi Ob/Gyn Hospital
	II.3.d. Convene a workshop for Midwives Association of Viet Nam	SO II	68			001					16 people participate in 16 hrs workshop-2 days@8 hours/day		
	II.3.e. Develop materials to promote training courses	SO II	76			001					Materials developed and distributed		
	II.3.f. Monitoring and Supervision	SO II				001					Monitoring reports submitted.	1 routine monitoring visit conducted. Report in draft.	2 visits conducted. One report final.
	II.3.g. Training Evaluation	SO II	73			001					Report Completed		
	II 3 h Mid-Initiative Project Assessment	SOII	73			1					Report Completed	Evaluation conducted. Report in draft	See quarter 4
	II.3.i. End-of-Initiative Review	SO II	73			001					Final review report completed		
	II. 3 j Joint Dissemination Workshop	SOII	73			1					Workshop Conducted		

[1] RN: Royal Netherlands

Viet Nam

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

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	RN[1]	Expected Achievements	Quarter2 Achievements	Year-to-Date
III 1. Strengthened program and organizational management capabilities of local service organizations	III.1.a. Strengthen the management, supervisory and training capability within four continuing project provinces at the provincial, district and commune levels	SO III	78						010 011 012 013		222 program staff trained 4 institutions strengthening program management		
	III 1.b. Strengthen the management, supervisory and training capability within four new project provinces at the provincial levels	SO III	78						014 015 017 018		148 program staff trained 4 institutions strengthening program management		
	III.1.c. Strengthen capacity of the MCH/FP Department of the MOH to promote quality of care in reproductive health services throughout the MCH/FP system	SO III	62						016 901	902	4 participants 4 monitoring visits 1 institution strengthening program management		
	III.1.d. Establish Ha Noi Health Service as training institute for safe motherhood training	SO III	76	X							TBD 1 training institute established	In- progress	

[1] RN. Royal Netherlands

Results Frameworks

Latin America and the Caribbean

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Ecuador

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

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	PF	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded improved FP and selected RH service delivery systems and infrastructure	I.1.a. Support clinic-based ECP services	SO I	49	004						009	7 SDP providing ECP services 200 ECP new acceptors	same number of SDP providing ECP services 22 ECP new acceptors	15 SDP providing ECP services 46 ECP new acceptors
	I.1.b. Support hospital-based FP and RH services	SO I	3							008	PAC activities introduced in 1 MOH hospital TBD PA/FP acceptors, by method	PAC activities continue to be provided in 1 MOH hospital.	PAC activities in 1 MOH hospital.
	I.1.c. Support FP and RH service delivery through private practitioners	SO I	6							008	40 midwives participating 40 midwives providing PA counseling	midwives continue participating in the provision of PAC counseling	30 midwives participating
	I.1.d. Strengthen PA care and FP with MOH hospitals, reinforcing counseling, clinical skills, and infection prevention practices	SO I	9							008	80% of PA patient receiving FP/PA counseling 40% of PA clients leaving the hospital with method See I.1.b for hospitals providing quality PA care	60% of PA patient receiving FP/PA counseling; 5% of PA patients leaving hosp with a method.	60% of PA patient receiving FP/PA counseling; 5% of PA patients leaving hosp. With a method.
I.2. Expanded access for underserved groups and those at-risk (including young adults, men, and hart-to-reach populations)	I.2.a. Support FP/RH services including ECP services for adolescents/young adults	SO I	7							009	2 SDP providing ECP services to young adults TBD new young adult ECP acceptors TBD young adults informed and counseled	5 SDP providing ECP serv to young adults. 11 new young adults ECP accept. 572 young adults informed.	9 SDP providing ECP serv to young adults. 15 new young adults ECP accept. 783 young adults informed.
	I.2.b. Support FP/RH services for post-abortion women	SO I	9							008	See I.1.b MOH Hospitals with PA services in operation See I.1.d % of PA patients leaving the hospital with method	1 MOH hospital continue with provision of PA services	1 MOH hospital with PA services in operation

