

**PATHFINDER INTERNATIONAL
Fiscal Year 2000
Third Quarter Report
January - March , 2000
Cooperative Agreement
No. CCP-A-00-92-00025-20**

Submitted to:

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

Submitted by:

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

24 May 2000

K

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 January through March 2000. 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

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

- **Completion of the prototype draft of the home-based care (HBC) curriculum.** The HBC curriculum was pre-tested in Uganda and shared with stakeholders. This centrally-funded product also directly benefits the USAID-funded Kenya Community Based HIV/AIDS Prevention and Support Project (COPHIA) since Pathfinder has already been able to use the curriculum for sensitization of community leaders and orientation of stakeholders.
- **Designed and conducted special studies on quality of care (QOC), client satisfaction, and continuation rates.** Pathfinder is now working on processing and analyzing data for Mkomani-Bomu Clinic, High Risk Clinic, Pumwani Clinic, St. Lukes Clinic, Ngiya Clinic, and FLEP/Uganda.
- **Conducted a continuation rate study of the Maendeleo Ya Wanawake Organization (MYWO) community based distribution (CBD) project.** Data is currently being analyzed, and a final report will be available by September 2000.
- **Designed follow-up study to 1996 case study on Integrated STI/HIV/MCH/FP services at Mkomani clinics and FLEP clinics.** The follow-up study will be conducted next quarter and will be available shortly after its completion.
- **Field-testing of the project monitoring checklist.** Program officers in Ethiopia used the checklist during site visits to grantee organizations and have provided feedback based on their observation. Based on the results of field-testing, the monitoring checklist will be modified and finalized by September 2000.

As part of its agreement with Pathfinder, Media for Development International (MFDI) revised the first cut of the adolescent sexuality film "*Yellow Card*" based on findings from the pretest carried out in five African countries. MFDI also made final edits and music dubs and began to develop promotional materials as well as the film trailer entitled "*Yellow Fever, the Making of Yellow Card*". The film is being funded through USAID, DFID, and the Ford Foundation. MFDI is also soliciting corporate support for the film from Air Zimbabwe and other agencies.

Regional Initiatives

Adolescent RH Programs

Under its **Regional Adolescent Initiative**, Pathfinder and FOCUS representatives provided technical assistance in a meeting in Johannesburg of adolescent reproductive health (ARH) international experts as part of South Africa's National Adolescent-Friendly Clinic Initiative (NAFCI). The meeting resulted in the development of assessment tools and indicators for South

Africa's adolescent-friendly clinic accreditation process that will be adapted for other countries in the region to use.

Also under its ARH Initiative, Pathfinder undertook to publish, disseminate, and launch a series of booklets on various ARH topics including substance abuse, high risk behavior, the adolescent AIDS epidemic, and child abuse. These booklets fit into Pathfinder's strategy to advocate for ARH and share critical research findings.

Urban Reproductive Health

Pathfinder conducted several training events as part of its **Urban Reproductive Health Initiative** that focuses on improving access to quality RH services for at-risk groups living in urban slum areas; condom promotion and dual method use are key approaches under this initiative. Pathfinder held a one-week workshop for 24 CBD supervisors. At the end of the training, the participants developed workplans for future activities for their individual sites. Several recommendations were made at the workshop: (1) CBD supervisors should be trained in participatory methodologies and report writing; (2) implementing sites should intensify the use of drama, plays, puppetry, and concerts for effective communication of the project's themes; and (3) condom promotion and distribution for dual protection should be given the highest priority to meet the project's objectives.

Capacity Building Initiative

As part of its **Capacity Building Initiative**, Pathfinder conducted a strategic planning meeting in Uganda of all principal collaborators of the East African Reproductive Health Network (EARHN) in preparation for the regional strategic planning workshop scheduled for April 2-7, 2000. Pathfinder will coordinate, facilitate, and provide technical assistance for this exercise which will be used to position EARHN for future expansion and sustainability activities. EARHN is funded by REDSO/ESA and USAID's Africa Bureau.

The second round of training involved three one-week training sessions for twenty CBD workers at Likoni (Mombasa), Kangemi (Nairobi), and Arusha (Tanzania) sites. As a result of the training, participants were able to apply what was being taught to real life situations. One of the lessons learned was that community involvement and participation are vital for project sustainability, self-determination, and self-reliance.

Increasing Access (SO I)

Ethiopia

Pathfinder's program in Ethiopia is funded through a combination of USAID and private sources. Pathfinder has a USAID mission agreement that supports most subproject activities. Funding from its central agreement complements project activities with select TA and other program support, all which contribute to the organization's strategic objectives. During this quarter, Pathfinder worked to improve access to FH/RH services with several new activities. Start-up activities began with the Relief Society of Tigray (REST) to focus on support for FP/RH information and services in the southern part of the Tigray region. Pathfinder also finalized a new project with Abebech Gobena Orphanage and School (AGOS) to provide coverage in the

West Shoa Zone of Oromiya region, and it will begin next quarter. Pathfinder is also finalizing two-year proposals for HIV/AIDS prevention projects with the Ethiopian Islamic Affairs Supreme Council (EIASC) and the Confederation of Ethiopian Trade Unions (CETU). This will bring the number of partner organizations working in Ethiopia to fifteen.

EECMY/SCS initiated the expansion of community-based reproductive health (CBRH) activities to new sites in Gurage zone. CBRH agents were selected and preparations are underway for training the new agents. Similarly, NACID initiated a CBRH program in a new site adjacent to the existing sites to reach under-served populations.

Kenya

During this quarter, Pathfinder's program in Kenya continued to provide access to high quality reproductive health services under its centrally-funded program through a network of community-based distributors and static clinics operated by five of its local implementing partners; Maendeleo Ya Wanawake Organization (MYWO), Kabiro Health Care Trust (KHCT), the High Risk Clinic at Kenyatta National Hospital, ACK Maseno West, and Eldoret. The program generated the following outputs: 17,958 CYPs, 29,975 new users, 82,002 revisit and informed 563,847 persons about the benefits of family planning/reproductive health and HIV/AIDS. In an effort to step up the fight against HIV/AIDS pandemic, the program distributed 1,533,885 condoms. ACK Eldoret accounted for distribution of almost 60% of the total condoms.

Mozambique

Pathfinder's USAID funding in Mozambique is a combination of PVOII and field support funds, both of which contribute to the same projects and activities. With the early termination of the PVOII agreement, Pathfinder concentrated on close-out activities in Nampula and Maputo and particularly the project with the IPPF-affiliate, AMODEFA. However, several other activities related to access were accomplished. Salama, a local woman's organization, conducted a refresher course for fifteen MCH nurses from Ribaué and Lalaua districts in quality of care, supervision, and RH skills, thereby increasing the number of skilled providers. Salama is expanding supervision and CBD activities to Lalaua this year and will seek other funds to support this initiative. Pathfinder hopes that inroads in access made by AMODEFA will be maintained and expanded. To these ends, Pathfinder assisted AMODEFA prepare a proposal for UNFPA consideration. The Country Office assisted AMODEFA in the procurement of clinic supplies for its provincial offices and approved design and construction of new AMODEFA youth center, through the ARH project. Teachers in three schools in Maputo were trained as activists for the ARH project and a TOT in Zambézia for staff of ARH implementing agencies, such as ARO Juvenil, AMODEFA and DPEZ, was conducted.

MOZAMBIQUE - AMODEFA in Zambézia

Community-based services (CBS) programs provide integrated RH services and accurate information to rural and peri-urban communities with little or no access to formal health care facilities. CBS also complements the work of the formal health sector by increasing demand for, and utilization of, high-quality, facility-based services.

In Mozambique, in partnership with Pathfinder, national NGO partner and IPPF-affiliate AMODEFA (the Mozambican Associate for Family Development) has been able to increase access to integrated RH services by training cadres of community-based reproductive health agents (CBHRAs) - commonly called *activistas*. These spirited men and women are selected by their communities and trained in basic RH using a curriculum and manual elaborated by Pathfinder, in collaboration with NGO and government partners.

AMODEFA staff, trained by Pathfinder in technical areas and participatory adult education methods, conduct series of sensitization seminars with key influential members of the targeted communities, establishing linkages among district and provincial health authorities, health posts, *activistas*, and community leaders. Trained CBRHAs give public talks and make home visits in their communities, and refer clients to health posts where trained health workers provide necessary follow-up.

With USAID funding, fifteen CBRHAs have been trained and now provide essential services to three under-served *bairros* of Quelimane City, distributing information and contraceptives (condoms and oral contraceptives), and making referrals to health facilities. Moreover, a cadre of fifteen trained school-based *activistas* perform many of the same tasks as the CBRHAs, but also act as peer counselors in their schools. Both sets of *activistas* refer clients to nearby health clinics, including AMODEFA's.

With USAID sub-grant funding coming to an end this year, Pathfinder and AMODEFA are pleased that their collaboration will continue in Zambézia Province with UNFPA funding. This two-year project will allow AMODEFA to continue its Quelimane-based activities, while scaling-up to two under-served districts, training an additional 120 CBHRAs. The project will also link with the on-going UNFPA-funded adolescent RH project, of which Pathfinder and AMODEFA are executing and implementing partners, respectively.

Running and maintaining a youth- and male-friendly reproductive and sexual health clinic are integral aspects of AMODEFA's activities in Quelimane. The clinic complements the work of AMODEFA's community and school outreach activities by providing care, counseling in family planning, STD and others reproductive health issues for adolescents and adults, thus ensuring that clients are offered a continuum of quality services.

Nigeria

Pathfinder continues to promote access to integrated FP/RH information and services in Nigeria through eight projects with private-for-profit hospitals in Ibadan, Akure, Onitsha, Aba, Enugu, Katsina, Birnin-Kebbi and Kano. Facility-based services are complemented with community based distribution efforts. This quarter, Pathfinder also started-up a project with Alpha Clinic and Maternity in Badawa Community. Orientation has already taken place and services have begun.

Access to services was furthered through sensitization activities, advocacy meetings, and schools outreach efforts. Projects supported campaigns for demand generation and expansion of the method mix. As a result, there was an increase in new users and revisits by adolescents, men, and women who received appropriate messages on FP and STD/HIV/AIDS information. IEC materials were also distributed.

Uganda

With the completion of Pathfinder's support to the Family Life Education Program (FLEP) and East Ankole Diocese (EAD), Pathfinder's remaining two centrally-funded projects are providing access to FP/RH services to internally displaced people (IDPs) living in camps and to young people in Kasese and Masindi. During this quarter, the **Masindi** Project continued to provide services through static clinics and via community-based and work-based approaches. An assessment of facilities was carried out to establish staffing needs and required equipment and supplies. Ten sites developed by the communities are ready for equipping. Meanwhile, young adults continued to access services through distribution outlets run by peer educators. Also at Masindi, the project has been integrating a nutrition education component into existing FP work since 60% of children 0-2 are malnourished.

The **Kasese** Project continued to provide RH services to communities. Access was improved by increasing the number of CBD workers by training them in FP, STD prevention and management, and HIV/AIDS prevention. These new CBD workers will begin offering services in two fishing villages.

LAC Region

Bolivia

Pathfinder continued to support two MOH training centers, one located in Trinidad, Beni and the other in Oruro. The training of health care providers in these centers contributes to the establishment and expansion of reproductive health and family planning services throughout these two departments. During this quarter, Pathfinder participated in the national planning meeting for MOH training centers, during which achievements of each center from the past year were presented and discussion of the training plan for the current calendar year took place. The training centers supported by Pathfinder were among the centers with higher levels of achievements; Trinidad achieved 95% of its goal and Oruro achieved 85%, despite the fact that the latter center started activities with some delay.