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Ecuador

Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	PF	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Ensured voluntary and informed choice from the widest range of appropriate contraceptives methods available	II.1.a. Support client-focused IEC activities for FP, RH and ECP services (educational talks, material development and dissemination, client ECP use packets)	SO II	12	004						008	300 women receive information on ECP 500 brochures, 500 posters and 500 ECP packets distributed 2,000 copies of PA/FP methods distributed	160 women received information on ECP. 497 brochures, 94 posters and 70 packets distributed.	729 women received information on ECP. 1381 brochures, 312 posters and 635 packets distributed.
	II.1.b. Support provider-focused IEC activities to increase support for and reduce provider biases toward ECP	SO II	13							009	100 professionals informed through orientation sessions	80 professionals informed through orientation sessions.	80 professionals informed through orientation sessions.
	II.1.c. Introduce and integrate ECP into regular FP/RH services	SO II	49							009	Introduce ECP services in 2 clinics	ECP services introcuded in 5 clinics	ECP services introcuded in 12 clinics
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	SO II	69							008	8 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	1 ob/yn trained in PA care and MVA 1 midwife trained in PA counseling	1 ob/gyn trained in PA care and MVA and 1 midwife trained in PA counseling. 8 physicians, 38 midwives and 3 nurses providing services in which they were 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	SO II	65							009	40 providers trained to provide ECP	53 providers trained to provided ECP.	134 providers trained to provided ECP.
	II.2.c. Conduct orientation seminars for midwives on PA Care.	SO II	69							008	4 orientation seminars 60 participants	2 orientation seminars 35 participants	2 orientation seminars 35 participants

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Ecuador

Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	PF	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.d. Develop/adapt and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	SO II	24							008 009	200 copies of ECP service delivery guidelines to be disseminated 4 copies of PAC training modules distributed	194 copies of ECP service delivery guidelines distributed. 2 copies of PAC training modules distrib; 1 training module on ECP for adolesc. Developed and disributed.	482 copies of ECP service delivery guidelines distributed. 2 copies of PAC training modules distr. 1 training module on ECP for adolesc distributed and 160 copies distributed.
	II.2.e. Conduct orientation seminars for physicians and other providers on ECP	SO II	65	004							120 participants at 3 orientation seminars	52 participants at 1orientation seminars	132 participants at 5 orientation 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	SO II	9							008	1 MOH hospital using MVA for treatment of incomplete abortion and with high quality PAC services (same hospital mentioned in I.1.b)	same MOH hospital using MVA for treatment of incomplete abortion.	1 MOH hospital using MVA for treatment of incomplete abortion.
	II.3.b. Integrate select RH activities with FP/RH services	SO II	25							008	1 MOH hospital offering FP/RH integrated services (same hospital mentioned in I.1.b)	same MOH hospital offering integrated services.	1 MOH hospital offering integrated services.
II.4 Improve quality assurance and quality management systems	II.4.a. Introduce and strengthen quality of clinical and community services	SO II	29	004						009 008	3 Service delivery points (SDPs) adapting service delivery guidelines on ECP Develop Medical Protocols on PA and IP	8 SDP adapting service delivery guidelines on ECP.	15 SDP adapting service delivery guidelines on ECP.

Bolivia

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

		Global		Funding Source: USAID					Funding Source: Other Donors		Indicators		
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded, improved or stablished FP and selected RH ervice systems and infrastructure	I.1.a. Support community based FP and RH services	SO I	1	019 022 024 901							2,982 new acceptors of the Pill through CBD 6,515 new acceptors of the Condom through CBD 1,242 new acceptors of Vaginal Tablets through CBD 20,733 pills distributed through CBD 105,178 condoms distributed through CBD 17,910 Vaginal Tablets distributed through CBD 119,964 of home visits	730 new acceptors of the Pill through CBD 521 new acceptors of the Condom through CBD 146 new acceptors of Vaginal Tablets through CBD 3669 pills distributed through CBD 9360 condoms distributed through CBD 760 Vaginal Tablets distributed through CBD 22,002 home visits	1557new acceptors of the Pill through CBD 1021 new acceptors of the Condom through CBD 213 new acceptors of Vaginal Tablets through CBD 7258 pills distributed through CBD 18472 condoms distributed through CBD 2596 Vaginal Tablets distributed through CBD 35,518 home visits
	I.1.b. Support clinic and hospital-based FP/RH/MCH services	SO I	2,3	016 019 022 024 028 030 901							453 new acceptors of VSC 10,465 new acceptors of IUDs 6,286 new acceptors of the pill 6,435 new acceptors of condoms 3,940 new acceptors of 3-month injectable 2,991 new acceptors of NFP through unspecified static site services 9,581 IUDs distributed through clinical services delivery points other than clinic based services 18,088 cycles of pills distributed through clinic based services 24,169 vaginal tablets distributed 4,664 3 month-injectables distributed 101,460 condoms distributed 80 clinic sites	49 new acceptors of VSC 1731 new acceptors of IUDs 916 new acceptors of the pill 967 new acceptors of condoms 1353 new acceptors of 3-month injectable 966 new acceptors of NFP through unspecified static site services 1731 IUDs distributed through clinical services delivery points other than clinic based services 2060 cycles of pills distributed through clinic based services 2445 vaginal tablets distributed 2302 3 month-injectables distributed 15110condoms distributed	88 new acceptors of VSC 3093 new acceptors of IUDs 916 new acceptors of the pill 1566 new acceptors of condoms 1176 new acceptors of 3-month injectable 966 new acceptors of NFP through unspecified static site services 1731 IUDs distributed through clinical services delivery points other than clinic based services 2060 cycles of pills distributed through clinic based services 2445 vaginal tablets distributed 2302 3 month-injectables distributed 15110 condoms distributed
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 FP/RH Services for young adults	SO I	7	901 022 019 028							7,200 first consultations of adolescents 1,800 adolescents who receive RH/FP services 180 adolescents who receive PP/PA services	30 adolescents who receive RH/FP services	30 adolescents who receive RH/FP services
	I.2.b. Support FP/RH services for Postpartum women	SO I	57	016 019 022 030 901							5,774 new acceptors of PP/IUD 37 new acceptors of PP/OC 452 new acceptors of PP 3 month injectables 1,001 new acceptors of LAM 208 new acceptors of PP/condoms	153 new acceptors of PP/IUD 0 new acceptors of PP/OC 0 new acceptors of PP 3 month injectables 259 new acceptors of LAM 0 new acceptors of PP/condoms	189 new acceptors of PP/IUD 0 new acceptors of PP/OC 0 new acceptors of PP 3 month injectables 272 new acceptors of LAM 0 new acceptors of PP/condoms
	I.2.c. Support FP/RH services for Postabortion women	SO I	58	019 022 024 901							116 new acceptors of PA/IUD 14 new acceptors of PA/OC 29 new acceptors of PA 3 month injectables 25 new acceptors of PA/condoms 474 CYP for Postabortion services	0 new acceptors of PA/IUD 0 new acceptors of PA/OC 0new acceptors of PA 3 month injectables 0 new acceptors of PA/condoms 0CYP for Postabortion services	0 new acceptors of PA/IUD 0 new acceptors of PA/OC 0new acceptors of PA 3 month injectables 0 new acceptors of PA/condoms 0CYP for Postabortion services
I.3. Enhanced environment for use of FP, RH and MCH services	I.3.a. Support research evaluation on FP/RH	SO I	53	901							3 research activities conducted to investigate FP/RH and MCH issues	0 research activities conducted to investigate FP/RH and MCH issues	1 research activities conducted to investigate FP/RH and MCH issues

Bolivia

Strategic Objective II: Improved Quality of Services

		GLOBAL		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1 Ensured voluntary and informed choice from widest range of appropriate contraceptive methods available	II.1.a. Support client focused activities IEC activities for FP/RH services	SO II	12	019 022 024 028 901							596 people informed through community outreach 66,595 people informed through home visits 5,675 young adults informed 8,480 PP women informed 390 PA women informed 5,275 client focused pamphlets produced 21,100 client focused booklets produced 500 client focused posters produced 175 providers training in adolescent service delivery norms and protocols 10 client focused brochures/ pamphlets/leaflets/booklets developed	7,230 people informed through community outreach 19,788 people informed through home visits 565young adults informed 1,355 PP women informed 0 PA women informed 0 client focused pamphlets produced 0 client focused booklets produced 0 client focused posters produced 0 providers training in adolescent service delivery norms and protocols 0 client focused brochures/ pamphlets/leaflets/booklets developed	7,230 people informed through community outreach 19,788 people informed through home visits 565 young adults informed 1,355 PP women informed 0 PA women informed 0 client focused pamphlets produced 0 client focused booklets produced 0 client focused posters produced 0 providers training in adolescent service delivery norms and protocols 0 client focused brochures/ pamphlets/leaflets/booklets developed
	II.1.b Reduce barriers (including policies) to expanding access to contraceptive options	SO II	19	901							1 National FP norms developed and disseminated	1 National FP norms developed	1 National FP norms developed
II.2.Strenghtened provider competence to deliver high quality FP/RH services	II.2.a. Conduct training for service providers on basic/comprehensive FP/RH service delivery	SO II	63	901 019 024 016							250 providers trained in basic FP/RH service delivery 60 providers trained on method specific FP service delivery (PP)	71 providers trained in basic FP/RH service delivery 11 providers trained on method specific FP service delivery (PP)	160 providers trained in basic FP/RH service delivery 21 providers trained on method specific FP service delivery (PP)
	II.2.b. Conduct training for service providers on adolescent care and counseling	SO II	64	901 019 024 016							90 providers trained	20 providers trained	20 providers trained
	II.2.c. Conduct training for service providers on Postpartum contraception	SO II	69	901							64 providers trained in Postpartum contraception	11 providers trained in Postpartum contraception	11 providers trained in Postpartum contraception
	II.2.d. Conduct training on Postabortion Care	SO II	69 52	901							48 providers trained in Postabortion Care	0 providers trained in Postabortion Care	0 providers trained in Postabortion Care
	II.2.e.Train in method specific FP to private physicians	SO II	65			PSI					46 private physicians trained in method specific FP	56 private physicians trained in method specific FP	76 private physicians trained in method specific FP