As a part of the Social Marketing Project in which Pathfinder Bolivia holds a subcontract with PSI to train health providers from the commercial sector, 52 training courses on contraceptive technology were carried out with 977 health providers (physicians, nurses, pharmacists) trained from four capital cities: Oruro, Tarija, Potosí and Sucre, and one rural town, Viacha, located in La Paz.

A memorandum of agreement was signed with a national NGO, CIES, in order to establish a referral network for the management of side effects from contraceptives provided through the Bolivian Social Marketing Project. CIES health centers will serve as the referral network in places where PROSALUD has no centers.

During this quarter a baseline study of pharmacies was also carried out in five cities: Oruro, Tarija, Sucre, Potosí and Trinidad. The objective of the study was to assess training needs for the provision of contraceptives by the Social Marketing Project and to assess the local market for commercialization of these contraceptives.

Another activity that contributed to increased access to services was continued training in Adolescent Care and Counseling for health providers from the Ministry of Health. During this quarter, Pathfinder trained twenty providers from the Hospital de la Mujer in La Paz.

Finally, in the area of postabortion care, a needs assessment was carried out in the hospital of Montero, an intermediate city located in the Santa Cruz Department. The outcome of this activity was a decision by the MOH to introduce PAC activities at this hospital with support from Pathfinder.

Brazil

The State Secretariat of Health of Bahia, SESAB, through its program with Pathfinder, currently offers family planning services in a total of 301 health posts (up from 282 in last quarter) throughout the state of Bahia. Since the first calendar year quarter is usually reserved for internal activities within SESAB, no training was scheduled, with the exception of two family planning training events that SESAB was invited to facilitate outside the state of Bahia in connection with an invitation to “replicate” SESAB’s family planning program in the state of Sergipe, located on the northeast border with Bahia. The first group of physicians and nurses participating in this activity were trained during this quarter, totaling more than fifty professionals.

Pathfinder/Brazil, with its population-environment partner FUNATURA, continues to work to improve access to health services for the residents of the Grande Sertão Veredas National Park. During this quarter, project activities continued to be facilitated by the auxiliary nurse and the community health agents, including home visits, community meetings and referrals to two health posts in Chapada Gaucha and Formoso. Contacts with local government health officials continue in order to ensure continuous access to health services in this area.

Pathfinder’s other population-environment project, located in Massaroca, Bahia, also continues to work towards increasing access to reproductive and basic health information and services to hard-to-reach populations. The multiplier agents continued to carry out weekly community and planning meetings. During this quarter, the main activity involved preparations for Massaroca’s “special” day, which took place in early March. The day, entitled: “Health, Environment and Rights” was facilitated by the multiplier agents. Events included: a health fair (including papanicolau screening by Pathfinder’s Medical Director), theatre plays (one play about drugs, sexuality and teen pregnancy and the other about menopause), and a question and answer forum on sexuality and other RH issues, among other activities.

Pathfinder do Brasil continues to work with the Ob/Gyn Society of Bahia (SOGIBA), a maternity hospital in Salvador with a very active FP service, and the local legal system to increase access to the Emergency Contraception Pill (ECP). This quarter, the partnership with SOGIBA continued with a planning session to organize future two-day events in the interior of Bahia. IEC materials that have been adapted from the ECP consortium and tested for local use are still in the production process and are expected to be distributed next quarter.

Ecuador

In Ecuador, Pathfinder continued to support CEISAN, a local NGO that works with both public and private health institutions to improve and expand ECP services and improve the availability of ECP information. During this quarter, ECP services were introduced in one new clinic (San Pedro Claver Health Center), for a total of ten service sites providing ECP information and services. ECP was provided to thirty clients; 10 percent were adolescents.

Connecting ECP clients to regular family planning services and raising awareness about the availability of ECP are two activities that continue to play an important role in the program. The reason most often cited by clients for seeking ECP was unprotected sex, and 60% of the women receiving ECP do not regularly use any kind of contraception. As a way to increase access to FP/RH services (including ECP) in Quito, Pathfinder supported CEISAN in the continued distribution of IEC materials on ECP at project service sites and at other institutions.

Coordination meetings with additional government health facilities also took place this quarter, with the purpose of increasing access to and availability of FP/RH services, including ECP.

Peru

In its continuing effort to increase access to FP/RH services for young adults and adolescents, Pathfinder's NCA/Adolescent Program provided technical assistance to the MOH School and Adolescent Program (PSEA) in the area of program management and service organization. The second training workshop on "Organization and Management of ARH Integrated Services" was conducted in Lima from March 14-17. A total of 44 PSEA staff members working in the regions of Tacna, San Martín, Huanuco, Ayacucho, Cajamarca and Chimbote attended this workshop, as did a number of young adult promoters. The training was designed to improve the quality of services offered to adolescents by developing a comprehensive approach that also ensures improved access to services on the part of this population.

The training served to reinforce service providers' knowledge of integrated preventive actions and to allow a forum for participants to share their experiences in working to strengthen and/or create friendly services for adolescents with a comprehensive approach. Pathfinder has direct involvement with the regions of Huanuco, San Martín, Tacna, and Ayacucho; in an effort to strengthen adolescent-related work in the regions of Cajamarca and Chimbote, PSEA providers supported by Care Peru were also invited to the workshop.

Other activities contributing to expanded access this quarter included the provision of training materials, basic furniture and equipment for a counseling room for adolescents at the comprehensive clinic located in the city of Juanjui (San Martín).

Asia Region

Indonesia

The Service Delivery Expansion Support (SDES) project continues to increase access to family planning services through several interventions including preparing both government and NGO

service delivery points (SDPs), supporting village midwife (VMW) services, supporting contraceptive distribution centers (PAKBD), conducting IEC activities, and providing free contraceptive and medical supplies. The project accomplishments through BKKBN include preparing a total of 44 SDPs, operational support of 43 village midwife posts (Polindes), development of seventeen operational plans at the province level, 43,922 VMW service visits at the Posyandu, villages, and private practice posts, operational support of twenty PODs/PAKBDs, an orientation on how to manage POD/PAKBD for fourteen managers, 1,732 IBI and IDI family planning service visits at sub-district levels, and 614 specialist visits primarily for VS services. IEC activities have produced and distributed 23,880 IEC materials for maintaining method mix and increasing LTM users in particular districts with the assistance of JHU/PCS. The results indicated that a total of 200,146 persons and 3,588 adolescents have been informed of contraceptive choices. In addition, a total of 1,036 religious and community leaders in particular districts that have not been informed about LTM users received orientation during this quarter to assist the IEC activities in their villages. To increase acceptance of the VS services, 280 persons attended a national workshop in Jakarta. SDES has significantly contributed to the issues of the MOH letter of Decree No 08/2000 related to the permit of VS through minilaparotomy services at the HC levels. BKKBN services have contributed to the recruitment of 748,411 new acceptors, which provide 589,004 CYPs. In addition, a total of seven NGOs clinics have been equipped and 96 clinics provide FP and primary health services which contributed to the recruitment of 5,628 new acceptors and provided 13,573 CYPs.

The SDES project through BKKBN, AVSC and PKMI has distributed to clinics for pre-welfare and welfare I (poor families) the USAID provision of 1,100,000 IUDs Copper T 380A, 228,000 Norplant units, 870,00 vials of Depo Provera injectables, medical supplies for 273,600 cases of Norplant insertion and removal, and 40,000 cases of VS services at the hospitals and health centers. To guarantee such distribution, the Center for Health Research of the University of Indonesia has monitored the distribution of such FP and medical supplies in the provinces, districts, and clinics. The results indicated that more than 80% of such supplies have been distributed and used at the clinic levels.

BKKBN DKI Jakarta has been involved in the SDES project since 1999, whose purpose is mainly to address the economic crisis of poor families in 38 districts through the development of integrated family planning services at the village level. Several activities have been completed to provide family planning services. These include conducting 494 VMW service visits, and the development and production of 6,800 IEC materials. BKKBN DKI Jakarta reported 2,256 persons informed, and recruitment of 21,692 new family planning acceptors that provide 17,706 CYPs. In addition, Yayasan Melati identified that counseling training is needed to increase the knowledge and skills in providing family planning services about LTM methods. Training modules were also developed by Yayasan Melati to assist the BKKBN DKI Jakarta in addressing the impact of the economic crisis in urban slum villages.

The Crisis Monitoring Response Units (CMRU) have been developed and implemented for more than ten months at the central, provincial and district levels in eleven SDES provinces. The purpose is to provide information and monitor various indicators related to the economic crisis. The results indicate that multiple issues exist at all levels. These include that too many variables (9) are reported, difficulty in receiving accurate data, limitation of computer systems at the district levels, lack of coordination and the use of data for decision making, and follow-up difficulties. To improve the existing system, SDES has provided support to conduct an

evaluation of crisis monitoring system performance. The results will be used to improve the crisis monitoring system carried out by the CMRU.

Improving Quality (SO II)

Africa Region

Ethiopia

With a view to improving provider competence and ultimately the quality of FP information and services, Pathfinder supported training of 1,209 providers and policymakers in various areas including family planning, HIV/AIDS prevention, CBRH basics and refresher, adolescents peer counseling, and other topics related to FP/RH. This figures includes orientation of community leaders and government officials which is expected to lead to increased participation in, and support for, project implementation, thereby straddling the strategic objective for access.

Pathfinder fielded a consultant to provide training in Integrated Supervision for supervisors and managers representing various partner organizations in Ethiopia. The main purpose of the workshop was to introduce concepts of Integrated Supervision and upgrade supervisory skills, thereby encouraging managers to develop accountable relationships with their staff. This is expected to result in improved quality of care. A second follow-up intervention is expected to be scheduled in the future to assess the impact of the intervention.

The Ethiopian Consortium of Family Planning Organizations (COFAP) organized a workshop on Operations Research in collaboration with FHI. Thirty participants were drawn from the public and NGO sector to take part in the training. The objectives of the training are to enable participants to articulate research-related problems, to introduce the basic principles of programmatic research, and to improve development of research proposals. The workshop enhanced participants' research capacity to prepare a sound proposal with respect to specific areas of interest, and it is expected that partner organizations will be able to better identify, assess, and examine the causes and effects of problems encountered in program implementation.

Kenya

Related to strategic objectives of both access and quality, the High Risk Clinic at Kenyatta National Hospital continued to provide reproductive health and other related services to adolescents. The project provided counseling services to 256 post-abortion patients, 31 rape victims, and 109 psychiatric patients. The project also provided emergency contraceptives to nineteen clients, treated fourteen cases of STI, and distributed 335 contraceptives to adolescents. Project management provided technical assistance and on-job training to extension sites at Machakos, Eldoret, and Mombasa hospitals.

Also related to quality of services, all local implementing partners conducted monitoring and supervision visits to field sites and were involved on-the-job training of CBDs; they used the Pathfinder's Community Based RH for Service Providers (CBRHSP) protocols and curriculum for this exercise. In addition, MYWO trained 80 CBD supervisors and 23 CBD agents in home-based care for people living with HIV/AIDS (PLWH/A).

Mozambique

As mentioned under Access and related to Quality, training was conducted for nurses, which highlighted supervision skills. A Pathfinder consultant assisted in preparing the course structure as well as in revising the supervision guides for use in the field which were used in the course. To improve training tools, Pathfinder in collaboration with the Ministry of Health and with input from PVOs and local NGO partners, drafted model guidelines and protocols for community-based services. Additionally, all seven major training manuals developed by Pathfinder over the last two years were revised and reviewed, and will be finalized in the next quarter. ARH manuals, such as protocols and curriculum, are also undergoing final review.

Related to quality, supervision activities continued in Nampula province with Salama nurses, CBRHAs, and supervisors. AMODEFA/Nampula also conducted routine supervision activities in eleven sites in and around Nampula City.