Bolivia

Strategic Objective II: Improved Quality of Services

		GLOBAL		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.f. Establish or support training centers or training institutes for FP/RH training	SO II	76	901 016							3 training centers supported	2 training centers supported	2 training centers supported
II.3. Enhanced constellation of FP and RH svc's available, where necessary and appropriate	II.3.a. Support the integration of STI/HIV AIDS services with FP/RH programs	SO II	25	016 019 022 024 901							73 FP/RH sites that are following norms and procedures of STDs/HIV management	25 FP/RH sites that are following norms and procedures of STDs/HIV management	25 FP/RH sites that are following norms and procedures of STDs/HIV management
II.4 Improved quality assurance and quality management systems	II.4.a. Monitor and evaluate client perceptions of quality	SO II	61	019 022 024							34 sites conducting client satisfaction survey	4 sites conducting client satisfaction survey	4 sites conducting client satisfaction survey
	II.4.b Introduce and strengthen quality of clinical and community services	SO II	29	016 019 022 024 901							4 institutions that adapt/develop QOC systems	1institutions that adapt/develop QOC systems	1 institution that adapt/develop QOC systems

Bolivia

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Strengthened program and organizational management capabilities of local SD organizations	III.1.a. Increase development and utilization of MIS by local partners	SO III	35	901							73 centers with a reporting error rate less than 20% in their reporting system	15 centers with a reporting error rate less than 20% in their reporting system	15 centers with a reporting error rate less than 20% in their reporting system
	III.1.b. Improve monitoring and evaluation capacity	SO III	73	901							1 supervision and monitoring tools developed and disseminated	1 supervision and monitoring tools developed and disseminated	1 supervision and monitoring tools developed
III.2 Improved financial sustainability of local service delivery organizations	III.2.a. Improve cost-recovery and income generation for FP/RH/MCH services	SO III	45	024 022							1 institution participating in pricing plan efforts	1institution participating in pricing plan efforts	1institution participating in pricing plan efforts
III.3 Strengthen community development and resources	III.3.b. Support skills development, income generation, and social empowerment activities for women	SO III	55	902							7 women's groups organized with Pathfinder support 12 talks on empowerment and sexuality at organized women's groups 7 women leaders trained in social empowerment, gender and sexuality TBD: No. of girls participating in juvenile organizations TBD: No. of girl's leaders trained in sexual education and social empowerment	0women's groups organized with Pathfinder support 0 talks on empowerment and sexuality at organized women's groups 0 women leaders trained in social empowerment, gender and sexuality TBD: No. of girls participating in juvenile organizations TBD: No. of girl's leaders trained in sexual education and social empowerment	1women's groups organized with Pathfinder support 2 talks on empowerment and sexuality at organized women's groups 7 women leaders trained in social empowerment, gender and sexuality TBD: No. of girls participating in juvenile organizations TBD: No. of girl's leaders trained in sexual education and social empowerment