Salama staff organized an Awards Day to recognize and honor the work of its CBD agents and their supervisors. This event was held in Ribaué and several local authorities, including the DDS, attended.

Nigeria

Training activities were carried out during the quarter to address weaknesses identified during monitoring visits. Topics covered included FP/RH, STD/HIV/AIDS counseling, and basic family planning training for sixteen project staff. Additionally, twenty male motivators were trained during this quarter to conduct outreach and counseling activities among males. The male motivators will also support female motivators trained in the previous quarters who cannot reach men because of religious and cultural barriers.

Anglican Diocese breaks grounds in Teenage RH Education in Onitsha, Nigeria

The Integrated Reproductive Health Project in Onitsha, Anambra State, Iyi-Enu Mission Hospital exceeded all expectation and successfully provided Family Life Education (FLE) activities to over 6,000 secondary school pupils in Onitsha through the support of the Anglican Diocese on the Niger. The FLE activity was so successful that principals of schools not included in the first round of training have requested an extension of the activity to cover their pupils. Unprecedented interest was generated amongst teenagers in Onitsha as they now flock the two project centers for RH information and services. IEC materials have been exhausted in the project and more demands are still being made. The project serves an average of forty teenage clients daily due to the interest generated by the project.

The Project Director, Dr. E. Oguagha, is optimistic that with more support for IEC materials like pamphlets and brochures, and with continuous BCC activities, the project will reduce the incidence of STD/HIV/AIDS, teenage pregnancies, septic abortions, and other related RH problems in Onitsha, to the barest minimum.

Uganda

To further its quality agenda, Pathfinder supported collaborative efforts between the Masindi District and the District Director of Health Services to support two workshops on STDs in Kigumba project area. A total of 120 CRHWs and peer educators and sexuality educators benefited from this training. In Kasese, through collaboration with TASO, twelve HIV/AIDS counselors were trained over a ten-day period. This training will improve HIV voluntary counseling and testing services currently being provided at St. Paul Health Center.

In both the Masindi and Kasese projects, the supply/logistics system for the ARH intervention was streamlined. Additional supplies were acquired from the districts to enable adolescents to receive affordable services. Although the projects use social marketing for all its services, in the case of ARH, price was a major barrier. Young people wished to use contraceptives but could not afford to buy products that are socially marketed. Reduced pricing (and promotion of free products) are expected to increase use of services by youths. Also to ensure quality of services, both projects monitored peer educators, CRHWs, and clinical service providers. Additionally, all supervisors from each project conducted three consultative meetings with adolescents to identify constraints in peer education work and to address these weaknesses.

LAC Region

Bolivia

A number of training courses were held this quarter in Bolivia. These included:

- Training in Contraceptive Technology and Counseling was carried out for twenty health providers from District IV in El Alto, where Pathfinder supports the local NGO SERVIR to manage MOH programs.
- Two training courses in Contraceptive Technology were held for forty health providers from the Caja Nacional de Salud (social security) in La Paz.
- Three training courses on Infection Prevention were held in the MOH training center of Oruro for twenty nurses and 33 cleaning personnel.

Several research and monitoring activities contributed to improving the quality of services this quarter.

For the Social Marketing Project, tools to assess the impact of training were developed. A post-training study will be carried out in La Paz and Cochabamba. The study will assess how the training has affected the providers' attitudes and investigate the perception of clients about the services offered in the commercial sector. The study will also assess the level of retention of knowledge among providers one year after the training.

Supervision also continues to be an important part of Pathfinder Bolivia's work; a participatory, problem-solving approach ensures that this activity also contributes to the organizational capacity of partners. A supervision visit to Maternidad 18 de Mayo of the Caja Nacional de Salud of La Paz reviewed reproductive health activities, including Postpartum Contraception. After the visit, a meeting was held with the providers to discuss the findings and generate suggestions to solve problems.

A supervision visit to the hospital Maternidad Percy Boland in Santa Cruz was also carried out, in which the implementation of postabortion care activities was examined. In order to standardize concepts and introduce the activity to new health providers, additional training activities will be carried out in this center.

Brazil

Although Pathfinder had hoped to continue supporting the Fundação José Carvalho during the present year, the hoped-for transition in funding from Pathfinder to José Carvalho to cover technical assistance in project management and design, sexuality, gender and reproductive health issues has not materialized, thus stopping this activity for the moment.

To improve quality of services through our STD/AIDS/RH integration project, during this quarter the Pathfinder team continued to conduct training activities to strengthen integrated service provision. In Bahia, needs assessment visits conducted by Pathfinder staff, local consultants and state and municipal health teams served as the basis for the development of a training module to standardize infection prevention procedures. The module was applied to training for health unit teams to improve infection prevention procedures within the context of STD/AIDS prevention and RH service delivery.

Monitoring and evaluation visits also continued during this quarter by Pathfinder/Brazil staff and local consultants in collaboration with Bahia and Ceará State and municipal health personnel. The main objectives of these visits were to support the implementation of action plans within health units and to monitor the performance of the health teams. The visits also provided opportunity for team building among the health teams as it provides an opportunity to identify and discuss, with managers and health teams, the main constraints to implementation of the actions and possible solutions. During all the monitoring and evaluation visits, performance improvement tools are applied for each level of health provider. Significant improvements in service delivery have been noted through these visits.

In Ceará, training for STD/HIV Counseling was conducted for health professionals from the project health units. In April, the same training module will be applied for the health teams in Bahia.

As part of the ECP project, Pathfinder developed five different questionnaires in order to measure knowledge, attitude and perception of the population in relation to ECP. These were mailed to physicians, nurses and social workers from the medical profession, college and high school students, and public and private-sector patients. Results of this survey should be available by the end of next quarter, and the data will be analyzed for future presentation at medical seminars and congresses. Pathfinder's Medical Director continued to give talks on the topic of ECP at schools, medical societies and in the general media, radio and TV.

Ecuador

During this quarter, Pathfinder International supported CEISAN to expand ECP services in Ecuador. Efforts were made to link ECP to on-going family planning services within the public sector health facilities, with special emphasis on the Hospital Enrique Garces, where the adolescent program in particular requires reinforcement. With the technical assistance of CEISAN, pregnant adolescents at this hospital are now receiving postpartum family planning counseling and services.

Under the ECP Adolescent program, CEISAN has trained eight peer counselors who disseminate and provide information on any aspect related to RH and FP, including ECP. They are part of a

referral system, as they only provide information. A group of youth leaders from Colegio Odilio Aguilar received a refresher course on different aspects of adolescent reproductive health, including ECP.

Contacts with authorities of three schools were made in order to implement the IEC component of ECP for school students which includes: a KAP survey on sexuality and ECP for students and teachers; educational talks; and an evaluation KAP survey after the talks. During this quarter, a total of forty teachers and 1,041 students answered the initial KAP survey. The information obtained from the survey will permit CEISAN to determine areas for coordination and to better design strategies and approaches that meet adolescents' needs.

Other activities include monitoring and supervision visits, which continue to be carried out in the different service sites participating in the project and production of IEC materials. Both the training Module "*ECP Services for Adolescents*" developed by CEISAN and other learning materials, including leaflets and posters, continued to be distributed to all ECP implementing service delivery points as well to other public and private sector organizations.

Peru

Under the NCA/Adolescent Program in Peru, Pathfinder continued to improve the quality of services through its support to ARH activities conducted by the public sector by supporting activities aimed at improving quality of care, strengthening provider skills, and developing an appropriate constellation of RH services within existing ARH programs.

A series of follow-up site visits to each of the regional program cities (San Martin, Tacna, Ayacucho and Huanuco) was carried out, with the goal of providing technical assistance that would contribute to improved quality of services and increased provider competence. Protocols for service providers have also been developed and distributed to these same regions; the protocols cover such topics as growth and development, nutrition, physical fitness, drugs, violence, gangs and others.

A number of training and educational materials were developed and disseminated this quarter:

- The handbook "*Improving Interpersonal Communications Skills and Counseling for Adolescents on Sexual and Reproductive Health Care*" developed by Pathfinder continued to be disseminated in the field and is being used as a reference guide by students enrolled in the Adolescent Post-Graduate Course offered by Cayetano Heredia University.
- The *In-Focus Series* continues to be distributed among public and private sector institutions that conduct adolescent programs.
- Pathfinder Peru continued to translate to Spanish, produce and disseminate in Peru, Bolivia and Mexico the English version of Pathfinder International's 15 training curricula, "*Comprehensive Reproductive Health and Family Planning Training Curriculum*". This quarter, Module # 8, *Breastfeeding and Lactational Amenorrhea Method* was translated into Spanish.
- Questionnaires, protocols and tips for parents included in the document *Clinical Evaluation and Management Handbook* developed by the American Medical Association were translated into Spanish and validated in three centers with active adolescents programs as a preliminary

step to adapting these instruments for use in Peru. USAID/Peru has obtained AMA permission to translate and adapt said materials.

Finally, during this quarter the NCA/Adolescent Program Coordinator participated in a panel on the "Situation of Peruvian Adolescents". This activity took place in the Maria Auxiliadora Hospital and was organized by the MOH Family Planning Program with the sponsorship of JICA. Representatives of a number of NGOs participated in this meeting where the main objective was to sensitize Family Planning Program Coordinators in the importance of providing differentiated services to adolescents.

Asia Region

Indonesia

The activities to increase quality of FP services include training for village midwives in IUD insertion and removal, training for physicians and Ob/Gyns in minilaparotomy services, training in counseling for fieldworkers, visits by specialists and quality assurance visits. A total of 285 VMWs were trained in standardized methods of IUD insertion and removal developed by NRC with the assistance of JHPIEGO. In addition, apprenticeship training in IUD insertion and removal were provided for those VMWs who do not have enough practical experience in providing services in the field. In addition, training in infection prevention was also provided for VMWs mainly in districts that hold potential for IUD services. The training for a team of doctors and midwives in VS has continued to increase their knowledge and skills in providing minilaparotomy services at the hospitals and health centers. A total of 131 persons consisting of teams of doctors and midwives were trained in the provinces of South Sulawesi, West Java, Lampung, North Sumatra, and South Sumatra.

SDES provides support to BKKBN for conducting integrated apprenticeship training at the HC for VMWs to increase their knowledge and skills in providing IUD insertion and removal. This training, based on the JHPIEGO pilot test in South Sumatra, has been modified for SDES. This training model explores alternative training methods that may be more effective and efficient. The trainers are doctors and midwives who have received training and teaching standards from NRC and the trainees are VMWs from the villages who are working at the village health posts (Polindes). This training model is conducted in West Java, South Sumatra, and Lampung. Moreover, various modifications of such training are provided in another six provinces including East Java, South Sulawesi, Central Java, North Sumatra, West Nusa Tenggara, and South Kalimantan. The training is being conducted under the responsibility of Bureau of Training and Education of BKKBN and will be completed by the end of the project.

BKKBN continues to conduct technical guidance and quality assurance visits from the province to district and from the district to sub-district levels. During the visits, Ob/Gyn and specialist teams from the province level visited SDPs at the district and sub-district level to improve the quality of services. A total of 348 visits were conducted to provide better quality of services. During the visits the team of specialist doctors work together and discuss various issues at the SDP services. These activities are focused in the districts with potentially high demand of LTM services (VS and IUD) and cover all of the SDES provinces.

The JHU/PCS provides technical assistance (TA) to BKKBN in developing IEC activities and materials to improve the quality of IEC activities regarding demand of IUD and VS services. Due to the limited resources, PCS has selected only four provinces including West Java, Central Java, South Sumatra, and North Sumatra to receive TA. JHU/PCS and BKKBN provinces held workshops to provide better knowledge and skills in developing local IEC materials through the P-Process. The participant represented several districts in selected provinces. Based on the knowledge and skills from the training, the participants reviewed all the IEC materials planned in Year 6, and identified the most suitable materials for the IEC activities. The selected IEC materials include radio spots, cue cards, posters, and TV spots. BKKBN provinces and districts design their own message, media, production, and use for implementation of such materials under the TA of JHU/PCS. All four provinces have completed production and distribution for improving the quality of IEC activities.