Peru

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded, improved or established FP and selected RH SD systems and infrastructure	I.1.a. Support community-based FP/RH services	SO I	1			904	X				185 CBD workers participating 8 fixed health facility 600 mobile health facilities	CBD workers continue participating also a number of fixed and mobile health facilities.	220 CBD workers part. 20 fixed health facilities 120 mobile health facilities.
	I.1.b Support clinic-based FP and RH services	SO I	2			904	X				18 clinics providing FP/RH services TBD acceptors, by method TBD CYP generated by method	same number of clinics continue providing FP/RH services	20 clinics providing FP/RH services
	I.1.c. Support hospital-based FP and RH services	SO I	3				X		901		16 hospitals and 5 health centers providing PA/FP services	2 hospitals and 1 health center providing PA/FP services	18 hospitals and 1 health center providing PA/FP services
	I.1.d. Strengthen PP/PA care and FP with MOH hospitals, reinforcing counseling, clinical skills, and infection prevention practices	SO I	9				X		901		100% of clients counseled in PA 60% of PA acceptors by method 7 hospitals providing quality PAC care 5 health centers providing quality PAC care	70% clients counseled in PA; 45% of PA acceptors, 3 hospitals providing quality PAC care	75% clients counseled in PA; 47.5 % of PA acceptors, 10 hospitals providing quality PAC care
I.2. Expanded access for underserved groups and those at-risk	I.2.b. Support young adults (15-24 years) projects through multidisciplinary clinics within MOH hospitals and centers and NGO	SO I	7	905		904					5 SDP continue providing services to adolescents TBD young adult new acceptors TBD adolescent informed and counseled	same number of SDP providing services to adolescents	5 SDP providing services to adolescents

Peru

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	I.2.c. Support postabortion programs	SO I	9						901		7 hospitals with PA programs in operation 5 health centers with PA programs in operation 60% of PA patients leaving hospital with method 100% of PA patients leaving counseled.	2 hospitals and 1 health center with PA programs in operation; 45% of PA patients leaving hospital with method; 70% of PA patients leaving counseled.	9 hospitals and 1 health center with PA programs in operation; 47.5%of PA patients leaving hospital with method; 75% of PA patients
	I.2.d. Support services to hard-to-reach populations	SO I	10			904	X				TBD Number of hard-to reach acceptors 13 sites serving hard-to-reach population	same sites serving hard-to-reach population	13 sites serving hard-to-reach population
I.3. Enhanced environment for use of FP, RH and MCH services through selected IEC, research and advocacy interventions	I.3.a. 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)	SOI	53			904	X		901		2 research reports disseminated 10 PA clinic assessments conducted Dissemination of ARH training follow-up evaluation and finding of MOE/MOH survey studies.	1 PA clinic assessments conducted ADAR baseline data collected, proccesing underway. Presentation of KAP and Adolescent Fogus Group results in 7 NGOs.	2 research reports disseminated 7 PA clinic assessments conducted Dissemination of ARH training follow-up evaluation and finding of MOE/MOH survey studies. Presentation of KAP and Adolescent Focus Group results in 7 NGOs.

Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1 Ensured voluntary & informed choice from the widest range of appropriate contraceptive methods available	II.1.a. Support client-focused IEC activities for FP/RH (home visits, community meetings, educational talks, material development and dissemination)	SO II	12			904	X		901		100% of PA patients receiving IEC material 56,880 persons informed 600 educational talks 36 radio spots 2 types of brochures produced 1 type of poster produced 5,000 copies of brochures and posters distributed	70% of PA patients receiving IEC material 10,852 persons informed 410 educational talks 1200 copies of brochures and posters distributed	75% of PA patients receiving IEC material 19,382 persons informed 552 educational talks 1,700 copies of brochures and posters distributed
	II.1.b. Support provider-focused IEC activities to increase support and reduce provider biases toward FP/RH	SO II	13				X						
	II.1.c. Support IEC activities targeting underserved/at-risk populations	SO I	12	905		904					TBD adolescents informed 4 IEC brochures produced targeting adolescents 50,000 copies of brochure distributed. TBD No. of underserved/at risk population informed	1600 adolescents informed, 155 copies of brochure about FOCUS distributed. Two In-Focus series translated into Spanish and 1050 of each distributed.	1750 adolescents informed, 655 copies of brochure about FOCUS distributed. Two In-Focus series translated into Spanish and 1050 copies of each distributed

Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.1.d. Introduce and distribute long-acting methods at MOH clinic sites and NGOs clinics	SO II	18	905		904					8 SDP distributing long-acting methods TBD CYP generated from long-acting methods TBD proportion of long-acting vs. short-term methods		
	II.1.b. Introduce, support ECP services and link with ongoing FP services	SO II	49							X			
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	SO II	63			904	X				TBD providers trained in FP/RH (30% physicians; 50% nurse/midwives; 20% technicians) TBD training activities held TBD SP providing services in which they were trained	3 training on STD/AID 39 providers trained; 1 training on RH for 32 persons.	5 training on STD/AID 74 providers trained; 1 training on RH for 32 persons
	II.2.b. Support training in PA/FP counseling and clinical services	SO II	69						901		30 physicians trained in PA/FP services including MVA 30 midwives and 15 nurses trained in PA counseling and management of MVA equipment 80% SP performing at expected level of competence	9 physicians trained in PA/FP services inc. MVA; 13 midwives and 11 nurses trained in PA counseling and management of MVA 60% SP performing at expected level	17 physicians trained in PA/FP services inc. MVA; 21 midwives and 16 nurses trained in PA counseling and management of MVA 60% SP performing at expected level of competence
	II.2.c. Train providers who deliver FP and selected RH services to underserved/at-risk populations	SO II	64	905		904					8 training courses on (contraceptive technology; reproductive health) 50 service providers trained in adolescent care & counseling	3 training courses on CTU; 33 service providers trained; 4 training courses on Conseling with 53 participants. 1 workshop on Counseling Adolescents conducted for 30 health providers.	10 training courses on CTU; 56 service providers trained; 2 workshops on adolesc with 24 participants; 4 training courses on counseling for 53 persons. 1 workshop on Counseling Adolescents for 30 health providers.

Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.2.d. Conduct CTU and RH updates	SO II	69			904					1 CTU/RH update course held for 36 service providers		
	II.2.e. Develop and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	SO II	24	905		904	X		901		1 Handbook in RH/FP for Adolescents distributed 1 training module developed 3 videos developed 8 flipcharts developed 10 cassettes developed 300 RH Guides 150 pocket guides to be distributed	306 training modules distributed; 5 RH Guides and 5 pocket guides distributed.	1 Handbok in RH/FP for Adolescents dist. 806 training modules distributed; 35 RH Guides and 25 pocket guides distributed.
	II.2.f. Conduct TOT, provide training in curriculum or material development, or establish training facilities or centers	SO II	64	905							2 TOT conducted on teaching methodology 40 trainers trained		
II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate	II.3.a. Introduce MVA for the treatment of incomplete abortion in MOH hospitals and health centers	SO II	21						901		15 SDP using MVA for treatment of incomplete abortion 15 SDP with high quality PAC services 5 health centers with high quality PAC services	2 SDP using MVA for treatment of incomplete abortion; 2 SDP with high quality PAC services	12 SDP using MVA for treatment of incomplete aboriton. 12 SDP with high quality PAC services
	II.3.b. Integrate select MCH activities with FP/RH services	SO II	26			904	X				8 SDP belonging to 8 NGOs offering integrated services 18 MOH hospitals linking PAC with FP services	SDP belonging to 8 NGOs continue offering integrated services; same number of MOH hospitals linking PAC & FP	20 SDP belonging to 8 NGOs offering integrated services; 16 MOH hospitals linking PAC with FP
	II.3.c. Strengthen referral links for select FP/RH/MCH services	SO II	27			904					3 SDP belonging to NGOs with referral links		

Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	II.3.c. Strengthen referral links for select FP/RH/MCH services	SO II	27			904					3 SDP belonging to NGOs with referral links		
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	SO II	29	905		904	X		901		15 SDP with clinical protocols for treatment of incomplete abortion 8 SDP with IP practices 26 SDP implementing QOC standards Develop, validate and distribute Obstetric Risk Protocols of Attention	1 SDP with clinical protocols for treaatment of incomplete abortion.	11 SDP with clinical protocols for treaatment of incomplete abortion.
	II.4.b. Conduct training for QOC	SO II	78			904	X				1 QOC training event 40 SP trained on QOC aspects 1 training courses in IP for 30 participants.		
	II.4.c. Renovate/upgrade clinics	SO II	31	905		904	X				11 SDPs renovated/equipped 15 SDPs equipped	3 SDP equipped	8 SDP renovated/equipped 5 SDP equipped