AVSC provides TA to BKKBN in expanding minilaparotomy services at hospitals and health centers. The preliminary assessment of services at the HC and hospitals, the development of new guidelines on minilaparotomy services, and the training guidelines have been completed. The minilaparotomy services specifically designed for the hospitals and HCs by medical doctors will reduce cost of services for the poor and the counseling will emphasize informed consent. Further activities to improve the quality as a pilot test of minilaparotomy services have not been conducted yet due to issues of procurement of minilaparotomy kits.

SDES has supported PKBI in developing integrated services for FP and HIV/AIDs in the cities of East Java and West Java. The main activities include provision of training for providers in syndromic approach, and counseling and laboratory testing for gonorrhea and syphilis. In addition, sentinel surveillance activities were conducted over four months with pregnant women at risk. These activities are completed and may be replicated in other projects.

SDES project has also disseminated the Tiahrt Amendment to increase the quality of services through various occasions including through monitoring visits since the second quarter of Year 6, distribution of the written document issued by USAID/Pathfinder to all grantees, in national and grantees meetings, and in frequent discussions between Pathfinder and its grantees.

Vietnam

From the period of January 1 through March 31, 2000, the following activities were carried out.

- Four training courses for forty providers at the district level. From August 1999 through March 31, 2000, 110 providers from the five sites have received refresher clinical training.
- A Safe Motherhood Update and Planning workshop was held for sixteen members of the Ha Noi Association of Midwives from Jan 4-7, 2000. Led by a consultant from ACNM, the workshop goals were to update participants in midwifery care (one day) and to practice skills for building a midwifery association (three days). In the update, participants practiced problem solving and communicating with clients. They also reviewed critical aspects of midwifery care of newly delivered mothers and babies. To enhance skills in building a midwifery association, the participants went through a planning process that could be used to strengthen a professional association.

- The mid-initiative progress assessment was conducted from January 10-28, 2000. The assessment team, composed of one international consultant and three local evaluators, found that the overall curriculum and approach of the Initiative training is appropriate and useful for providers at district level facilities in Ha Noi and that the length of the training methods are appropriate for completion of the training objectives. Providers have achieved a good level of knowledge of the training content, demonstrate confidence in their ability to perform the normal maternal newborn care clinical procedures they have learned and are more confident after the training of their ability to manage emergency obstetric care. The assessment team also noted the Ha Noi Health Service's (HHS) sound management and the benefits to the Initiative of the close contact and coordination among the Health Service and all participating organizations. Recommendations include consideration of some small modifications in the training program and referencing in the training materials to Ministry of Health standards.
- Pathfinder met with the HHS, Ba Dinh and Hai Ba Trung maternity houses, and two trainers to discuss and plan how to implement the evaluator team 's recommendations.
- Pathfinder International and HHS staff conducted the third routine monitoring from March 20-31, 2000. The monitoring found great improvement at all five sites in application of the newly learned skills. The report is in draft.
- The local evaluators reviewed the drafted report and their recommendations were incorporated in the final report.
- The international evaluator who did the mid-term evaluation and Pathfinder International revised the tools and these have been translated in preparation for the final review.

Institutional Sustainability (SO III)

Africa Region

Ethiopia

In an effort to strengthen the organizational capacity of implementing organizations, Pathfinder provided technical assistance in the area of project development as well as program/finance management. A total of 7.8 person-months of technical assistance was provided to partner organizations during the quarter to accomplish many important tasks. Specifically, COFAP organized (and Pathfinder facilitated) a training workshop on program/finance management for 25 participants drawn from COFAP and its members. The purpose of the training was to help these managers plan, organize, implement, and document the day-to-day activities in their respective areas of responsibilities. The training provided both the program and financial managers with the tools and information to reinforce skills related to supervision, planning, project monitoring, long-term sustainability, and financial management.

EECMY/SCS held a project committee meeting in Awassa in part to discuss sustainability issues. As a result, EECMY/SCS decided to start charging fees for FP services of at its four clinics.

Kenya

Pathfinder conducted follow-up visits to ACK Maseno West, Kabiro, and MYWO to assess the progress in implementing recommendations on financial management and sustainability that were made by Abt Associates in November 1999.

Mozambique

To further institutional sustainability, Pathfinder provided TA to Salama in writing a proposal for its RH activities for Trocare, an Irish PVO. Pathfinder continued to work with Salama program personnel to gather and organize monthly data from CBRHAs, nurses, and health posts. The Salama nurse in charge of supervising the RH field activities has developed her capacity considerably in the past year and is capable of continuing this activity with little or no assistance from Pathfinder.

A strategic planning seminar for AMODEFA was held and Pathfinder's Technical Training Adviser participated. Pathfinder also provided TA to AMODEFA in proposal writing to fund-raise for AMODEFA to expand its community-based activities in Zambézia program.

Uganda

During this quarter, the program developed: a) capacity of ten communities to serve as registered community-based organizations and positioned them for local government funding; b) individual workplans and budgets for ten communities for local government funding, c) an HIV/AIDS operations proposal including Kasese and Masindi; d) an annual workplan and budget for two SDPs in Kasese which will serve as sub-district hospitals with local government support e) mechanisms for supporting micro credit scheme benefiting CRHWs and women's groups in IDP camps in Kasese and Masindi; f) strengthened MIS for ARH initiative, streamlined MIS for nutrition and growth monitoring activities, and strengthened supplies logistic for ARH activities; and g) plans for and conducted 32 sexuality education sessions for young women, supported twelve micro-credit schemes, and engaged 32 women's groups, (297 women) to participate in loan revolving schemes.

South Africa

During this period, Pathfinder and PPASA began implementing a new initiative combining reproductive health (RH) and environmental programs generously supported by grants from the Compton Foundation, USAID/ South Africa, and the Summit Foundation. This initiative will build upon and expand PPASA's current partnership with Working for Water (WfW), a holistic community development and public works employment program of South Africa's Department of Forestry and Water Affairs.

The project will be implemented in eight sites. It will forge public-private partnerships throughout the country and emphasize: a) improving and increasing access to community-based RH services; b) increasing environmental awareness and linking environmental activities (e.g., land clearing, irrigation, recycling, transforming removed alien species or trees into other products such as charcoal, furniture, building materials, or crafts for income generation; c) increasing RH services and income generation options for adolescents; d) improving

communication and shared health and other decision-making between partners; and e) bolstering planning, advocacy, and monitoring capacity of community structures and groups.

During this quarter, Pathfinder and its partners engaged in multi-level project planning through a consultative meeting with all the partners and a workshop with PPASA's Provincial Directors and line managers for adolescent RH and community-based services (CBS). During the workshop, a detailed year one project work plan and budget were developed, and the partners agreed on basic terms for a memorandum of understanding that will govern coordination, reporting, resource allocation, monitoring, and decision-making among the partners.

Pathfinder will also continue its capacity building support for PPASA through this project. During this quarter, an MIS technical assistance visit was conducted, and both organizations are reviewing MIS and reporting requirements to integrate new indicators and processes that will support this project. Pathfinder also met with the Deputy Director of the Reproductive Health Research Unit (RHRU, University of Wits) to discuss Pathfinder support for the August, 2000 Reproductive Priorities Conference. This will be the third year of Pathfinder-RHRU collaboration.

A follow-on start-up visit by Pathfinder staff was planned to ensure smooth implementation of project activities and strategies at new sites.

LAC Region

Bolivia

Pathfinder Bolivia participated this quarter in the first meeting to review the Contraception Norms and Protocols that are currently being developed by the Ministry of Health. In addition, in coordination with IPAS, Pathfinder presented the final draft of Norms for Postabortion Care to the Ministry of Health. The latter is now in the process of being approved by the MOH.

Brazil

Pathfinder do Brasil continued to provide assistance to SESAB in strengthening existing family planning services within participating health units. Pathfinder do Brasil is providing technical and financial support for the state family planning data collection system, SISMAC, which is currently comprised of three modules, Service Statistics, Training and Logistics. Testing continues on the second, "beta" version of the logistics module.

The fourth module (Planning) is still under conceptual development. As previously explained, this new module will link the other three modules and help SESAB managers to plan strategies and identify possible bottlenecks in the distribution of contraceptives, analyze human and physical resources inventory and their relationships with the capacity to provide services, in addition to estimating contraceptive needs. Pathfinder also continues to evaluate the request by SESAB to incorporate information (data) on pre-natal care into the Services module of SISMAC.

This quarter, a meeting was held at The Ministry of Health of Brazil to explore the possibility of expanding SISMAC beyond the state level, a move that implies that it be absorbed by the MOH and then disseminated to all 26 other states of Brazil. The meeting also touched upon the status

of family planning and contraceptive logistics in Brazil and possible solutions to resolve this and other family planning-related issues. The outcome of this meeting is that SISMAC will in fact be offered to the other states as an MOH-sanctioned Family Planning MIS system. This development highlights the great strides that have been made in the institutionalization of activities with SESAB.

In January (Ceará) and February (Bahia) Pathfinder do Brasil held one-day meetings with health teams from health units and State and Municipal Secretariat of Health representatives to discuss project performance. The agenda included a presentation of Action Plans, progress and a discussion about support to SESA/SMDs (Ceará State and Municipal Health Departments)-SESAB/SMS (Bahia State and Municipal Health Departments) and their project involvement. SESA/SMDs and SESAB/SMS representatives actively participated in the meetings, and Action Plans for the year 2000 were developed for both states. The Pathfinder team re-emphasized that all the activities that have been planned will continue to be implemented in a strong partnership with Municipal and State Secretariats of Health.

In Massaroca, six of the project's multiplier agents have now been absorbed by the federally funded Community Health Agents Program, in this way assuring the continuity of the work beyond Pathfinder support.

ISDS continues to present the Broadcasters Against Aids experience in various public forums. The ISDS competition continues for DJ's 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.

Peru

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, two staff members of the Youth Program of EsSalud traveled to Tulane University in New Orleans in order to carry out data processing, analysis, and writing of the final evaluation of the EsSalud Peer Promoters Program. Preliminary results show that the expected project impact was accomplished in terms of knowledge, attitudes, and practices among peer promoters and adolescents reached by the project.

As part of the TA provided to the MOH/PSEA, Pathfinder conducted a baseline study in the four regions where the NCA/Adolescent Program is working in order to assess the status of existing adolescent services. A total of 29 health facilities were visited; almost all of them are providing services to adolescents. A total of 67 service providers and 62 clients (adolescents) were interviewed. The results of the assessments revealed that most of the health centers were equipped only with basic furniture and equipment. The persons responsible for adolescent activities are nurse-midwives, the majority of whom mentioned that they do not receive any kind of feedback from MOH authorities on the reports they regularly submit. Sixty-five percent of adolescents interviewed were between 16 to 19 years of age, and the primary reason that they use the adolescent services is to obtain information and or orientation on topics related to reproductive health and family planning.

At the request of the MOH and with USAID/Peru's approval, this same study will be conducted in five DISAs (Health Directorates) of Lima. Approximately 54 health facilities will be visited and 54 Adolescent Program Coordinators, 108 service providers, and 108 clients (adolescents) will be interviewed. Also, 54 sessions (service provider-client interaction) will be observed. Fieldwork will start in May.

Asia Region

Indonesia

SDES project continues to improve institutional sustainability through the development of NGO clinics, the clinical training network, project management training, and clinic management including financial clinic management. SDES also provides support for developing CMRU at the BKKBN central, provincial and district levels, which are responsible for monitoring crisis impact on FP program. During Year 1-6, SDES provided support to develop NGO clinics including PKMI, IDI, MUH, NU, and IBI. Most of the clinics developed by PKMI, IDI, and MUH have provided FP and basic health services. Several clinics developed by NU and IBI face constraints in providing services due to lack of full-time staff, inadequate locations, and lack of marketing activities.

The development of a training network through NRCs at the central level (Surabaya and Jakarta), PTCs at the province and DTCs at the district level is not yet completed. The NRC working with JHPIEGO and BKKBN has established the NRCs, PTCs, and DTCs to provide training in reproductive health including FP. The NRC has developed several training modules such as IUD and Norplant insertion and removal, infection prevention, and provided TOTs for PTC and DTC. Some PTCs and DTCs such as in West Java, South Sumatra, Lampung, East Java, South Sulawesi, North Sumatra are working well, however the other PTCs and DTCs face several difficulties. These include lack of Ob/Gyns who are committed at the centers, poor management of the centers, lack of demand for clinical training at the district levels, and lack of coordination among BKKBN, MOH, and NGOs at the local level. These issues should be discussed further in order to improve the training network.

SDES provides support for training in project management including project development (strategic training), clinic management, and financial management. NRC has completed the training of strategic planning for developing its NRC program. MUH has completed its financial clinic management training with forty participants. DKI Jakarta has trained about forty participants in clinic management. It is expected that those who have been involved in the training will have improved knowledge and skills leading to improved clinic sustainability after the SDES project ends.

The development of CRMU at the BKKBN central, provincial and district levels in SDES areas were started in quarter 4, year 5. These centers have been replicated in the non-SDES provinces. The centers have regularly provided reports on the issues of crisis impact based on several variables including availability of contraceptive supplies, user dropout rate, availability of providers, etc. A total of 342 reports have been submitted to the BKKBN headquarters and 1,215 monitoring trips were conducted to provide TA for improving the CMRU performance. In addition, 1,857 district staff has been trained in the use of the crisis monitoring instrument and reporting system.

Monitoring and Evaluation

During this quarter, the evaluation unit supported field-based activities in Bolivia, Peru, Bangladesh, Kenya, and Uganda. The Senior Evaluation Officer for LAC conducted a process evaluation of training on contraceptive technology in three cities in Bolivia. She also carried out a baseline assessment of contraceptive sales distributed by the social marketing project through pharmacies (female and male condoms, oral contraceptives, Depo Provera), pharmacists and their assistants' knowledge about contraceptives, and contraceptive users' most common concerns about these methods. In Peru, she developed and presented to Ministry of Health authorities an assessment plan and tools for collecting information about services provided to adolescents. Traveling to Santa Monica, CA, Washington, DC, and Dhaka, Bangladesh, the Director of Evaluation continued to provide technical assistance to RAND Corporation and the International Center for Diarrheal Disease Research, Bangladesh on a longitudinal study in Bangladesh. Additionally, while in Dhaka, he worked with the Pathfinder International country office on a Rapid Assessment. In the Sub-Saharan Africa region, the Senior Evaluation Officer prepared instruments and traveled to the field to conduct Quality of Care studies in Kenya and Uganda and a continuation rate study in Kenya.

Evaluation staff also participated in domestic activities. All Senior Evaluation staff met with FOCUS staff in Washington, DC to discuss evaluation opportunities. The Director of Evaluation attended the SEATS II End of Project Conference, presented research findings at the Population Association of America's Annual Meeting, and participated in a congressional breakfast briefing on abortion.

Indonesia

Monitoring and Contraceptive Supplies. The Center for Health Research at the University of Indonesia reported that Central BKKBN has received all the contraceptive supplies of USAID support, including 1,100,000 IUDs Copper T380A, 228,000 units Norplant, 870,000 vials of Depo Provera injectables. BKKBN has also distributed most of these supplies to the clinics in SDES provinces and districts, the remaining in non-SDES areas. The second phase of the monitoring was completed, and the data are being analyzed and final report will be completed in quarter 12.

Recommended Activities. The results of the SDES project evaluation suggested several activities to improve project performance. These activities included provision of follow-up visits, provider information management system, capacity building intervention working with Population Council, needs assessment for FP program decentralization, and assessment of SDES intervention for replication. In an effort to increase the effectiveness of the ongoing SDES interventions and activities to achieve the remaining objectives in the project's final months, these activities have not been conducted.

Additional Activities. In Year 6, SDES plans to complete a final report and a national workshop. Each grantee is requested to submit a final report covering a four-year SDES sub-project implementation for those receiving four years supports. Based on these reports, the SDES project will prepare a final report of SDES project. The reports will provide information on the positive and negative lessons learned which could be used for further FP/RH programs in

Indonesia. In addition, the SDES plans to hold a national workshop to disseminate and discuss about the results and lessons learned of the SDES project. The participants will include both national and international participants from various institutions and NGOs in Indonesia. The workshop is scheduled to coincide with the closing date of the SDES project.

Information Systems

After deploying the New Pathfinder Support System (NewPSS) in all country offices, the Information Systems Unit has been improving NewPSS's functionality and security. We are currently developing a prototype subsystem that will permit data to be transferred from locally developed databases to NewPSS in order to save time and improve accuracy of data entry. Also under development is a flexible planning and budgeting system that permits flexibility in reporting by project years. Since fiscal years for countries, agencies, and organizations vary, we need to accommodate both project and organizational reporting requirements. We expect to fully deploy this upgrade before the end of the fiscal year. Since there are thousands of administrative tasks with time-sensitive approvals to complete every year, keeping track of which tasks are pending—and who is responsible for completing them—is essential for a smooth-running organization. We have automated this “to-do” process and will deploy it before June 30th.

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. This quarter we have upgraded the Indonesia and Bangladesh offices, installing hardware and software to permit remote access by HQ systems staff to troubleshoot server problems remotely.

Medical Services

STD/HIV/AIDS Integration

Work continued towards finalizing the draft module, *The Prevention and Management of Reproductive Tract Infections*. Publication is anticipated in early summer.

Medical Services staff presented Pathfinder's current understanding of syndromic management of STDs at the national forum of the Peruvian Ob/Gyn Society. The presentation was adapted from a successful presentation at an international conference on AIDS in Rio de Janeiro in December 1999.

Medical Services published the inaugural piece, “HIV Transmission Through Breastfeeding,” in its new series of technical guidance papers. The paper was widely distributed within Pathfinder and several hundred copies were distributed to our field staff and colleagues in the field of international reproductive health.

Medical Services participated in the Africa Regional Office's continuing development of a training curriculum for community health workers to teach family members of persons living with AIDS to provide care. Medical Services plans to adapt the curriculum for global use.

Postabortion Care

In Haiti, Medical Services staff participated in the assessment of family planning services in two Ministry of Health hospitals toward expansion and improvement, especially postpartum family planning services, and toward setting up postabortion care services with an emphasis on postabortion family planning.

The draft module, *Manual Vacuum Aspiration (MVA) for Treatment of Incomplete Abortion*, was sent out for peer both within Pathfinder and to outside experts. In addition, the draft curriculum was pilot-tested in Haiti.

SO2

Comprehensive Reproductive Health and Family Planning Training Curriculum

Work continued on developing and revising specific training modules as follows:

- The draft module, *Manual Vacuum Aspiration (MVA) for Treatment of Incomplete Abortion*, was sent out for peer both within Pathfinder and to outside experts. In addition, the draft curriculum was pilot-tested in Haiti.
- Work continued towards finalizing the draft module, *The Prevention and Management of Reproductive Tract Infections*. Publication is anticipated in early summer.
- A revised draft of the integrated supervision curriculum was pilot-tested in Ethiopia.
- A concept paper was developed and work begun on a new module on adolescent reproductive health.
- Discussions on development of the home-based care curriculum for global use took place.

International distribution of individual modules in Pathfinder's *Comprehensive Family Planning and Training Curriculum* during this quarter included:

- African programs. International Rescue Committee, New York
- Nigeria. Oasis Mobile Health Center, Benin City; AfriHealth Info Projects, Lagos
- India. TEAM, Pidamaneri, Dharmapuri
- Kosovo. (Through Mercy Corps International, Portland, OR.)
- Honduras. Proyecto Aldea Global Child Survival Program, Siguatepeque, Comayuga
- Jamaica. National Family Planning Board, Kingston; ASRH Programme, Kingston

In Peru, Medical Services staff presented Pathfinder's current understanding of syndromic management of STDs and an update on new contraceptive technology for field staff and at the national forum of the Peruvian Ob/Gyn Society.

In Haiti, Medical Services staff participated in the assessment of family planning services in two Ministry of Health hospitals toward expansion and improvement, especially postpartum family planning services, and toward setting up postabortion care services with an emphasis on postabortion family planning. In addition, Medical Services staff conducted a brief evaluation of the ongoing Infection Prevention training begun with the Ministry of Health in January of 1999.

In Viet Nam, Medical Services staff participated in a training of trainers' workshop, made monitoring visits to project sites, and reviewed drafts of clinical and monitoring tools.

Medical Services staff attended the following:

- The Biological and Clinical Data conference sponsored by the MEASURE Evaluation Project.
- A meeting of Nigeria cooperating agencies in Washington to discuss coordination in Nigeria.
- A clinical review of reproductive and non-reproductive infections at the Association of Reproductive Health Professionals' conference, *Infectious Diseases 2000*.

Medical Services staff reviewed a monitoring and evaluation tool developed by the Africa Regional Office staff, and submissions for the 2000 APHA annual meeting.

ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ACNM	American College of Nurse Midwives
AGOS	Abebech Gobena Orphanage and School
AMODEFA	Associacao Mocambicana para o Desenvolvimento da Familia
APHA	American Public Health Association
ARH	Adolescent reproductive health
AVSC	Association for Voluntary and Safe Contraception
BCC	behavior change and communication
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
CETU	Confederation of Ethiopian Trade Unions
CHW	community health worker
CMRU	Crisis Monitoring Response Units
COFAP	Ethiopian Consortium of Family Planning Organizations
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
DISA(s)	health directorates
CD	compact disc
EAD	East Ankole Diocese
EARHN	East African Reproductive Health Network
EECMY	Evangelical Church Makane Yesus
ECP	emergency contraceptive pill
EIASC	Ethiopian Islamic Affairs Supreme Council
EsSALUD	Social Security Youth Program
FHI	Family Health International
FLEP	Family Life Education Project
FP	family planning
FY	fiscal year
HBC	home based care
HC	health centers
HHS	Ha Noi Health Service
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
LAC	Latin America and Caribbean
KHCT	Kabiro Health Care Trust
MCH	maternal child and health
MFDI	Media for Development International
MIS	management information system
MOE	Ministry of Education
MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake
NAFCI	South Africa's National Adolescent-Friendly Clinic
NewPSS	New Pathfinder Support System
NGO	non-governmental organization
PACS	Community Health Agents Program
PAKBD	contraceptive distribution centers
PPASA	Planned Parenthood Association of South Africa
PPKUI	Health Research Center for the University of Indonesia
PSEA	MOH School and Adolescent Program
PSI	Population Services International
PWLH/A	person living with HIV/AIDS
PVO	private voluntary organization
QOC	quality of care
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
REST	Relief Society of Tigray
RH	reproductive health
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
SOGIBA	Ob/Gyn Society of Bahia
SO	strategic objective
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
TOT	training of trainers
TV	television
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