Peru

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

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Strengthen strategic and operational planning capacity of local partners	SO III	32			904	X				4 NGOs with strategic plans 5 program managers trained in strategic planning	4 NGOs with strategic plans 3 program managers trained in strategic planning	8 NGOs with strategic plans 8 program managers trained in strategic planning
	III.1.b. Improve monitoring and evaluation capacity	SO III	73			904	X				26 SDP participating in program design and management activities 8 NGOs participating in M&E workshops	12 persons from 5 NGOs participated in program design and evaluation (EPI-INFO)	12 persons from 5 NGOs participated in program design and evaluation (EPI-INFO)
	III.1.c. Strengthen organizational capacity to manage human resources	SO III	34	905		904	X				17 program managers trained in management		32 program managers trained in management
III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Improve budgeting, financial planning and management of local organizations	SO III	37			904	X				1 NGO participating in budgeting and financial planning 4 program managers trained in budgeting and financial planning		
	III.2.b. Improve financial sustainability and resource diversification effort of NGOs	SO III	40			904					5 NGOs receiving TA in financial sustainability 3 NGOs participating in resource diversification efforts		
	III.2.c. Improve training capabilities, training systems of institutions and trainers	SO III	76	905		904			901		16 trainers receiving TOT 8 NGOs receiving TA in training efficiency		

Peru

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

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
	III.2.d. Improve management of clinic costs, inc. developing cost-based plans, cost recovery/income generation	SO III	43			904	X				TBD cost studies conducted 8 NGOs participating in cost-effectiveness activities		
	III.2.e. Improve procurement, storage and distribution system for the MOH supplies within priority areas	SO III	38				X				8 NGOs receiving TA to improve storage and distribution system of contraceptives.	8 NGOs receiving TA on TURBO.C	8 NGOs receiving TA on TURBOC
III.3. Improved technical capacity of local service organizations	III.3.a. Provide TA to local service delivery organizations in QOC, IEC, RH	SO III				904			901		2 NGOs receiving TA in QOC, RH, IEC 11 hospitals receiving TA in PAC 5 health centers receiving TA in PAC TBD workshop meetings conducted TBD participants	2 hospitals and 1 health center receiving TA in PAC	8 hospitals and 1 health center receiving TA in PAC

Brazil

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
I.1. Expanded, improved or established FP and select RH (including MCH) service delivery systems and infrastructure	I.1.a. Support clinic-based FP and RH services	SO I	2	901					915		110,000 CYP 80,000 New Acceptors	25,361 CYPs 27,594 New Users	65,285 CYPs 67,034 New Users
	I.1.b. Support hospital based FP and RH services	SO I	3	901					915		Data captured in I.1.a.	Data captured in I.1.a.	Data captured in I.1.a.
	I.1.c. Support FP and RH serv. delivery through referrals from other sectors (including environmental and educational NGOs)	SO I	47	080 084		001 902	061				6 referral links in operation at project level	no new links added	2 referral links in operation at project level (Mimoso and Chapada)
I.2. Expanded access for underserved groups and those at-risk	I.2.a. Support young adult (15-24 years) projects	SO I	7	084		902	061		915		TBD No. of young adults (15-24) informed	TBD	TBD
	I.2.b. Expand services to hard-to-reach populations	SO I	10	080 084 086 087		001 902	061		915		TBD CYPs TBD No. of New Acceptors	Unable to assess	Unable to assess
1.3. Enhanced environment for use of FP, RH and MCH services thorough selected IEC, research and advocacy interventions	I.3.a. Increase and strengthen community-level participation in FP, RH and MCH	SO I	14			001 080					60 sites where community-level activities are conducted	no new communities added	31 sites (17 Massaroca, 14 Funatura) community-level activities are conducted
	I.3.b. Support IE&C and advocacy activities at national level to create an improved policy environment for FP, RH and MCH	SO I	15	913 914							5 informational-study tours conducted	10 trips sponsored	12 trips sponsored