VHW	village health workers
VMW	village midwife
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 3
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	1,445,105	1,316,798	635,337	3,397,240	50.90%
CYPs Referred	16,098	5,359	902	22,674	28,935	179.74%
New Users	4,483,688	1,075,253	1,357,798	817,657	3,250,708	72.50%
Persons Trained	6,600	977	1,825	2,123	4,925	74.62%
Persons Informed	5,818,415	1,268,897	1,176,833	941,672	3,387,402	58.22%
Adolescent CYPs	8,796	15,593	7,710	4,417	27,720	315.14%
Adolescents Informed	22,000	27,616	53,752	73,347	154,715	703.25%
AFRICA						
CYPs Provided	301,832	61,008	25,897	23,251	110,156	36.50%
CYPs Referred	14,598	5,096	902	22,674	28,622	196.07%
New Users	441,662	65,807	43,660	44,530	155,097	35.12%
Persons Trained	2,807	343	1,051	511	1,905	67.87%
Persons Informed	5,450,526	1,154,120	980,769	740,695	2,845,584	52.21%
Adolescent CYPs	8,796	682	150	335	1,167	13.27%
Adolescents Informed	22,000	21,802	49,366	68,567	139,735	635.16%
ASIA/NEAR EAST						
CYPs Provided	6,257,830	1,318,529	1,251,116	588,004	3,156,648	50.48%
CYPs Referred	0	313	0	0	313	N/A
New Users	3,906,957	955,444	1,271,316	748,411	2,975,171	76.15%
Persons Trained	2,608	147	688	502	1,335	51.19%
Persons Informed	234,228	71,642	161,797	200,146	433,585	185.11%
Adolescent CYPs	0	0	0	0	0	N/A
Adolescents Informed	0	3,837	3,621	3,588	11,046	N/A
LATIN AMERICA						
CYPs Provided	114,622	42,894	39,785	23,082	105,761	92.27%
CYPs Referred	1,500	0	0	0	0	N/A
New Users	135,069	53,002	42,822	24,616	120,440	89.17%
Persons Trained	1,165	487	89	1,110	1,685	142.19%
Persons Informed	133,661	43,135	34,267	30,831	108,293	80.98%
Adolescent CYPs	0	14,911	7,580	4,082	26,553	N/A
Adolescents Informed	0	1,977	765	1,192	3,934	N/A

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

PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 3
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	23,251	110,156	36.50%
CYPs Referred	14,598	5,046	902	22,674	28,622	196.07%
New Users	441,662	66,807	43,660	44,630	156,097	35.32%
Persons Trained	2,807	343	1,051	511	1,905	67.87%
Persons Informed	5,450,526	1,154,120	980,769	710,695	2,845,584	52.21%
Adolescent CYPs	8,796	882	150	335	1,167	13.27%
Adolescents Informed	22,000	21,802	49,366	68,567	139,735	635.16%
ETHIOPIA*						
CYPs Provided	N/A	N/A	N/A	N/A		
CYPs Referred	N/A	N/A	N/A	N/A		
New Users	N/A	N/A	N/A	N/A		
Persons Trained	N/A	N/A	N/A	N/A		
Persons Informed	N/A	N/A	N/A	N/A		
Adolescent CYPs	N/A	N/A	N/A	N/A		
Adolescents Informed	N/A	N/A	N/A	N/A		
KENYA						
CYPs Provided	201,013	17,840	16,687	17,988	52,515	26.13%
CYPs Referred***	0	0	0	21,252	21,252	0.00%
New Users	377,190	35,478	27,215	29,975	92,668	24.57%
Persons Trained	785	40	42	103	185	23.57%
Persons Informed	4,797,069	601,036	823,604	563,847	1,988,487	41.45%
Adolescent CYPs	6,752	607	150	335	1,092	16.17%
Adolescents Informed	20,000	11,815	13,351	10,029	34,895	174.48%
MOZAMBIQUE**						
CYPs Provided	93,916	617	107	102	826	0.00%
CYPs Referred	0	1,885	71	70	2,026	0.00%
New Users	15,410	1,316	2,055	1,169	4,540	0.00%
Persons Trained	452	101	49	21	171	37.83%
Persons Informed	0	6,369	19,309	19,057	44,735	N/A
Adolescent CYPs	0	0	0	N/A	0	0.00%
Adolescents Informed	2,000	3,743	5,420	N/A	9,163	458.15%
NIGERIA**						
CYPs Provided	28,019	3,108	2,842	3,633	9,583	34.20%
CYPs Referred	TBD	0	0	0	0	N/A
New Users	16,224	2,297	7,061	8,598	17,956	110.68%
Persons Trained	270	25	0	36	61	22.59%
Persons Informed	186,520	123,940	70,254	95,681	269,875	165.41%
Adolescent CYPs	0	0	0	0	0	0.00%
Adolescent Informed	0	3,019	27,885	38,850	69,754	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

*** No expected achievements were set at beginning of fiscal year.

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

PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 3
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	0		32,088	82.52%
CYPs Referred	6,263	2,540	0	0		2,540	40.56%
New Users	18,960	14,800	0	0		14,800	78.06%
Persons Trained	569	162	0	0		162	28.47%
Persons Informed	466,937	336,928	0	0		336,928	72.16%
Adolescent CYPs	2,044	75	0	0		75	3.67%
Adolescents Informed	0	0	0	0		0	N/A
UGANDA							
CYPs Provided	0	7,355	6,261	1,528		15,144	N/A
CYPs Referred	8,336	621	795	1,320		2,736	32.83%
New Users	13,878	12,916	7,329	4,888		25,133	181.10%
Persons Trained	731	15	960	351		1,326	181.40%
Persons Informed	0	85,827	67,602	32,110		185,539	N/A
Adolescent CYPs	0	0	0	0		0	0.00%
Adolescents Informed	0	3,525	2,710	19,888		25,923	N/A

**** All Tanzania subprojects ended in October 1999; outputs for October 1999 are included in Quarter 1 report

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

PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 3
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	1,251,316	589,004	3,158,649	50.48%
CYPs Referred	TBD	313	0	0	313	TBD
New Users	3,906,957	955,444	1,271,316	748,411	2,975,171	76.15%
Persons Trained	2,608	147	686	502	1,335	51.19%
Persons Informed	234,228	71,642	161,797	200,146	433,585	185.11%
Adolescent CYPs	TBD	0	0	0	0	N/A
Adolescents Informed	TBD	3,837	3,621	3,588	11,046	TBD
INDONESIA						
CYPs Provided	6,257,830	1,318,529	1,251,316	589,004	3,158,649	50.48%
CYPs Referred	TBD	313	0	0	313	TBD
New Users	3,906,957	955,444	1,271,316	748,411	2,975,171	76.15%
Persons Trained	2,608	109	636	446	1,191	45.67%
Persons Informed	234,228	71,642	161,797	200,146	433,585	185.11%
Adolescent CYPs	TBD	0	0	0	0	TBD
Adolescents Informed	TBD	3,837	3,621	3,588	11,046	TBD
*VIETNAM						
CYPs Provided	N/A	0	0	0	0	N/A
CYPs Referred	N/A	0	0	0	0	N/A
New Users	N/A	0	0	0	0	N/A
Persons Trained	TBD	38	50	56	144	TBD
Persons Informed	N/A	0	0	0	0	N/A
Adolescent CYPs	N/A	0	0	0	0	N/A
Adolescents Informed	N/A	0	0	0	0	N/A

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

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

PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 1999 through QUARTER 3
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	39,785	23,082	105,761	92.27%
CYPs Referred	1,500	0	0	0	0	0.00%
New Users	135,069	53,002	42,822	24,916	120,503	89.22%
Persons Trained	1,185	487	88	1,110	2,130	180.59%
Persons Informed	133,661	43,135	34,257	30,831	128,066	95.81%
Adolescent CYPs	0	14,911	7,560	4,082	26,553	N/A
Adolescents Informed	TBD	1,977	765	1,192	8,109	TBD
BOLIVIA						
CYPs Provided	14,622	10,150	6,589	5,949	22,698	155.23%
CYPs Referred	0	0	0	0	0	N/A
New Users	54,869	7,503	5,463	4,581	17,547	31.98%
Persons Trained	627	128	88	1,110	1,325	211.43%
Persons Informed	75,061	34,036	34,257	30,631	99,134	130.33%
Adolescent CYPs	0	0	0	0	0	N/A
Adolescents Informed	TBD	1,616	765	1,192	3,573	TBD
BRAZIL *						
CYPs Provided	100,000	32,744	33,188	17,133	83,063	83.06%
CYPs Referred	1,500	0	0	0	0	N/A
New Users	80,000	45,475	37,359	20,035	102,869	128.59%
Persons Trained	165	138	0	0	138	83.64%
Persons Informed	500	0	0	0	0	0.00%
Adolescent CYPs	0	14,911	7,560	4,082	26,553	N/A
Adolescents Informed	0	0	0	0	0	N/A
ECUADOR						
CYPs Provided	0	0	0	0	0	N/A
CYPs Referred	0	0	0	0	0	N/A
New Users	200	24	33	30	87	43.50%
Persons Trained	80	81	55	0	136	170.00%
Persons Informed	300	569	292	90	951	317.00%
Adolescent CYPs	0	0	0	0	0	N/A
Adolescents Informed	TBD	211	572	658	1,341	TBD
PERU **						
CYPs Provided	0	0	0	0	0	N/A
CYPs Referred	0	0	0	0	0	N/A
New Users	0	0	0	0	0	N/A
Persons Trained	313	140	235	165	540	172.52%
Persons Informed	56,900	8,530	10,852	8,599	27,981	N/A
Adolescent CYPs	0	0	0	0	0	N/A
Adolescents Informed	0	150	1,600	1,439	3,189	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

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

Results Frameworks

Africa

Ethiopia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2				
I.1 Expanded public and private sector FP & selected RH services through multiple service delivery systems	I.1.a. Consolidate and strengthen programs at existing sites and initiate CBD program at new sites	SO I	1			002 003 005 006 007 008 011 013 018				902		Raised CBD sites from 34 to 47	10 new CBD sites initiated - 5 new CBD sites at EECMY/CS - 1 new CBD sites at EECMY/SCS - 2 new CBD sites at AHA - 2 new CBD sites at REST	42 CBD sites in operation
	I.1.b. Continue providing services at existing marketplace sites & initiate similar programs at new sites	SO I	1			002 003 018				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			002 003 006 007 008 011 013 018 903				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, 11,237 new acceptors served; 13,272 CYPs generated	32 existing clinics provide services; 32,856 new acceptors served; 41,329 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 underserved 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			002 003 007 011 018						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	55,821 young adults informed	123,367 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			002 003 008 009 011 013 018						No. of PACs increased from 6 to 19 601 community leaders sensitized	6 existing functional PACs and 12 new PACS 224 community leaders sensitized	18 existing functional PACs 224 community leaders sensitized
	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

55

Ethiopia

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

Country Program Outcomes	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID			Other Donors				Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2				
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			002 003 006 007 008 009 011 013 018				902		No. of persons informed: 675,552 No. of IEC activities conducted: 28,531	No. of persons informed: 384,445	No. of persons informed: 945,411
	II.1.b. Develop/adapt and distribute culturally appropriate IEC materials targeted at different groups, including men	SO II	12			002 003 006 007 008 009 011 013 018 901				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	4 types of 50,000 pamphlets/ Brochures/ leaflets produced, 2 types of 2,000 posters/flipcharts produced 34,154 pamphlets/leaflets distributed. 1,194 posters/flipcharts distributed.	62,000 leaflets of six types developed and printed; two types of 2,000 posters/ brochures produced 57,098 pamphlets and 1,895 posters/ flipcharts distributed.
	II.1.c. Introduce ECP at clinics	SO II	49			002						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			002 003 006 007 008 013				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			002 003 006 007 008 009 011 013 018 901				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	220 CBD workers, 168 Male Group Leaders, and 542 peer promoters trained.	380 CBD workers, 27 nurses, 591 peer promoters, 269 male groups leaders, and 450 health and dev't workers trained
	II.2.b. Train CBRH trainers in home based care to PWAs	SO II	69			901						No. of persons trained: 15	—	No. of persons trained: 17
	II.2.c. Develop IEC/Counseling guidelines for clinic based providers	SO II	24							902		IEC/Counseling guideline developed	—	—
	II.2.d. Develop national clinic-based RH/FP management and supervision manual	SO II	24							902		A national clinic-based management and supervision manual developed	—	—
	II.3.a. Develop adolescent life skills/FLE curriculum	SO II	24							902		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

Country Program Outcomes	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2				
	II.2.h. Train CBD supervisors in CBD program management and supervision	SO II	78			002 003 006 007 008 009 011 013 018						No. of CBD supervisors trained in CBD program management and supervision: 29	20 CBD supervisors trained	20 CBD supervisors trained
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			002 003 006 007 008 009 011 013				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; 85 clients screened and treated for STD	51 existing SDPs integrate HIV/AIDS/STDs; 376 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				902		Clinics integrating MCH increased from 5 to 32 clinics 30,967 children served 14,417 mothers attended	5 existing SDPs integrate MCH service; 4,811 children served; 1,613 mothers attended	5 existing SDPs integrate MCH service; 11,949 children served; 6,004 mothers attended
	II.3.c. Integrate postabortion and postpartum care with FP services	SO II	57, 58			003 006 007 008						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			002 003 006 007 008 011 013 018						No of clinics linked up with CBD programs increased from 51 to 58 clinics	51 existing clinics linked up with CBD programs	51 existing clinics linked up with CBD programs
	II.3.e. Develop HIV/AIDS integration guidelines	SO II	32							902		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				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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators				
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2					
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			002 003 006 007 008 009 011 013 018 901					902		M & E instruments institutionalized at all levels of the grantees	Institutionalization of M&E instruments in progress	Institutionalization 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								902		RH/FP training strategy developed	—	—
	III.1.d. Install MIS for the MOH	SO III	35								902		MIS installed for MOH	—	—
	III.1.e. Provide TA in program/finance management	SO III	38			002 003 006 007 008 009 011 013 018 901					902		56.8 person-months of TA provided	7.8 person-months of TA provided	30.3 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			002 003 006 007 008 011 013 018 901					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							30 managers trained	30 managers trained	30 managers trained

Ethiopia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP CORE	Oth1	Oth2	Focus	Oth1	Oth2				
	III.3.b. Train managers in program/finance management	SO III	37			002 003 006 007 008 009 011 013 018 901				902		106 managers trained	25 Managers trained	25 Managers trained
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	—	—

62

Kenya

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

Country Program Outcome	Country Program Activities	Global		Funding Source								Indicators			
		SO	Act Num	USAID						Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd				
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	SO1	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= 29,975, CYP = 17,988 ECP = 19 Persons informed = 563,847 No. of CYPs referred= 21,252 (note: no expected achievements were set at beginning of fiscal year)	New acceptors = 89,715 CYP = 49,619 ECP = 33 Persons informed = 1,988,547 No. of CYPs referred= 21,252 (note: no expected achievements were set at beginning of fiscal year)
	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	001 033 034 035		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 acceptors = 26,640 CYP = 17,622 ECP = 0 Clinic sites =11 Mobile sites =10	New acceptors = 89,380 CYP = 49,203 ECP = 14 Clinic sites =13 Mobile sites =10
	I.1.c. Support hospital-based FP/RH/MCH services	SO1	3	029 034		029 034	034 034	029 034					No. of new acceptors 3,190 No. of CYP: 5,174 No. of new acceptors of ECP: 90	New acceptors = 7,189 CYP = 7,061 ECP = 19	New acceptors = 15,818 CYP = 14,955 ECP = 71
	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	001 029 033 034 035					No. of institutions involved in social marketing of contraceptives: 5	Institutions involved in social marketing = 1	Institutions involved in social marketing = 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	001 029 033 034 035				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 = 335 CYP = 366 Service Providers trained in PP/PA = 0	Sites providing PP/PA = 5 New acceptors of PP/PA = 1,313 CYP = 862 Service Providers trained in PP/PA = 1	

Kenya

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators				
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot				Todd	
	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 = 335 No. of adols informed = 10,029 (note: also includes outputs from University of Nairobi, ACK Diocese of Eldoret and Kabiro Health Care Trust) ECP = 0	New users (adols.) = 526 CYP = 1,514 No. of adols informed = 22,509 ECP = 296
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	001 029 033 034 035					No. of community/public meetings (barazas) and group discussions held: 146,000	No. of community/public meetings (barazas) and group discussions held = 5673	No. of community/public meetings (barazas) and group discussions held = 32,760
	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	001 029 033 034 035				011 012	No. of policymakers sensitized: 250	None	None

Kenya

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source								Indicators			
		SO	Act Num	USAID					Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd				
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	001 029 033 034 035	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.)	No. of clinic sites providing ECP = 2 No. of clinical service providers trained in ECP = None	No. of clinic sites providing ECP = 2 No. of 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	001 029 033 034 035	001 029 033 034 035			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)	No. of persons informed through home visits = 66,745	No. of persons informed through home visits = 351,945	
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 = 0 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	001 029 033 034 035	001 029 033 034 035				No. of sites where FP/RH and STIs HIV/AIDS integration services are offered: 28 static clinic facilities and 9 mobile clinics.	No. of static clinics = 13 No. of mobile clinics = 10	No. of static clinics = 13 No. of mobile clinics = 10	
	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 as trainers in HBC = 23 No. of home care givers trained in HBC = 0 No. of CBDs participating in workshop = 80	No. of CBDs trained as trainers in HBC = 82 No. of home care givers trained in HBC = 195 No. of CBDs participating in workshop = 80	

Kenya

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source								Indicators			
		SO	Act Num	USAID					Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd				
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 = 0 No. of SDPs implementing QOC standards = 0 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 standards = 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

Country Program Outcome	Country Program Activities	Global		Funding Source								Indicators			
		SO	Act Num	USAID					Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd				
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		001 035	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 =2	No. of instits. receiving TA in unit-based costing = 2
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 = 0 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 Strengthened 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 = 10	No. of women trained in income generation = None No. of CBDs involved in IGAs = 894 No. of CBD groups given seed money = 11

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source				Other Donors		Indicators			
		SO	Act Num	USAID			FOCUS	Oth 1	Oth 2	Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II							
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 CYPs provided: 102 No. of CYPs referred: 70 No. of persons informed: 19,057 No. of new acceptors: 1,169	Nurses from 18 health posts and centers were re-trained in RH/FP No. of new acceptors: 3,244 (includes all new acceptors) No. of CYPs: 209 (includes all CYPs) No. of CYPs referred: 141 (includes all CYPs referred) No. of persons informed: 38,366 (includes all persons informed)
	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	CBRH program in Ribaué district (4 localities) held Awards Event to honor activistas and increase community support	2 CBD programs, in Nampula City and Ribaué 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	Supervision of worksite activistas was improved	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	Participants for PAC regional meeting selected	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		

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source				Indicators				
		SO	Act Num	USAID			Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth 1				Oth 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	Development of IEC and related materials for nurses and activists begun	Purchased 350 FP flipcharts produced by CARE with input from PI
	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

Country Program Outcome	Country Program Activities	Global		Funding Source				Indicators					
		SO	Act Num	USAID			Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth1				Oth2	
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 Ribaué 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		Began 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 Ribaué 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 Zambezia Year 2 IEC materials developed and distributed to all grantee community networks in Nampula and Maputo Year 1; Niassa and Zambezia Year 2		IEC FP flipcharts developed for posts/centers; Flipcharts distributed to Salama and AMODEFA for nurses and agents (PVO partners also using same flipcharts)

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth1	Oth2				
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	15 MCH and elementary nurses re-trained with focus on supervision and quality	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

Country Program Outcome	Country Program Activities	Global		Funding Source				Other Donors		Indicators		
		SO	Act Num	USAID			Oth1	Oth2	Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II						FOCUS
	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; additional TOT for 6 master trainers for AMODEFA projects in Nampula, Niassa and Zambezia
	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		

6.3

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

Country Program Outcome	Country Program Activities	Global		Funding Source					Indicators				
		SO	Act Num	USAID			Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth1				Oth2	
	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	100% of activistas and supervisors trained during supervision visits to use IEC materials more effectively	100% of activistas and supervisors trained during supervision visits to use IEC materials more effectively
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	100% SDPs linked to CBRH agents have referral plan	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	100% nurses in project SDPs trained in supervision tool use; 100% of project SDPs receive monthly supervision visits	Supervision guidelines introduced to 10 Elementary and 4 MCH nurses in Ribaué

Mozambique

Country Strategic Objective II: Improved Quality of RH Services

Country Program Outcome	Country Program Activities	Global		Funding Source					Indicators			
		SO	Act Num	USAID			Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth1				Oth2
	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	Guidelines and protocols for CBRH activities drafted	Guidelines and protocols for CBRH activities drafted
	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

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	UNFPA	Oth 2				
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)	MCH nurses in ARH project participated in seminar on integration of STD/HIV topics with adolescent SRH	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		

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	UNFPA	Oth 2				
	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	Teachers from 3 schools in Maputo were trained as activistas	Teachers from 3 schools in Maputo were trained as activistas
	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 provided TA to Youth Counseling Center on activities and theatre group	1 event in Maputo; ARH project supported event with National Youth Council; 200 youths participated
	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

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	UNFPA	Oth 2				
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)
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	Feasibility study completed, results to follow	Feasibility study completed, results to follow
	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

Mozambique

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	UNFPA	Oth 2				
III.7. Supportive policy environment at provincial and national levels, and increased awareness regarding adolescent SRH among leaders and target communities or groups	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		

Mozambique

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	FOCUS	UNFPA	Oth 2	Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements
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)		
	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	

Mozambique

Country Strategic Objective IV: Strengthen NGO Management Capacity/Capability

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth 1	Oth 2				
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 strategic planning workshop conducted	AMODEFA strategic planning workshop conducted
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 (in-country or external): 1		1 officer from each subgrantee participated in on-site training; Salama officer participated in training by Pact
	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	Assisted Salama in writing proposal for RH project funding from Trocaire	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 (ongoing)
	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		

Mozambique

Country Strategic Objective IV: Strengthen NGO Management Capacity/Capability

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth 1	Oth 2				
	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		
	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		

58

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				ther Donor		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth 1	Oth 2				
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		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 Ribaué 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 Ribaué; mapping performed in 1 locality in Ribaué
	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		
	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	Drafted model guidelines and protocols for CBD with PI consultant	Drafted model guidelines and protocols for CBD with PI consultant

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				ther Donor		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	PVO II	FOCUS	Oth 1	Oth 2				
	V.3.c. Assist in development/implementation 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		
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	Revised supervision tools based on 2 quarters experience	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		

60

Nigeria

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID			ther Donor			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford				DFID
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	017 018 020 021 022 023 024 025 026						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	Seven NCA CBD sites served 8,598 new acceptors and generated 3,633 CYPs in the quarter. 194 CBDs/MBDs/PMDs/PEs are providing services.	Seven NCA CBD sites served 16,263 new acceptors and generated 5,341 CYPs. 414 CBDs/MBDs/PMDs/PEs are providing services.
	I.1.b. Consolidate existing clinic-based FP and RH services	SO I	2	017 018 020 021 022 023 024 025 026						001 005 006 007	No. of new SDPs: 16 (see above for service delivery expected achievements)	One new NCA SD delivery site (NCA/026) commenced implementation in the quarter.	One new NCA SD delivery site (NCA/026) commenced implementation.
	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	No measurable progress.	4 workplace sites was supported. 1 workplace site at Aba (NCA/025) serving 600 CSWs was 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, 025 026						FF 001 003 004 005 006 007 008	No. of communities with programs to serve hard-to-reach groups: 11	5 NCA, 2 Ford and 2 DFID projects are serving eight hard-to-reach groups.	5 NCA, 2 Ford and 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	017 018 020 021 022 023 024 025						FF 001 003 004 005 006 007 008	No. of opinion/community leaders and significant stakeholders attending sensitization/advocacy workshops: 7,000	5 NCA projects conducted 21 advocacy meetings reaching 394 persons.	1,079 advocacy meetings were conducted by 8 NCA sub-projects. 82,325 community members were in attendance.
	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 projects have been concluded this quarter.	STD/HIV mgt research activities with OSUTH and OGH projects have been concluded this quarter.