Brazil
Country Strategic Objective II: Improved Quality of Service

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
II.1. Ensure voluntary & informed choice from widest range of appropriate contraceptive methods available	II.1.a. Support client-focused IE&C activities for FP, RH and MCH services	SO II	12	084 085		001 080 902	061		915		80 sites were client focused materials are used	No new sites added	61 sites (17 Massaroca, 14 Funatura, 30 C&C) with community-level activities conducted
	II.1.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	SO II	13	912		080			915		25 sites were provider focused IEC materials are used	1 site where provider focused IEC materials are used (Arinos)	3 sites were provider focused IEC materials are used
	II.1.c. Introduce additional modern contraceptive methods	SO II	18	901					915		Data captured in I.1.a.	Data captured in I.1.a.	Data captured in I.1.a.
	II.1.d Reduce policy barriers to expand method mix	SO II	19	913 914							24 service delivery sites which adopt standards guidelines that reduce barriers to expand method mix	1 delivery site	1 delivery site
	II.1.e. Introduce, support or expand ECP services and link with ongoing FP services	SO I	49	910							500 New acceptors of ECP		
II.2. Strengthened provider competence to deliver high quality FP and selected RH services	II.2.a. Train service providers in FP and select RH and MCH services and integrated service delivery	SO II	65 69	901 912 913 914		001 080			915		100 providers trained in FP/RH, MCH and integrated service delivery	20 providers trained in FP/RH, MCH and integrated service delivery	120 providers trained in FP/RH, MCH and integrated service delivery
II.3. Enhanced constellation of FP and RH services available, where necessary and appropriate	II.3.a. Support clinic managers, providers and trainers to integrate STIs and HIV/AIDS prevention services	SO II	25	912 913 914							50 providers trained in STI/AIDS RH	40 providers trained in STI/AIDS RH	60 providers trained in STI/AIDS RH
	II.3.b. Strengthened referral links for select FP/RH/MCH services	SO II	27	912		001 080	061		915		No. of referral links in operation at project level TBD 3,000 referrals	1 in development stage	1 in development stage

Brazil

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

		Global		Funding Source							Indicators		
				USAID					Other Donor				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievements
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Strengthened organizational capacity to design, manage, and evaluate FP, RH and MCH services	SO III	32 78	084 087 901		001 080 902	061		915		30 professionals trained in the design, management and evaluation of FP, RH and MCH services	No new professionals trained	18 professionals trained
	III.1.b. Strengthen human resource capacity to manage FP and RH services	SO III	34 78	084 087		001 080 902	061		915		Same as III.1	Same as III.1	Same as III.1
	III.1.c. Increase development and utilization of MIS systems for local implementing organizations	SO III	35 78	901					915		2 local partners participating in MIS activities	No new local partner	1 local partner participating in MIS activities.
	III.1.d. Improve capacity to forecast, procure, warehouse and distribute equipment, supplies	SO III	36 78	901					915		30 program managers trained in logistics	0	0
III.2. Improved financial sustainability of local service delivery organizations	III.2.a. Strengthen utilization of standard accounting and auditing systems	SO III	38	085							1 local partner participating in accounting and auditing activities	Achieved	1 local partner participating in accounting and auditing activities
III.3. Improved technical capacity of local service delivery organizations	III.3.a. Provide TA to local service delivery organizations in reproductive health	SO III	65	084 085 087		001 080 902	061		915		20 professionals trained in RH technology		
III.4. Strengthen community development and resources	III.4.a. Support skills development, income generation and social empowerment activities of women and girls	SO III	55			001 080					50 programs conducting community development activities	13 programs conducting community development activities	13 programs conducting community development activities

Brazil

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

		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 2 Achievements	Year-to-Date Achievments
IV.1. Strengthened institutional capacity to provide integrated RH and STI/HIV Services in Bahia and Ceará	IV.1.a. Support the Integration of STD/HIV-AIDS services with FP/RH programs	SO I	25	905					911		24 sites where FP/STD/HIV integration services are offered	No new posts	20 sites offering FP/STD/HIV integration services
	IV.1.b. Strengthen Management to introduce and support quality improvement and QA systems	SO II	62	905							2 Central Level institutions with capacity to provide quality integrated STI/HIV prevention and RH services	Achieved	2 Central Level institutions with capacity to provide quality integrated STI/HIV prevention and RH services
	IV.1.c. Improve monitoring and evaluation capacity	SO III	73	905							100% of the program health units implementing monitoring and evaluation tools for quality integrated STI/HIV prevention and RH services	100% of the program health units implementing monitoring and evaluation tools for quality integrated STI/HIV prevention and RH services	100% of the program health units implementing monitoring and evaluation tools for quality integrated STI/HIV prevention and RH services
	IV.1.d. Establish or support training centers or training institutes for service delivery training	SO II	76	905							2 Central Level institutions with capacity to conduct in-service training to implement quality integrated RH and STI/HIV services	In development stage	In development stage