Nigeria

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID				
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	017 018 020 021 022 023 024 025 026								No. of implant acceptors -TBD No. of referrals - TBD No. of local organizations offering implant: 8	50 CYPs achieved. 4 BTL were performed by 2 NCA projects.	2,589 CYPs achieved. 29 BTL were performed. Implants to be offered by 4 of the NCA projects.
	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	017 018 020 021 022 023 024 025						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	21,214 persons were visited in 11,641 home visits made by 7 NCA sub-projects. 1,677 community meetings were held with 95,681 persons informed. FLE activities were conducted by 5 NCA projects reaching 38,850 youths, 4,900 parents and 800 teachers.	46,393 persons were visited in 18,451 home visits made. 2,789 community meetings were held with 207,843 persons informed. FLE activities were conducted by 5 NCA projects reaching 39,754 youths, 4,900 parents and 800 teachers.
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	017 018 020 021 022 023 024 025 026						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	14 service providers from 7 NCA projects benefitted from a 7-day FP & STD/HIV&AIDS counseling workshop.	24 mgt. staff of all sub-projects benefitted from a two-week sustainability workshop. 16 persons from the NCA sub-projects took part in the year 2 plan work-session. 14 service providers from 7 NCA projects benefitted from a 7-day FP & STD/HIV&AIDS counseling workshop.
	II.2.b. Review/update curricula, protocols, standards of practice for all cadres of service providers	SO II	24	017 018 020 021 022 023 024 025 026						FF	001 003 004 005 006 007 008	Updated curricula and protocols, SOPs for all cadres of providers	NCA sub-projects will not have protocols.	NCA sub-projects will not have protocols. STD/HIV mgt project is awaiting feedback on pre-tested protocols developed by the project.

82

Nigeria

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID				
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	017 018 020 021 022 023 024 025 026							001 003 004 005 006 007 008	No. of clinics where STIs and HIV/AIDS are fully integrated: 17	8 NCA projects have fully incorporated STI/HIV/AIDS treatment into their services. Four NCA projects reported on STD/HIV mgt. of 476 patients. 150 PWAs received home based care in the STD/HIV mgt project.	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 the STD/HIV mgt project.
	II.3.b Support the integration of MCH activities with FP/RH programs	SO II	26	017 018 020 021 022 023 024 025 026								No. of local organizations offering MCH services: 9	All the 9 NCA projects presently support the integration of MCH services with FP/RH programs.	All the 9 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	017 018 020 021 022 023 024 025 026						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/017-1, 020-1, 021-1, 022-1, 024-1, 025-1. Referral linkages within the 6 Otukpo based project were strengthened in the quarter.	Effective referral linkage is in place in NCA/017-1, 020-1, 021-1, 022-1, 024-1, 025-1. Referral linkages within the 6 Otukpo based project 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 project site models: N2/004-1, 001-1, 003-1 AND 008-1.	4 project site models: N2/004-1, 001-1, 003-1 AND 008-1.
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	017 018 020 021 022 023 024 025 026						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 five times a week. There is improvement in quality of care in all 8 NCA project sites. STD/HIV mgt project has in place pre and post counseling sessions for clients and trained staff.	The following exist in all NCA projects: Minimum of 4 modern methods, clinic is opened at least five times a week. There is improvement in quality of care in all 8 NCA project sites. STD/HIV mgt project has in place pre and post counseling sessions for clients and trained staff.

Nigeria

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford	DFID				
	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
	II.4.c. Provide HIV screening and implant insertion kits to 8 NCA grantees	SO II	31	017 018 020 021 022 023 024 025 026								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	017 018 020 021 022 023 024 025 026								144 CBDs and 10 CBD supervisors provided with bicycles and motorcycles to facilitate service delivery and supervision	No measureable progress.	No measureable progress.

62

Nigeria

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators				
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford				DFID	
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	017 018 020 021 022 023 024 025 026						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	017 018 020 021 022 023 024 025 026						FF	001 002 003 004 005 006 007 008	No. of grantees with computerized MIS in place: 27	Nine NCA grantees have computerised MIS systems in place	Nine NCA 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 9 NCA sub-project staff on project management and on financial and programmatic reporting.	On-site TA was provided to all 9 NCA sub-project 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	NGO negotiation and planning meeting was held with 9 NGOs to identify areas of collaboration, which will enhance their capacity building.	NGO negotiation and planning meeting was held with 9 NGOs to identify areas of collaboration, which will enhance their capacity building.
	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

65

Nigeria

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators				
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford				DFID	
	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	On-going
	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	An NGO's capacity was built in the quarter on leveraging organizational success.	An NGO's capacity was built in the quarter on leveraging organizational success.
	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	017 018 020 021 022 023 024 025 026							FF	001 003 005 006 007 008	No. of partner organizations with improved commodity logistics system: 24	All 9 NCA sub-projects have been supplied with commodities. They also 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	017 018 020 021 022 023 024 025 026						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	NCA/026 received orientation on MIS/Financial management in the quarter.	24 staff each from all project sites attended a 2-week sustainability plan workshop this quarter. NCA/026 received orientation on MIS/Financial management in the 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	017 018 020 021 022 023 024 025 026							FF		Establish cost-recovery, income-generating, and pricing plans for CBD and clinic based programs	All the NCA sub-projects have put in place cost recovery systems. A total of N203,373.00 was generated through cost recovery mechanisms by the 9 NCA projects 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 is still on hold.	The training has been suspended for now.

Nigeria

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators				
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford				DFID	
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	017 018 020 021 022 023 024 025 026						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 to all NCA sub-projects during the monitoring visits. Lapses identified were addressed during the FP, STD/HIV Counseling training held for 14 operational staff of the sub-projects in the quarter. QOC training will be conducted early next quarter.	All 8 NCA sub-projects received on-site TA on QOC, integration and reproductive health. Lapses identified were addressed during the FP, STD/HIV Counseling training held for 14 operational staff of the sub-projects in the quarter. QOC training will be conducted early next quarter.

67

Uganda

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators				
		SO	Act Num	USAID			Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1				Oth2	
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: 1,320. Total new users: 1,719 Distribution: 3,352 cycles, 38,829 condoms, 3,285 f/tablets. Support 263 CRHWs, in 35 catchment areas and 8 women groups No. of persons informed: 32,110	Total referrals: 8,294 Total new users: 12,381 Distribution: 23,905 cycles, 110,102 condoms, 11,719 f/tablets Support 521 CRHWs, in 116 catchment areas and 86 women groups No. of persons informed: 185,539
	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: 3,169 Distribution: 14 IUDs, 3 VSC/F, 30 implants, 2,181 injections, 603 cycles, 1,949 condoms, 1,740 f/tablets. Support 26 SDPs and 2 NGOs	Total new users: 9,714 Distribution: 192 IUDs, 268 VSC/F, 32 VSC/M, 353 implants, 9,795 injections, 6,259 cycles, 27,952 condoms, 4,995 f/tablets. Support 79 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)	775 sexuality education sessions in 44 schools and 43 youth groups. 128 condom & pill distribution outlets were supported for adolescents. No. of adolescents informed: 19,688	843 sexuality education sessions in 68 schools and 61 youth groups. 291 Condom & pill distribution has been established in FLEP, Kasese and Masindi project. No of adolescents informed: 19,688
	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	—	—

68

Uganda

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
	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 and Masindi 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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth 1	Oth2	Focus	Oth 1	Oth 2				
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%	12 health fairs, 26 film shows, 39,977 home visits, 1 types of materials distributed.	48 health fairs, 99 film shows, 117,958 home visits, 5 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.
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	Trained 12 HIV/AIDS counselors in Kasese 120 CRHW, Adolescents Peer Educators, sexuality educators of Masindi project given up-date training in STDs	15 service providers trained in life saving skills and counselling - FLEP, 12 HIV/AIDS counselors trained in Kasese, 120 CRHWs up-dated in STD related issues
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	Follow-up on-site training provided to 105 VHWs in 10 IDP camps, special emphasis on nutrition education, growth monitoring, and breastfeeding activities.	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.

Uganda

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth 1	Oth2	Focus	Oth 1	Oth 2				
	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	24 facilitators/trainers of HBC trained (FLEP)	24 facilitators/trainers of HBC trained (FLEP)
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	Re-enforced adherence and implementation of recommendations of the Tiarht Amendment	140 SDPs and 18 mobile clinics using QOC standard of practice protocols All CRHWs using demonstration kits and other visuals to reinforce informed choice. All PI supported projects adhering to Tiarht Amendment
	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
	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	Conducted QOC Study in FLEP	Conducted QOC Study in FLEP

Uganda

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSPCore	Oth1	Oth2	Focus	Oth1	Oth2				
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	Developed capacity of 10 communities to serve as registered Community Based organizations - positioned for local government funding	Developed capacity of 10 communities to serve as registered Community Based organizations - positioned for local government funding
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 individual workplans and budgets for 10 communities of FLEP for local government funding. Developed HIV/AIDS Population Operations proposal including Kasese & Masindi. Developed annual workplan and budget for 2 SDP in Kasese which will serve as sub-district hospitals under local government support	Developed proposals for 32 FLEP communities and 2 Kasese clinics. Developed annual workplan & budgets for 2 sub-district hospitals in Kasese and 10 CBOs in FLEP
	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 Conducted 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	Continued to support micro credit scheme for CRHWs and women group in IDP camps	Strengthened loan management in the FLEP association through training of executive committee. Initiated micro-credit program in Kasese and Masindi to benefit all CRHWs

Uganda

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSPCore	Oth1	Oth2	Focus	Oth1	Oth2				
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	Strengthened MIS for ARH initiative, streamlined MIS for nutrition & growth monitoring activities and strengthened supplies logistics system for ARH activities.	ARH training capacity initiated. Strengthened MIS to incorporate documentation & reporting on ARH and Nutrition initiatives. Established supplies logistics system for ARH activities
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 32 sexuality education sessions for young women; support 12 micro-credit schemes; engage 32 women's groups; 297 women participating in loan revolving schemes	Conduct 100 sexuality education sessions for young women; support 12 micro-credit schemes; engage 32 women's groups; 714 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 59 memoranda between NGOs and local government: District level: FLEP-35, 2 in Kasese and Masindi-1

B

Results Frameworks

Latin America and the Caribbean

Bolivia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donor			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
I.1. Expanded, improved or established FP and selected RH service 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 Condoms 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	266 new acceptors of the Pill through CBD 476 new acceptors of Condoms through CBD 146 new acceptors of Vaginal Tablets through CBD 2390 pills distributed through CBD 5980 condoms distributed through CBD 456 Vaginal Tablets distributed through CBD 16,996 home visits	1823 new acceptors of the Pill through CBD 1497 new acceptors of Condoms through CBD 402 new acceptors of Vaginal Tablets through CBD 9648 pills distributed through CBD 24452 condoms distributed through CBD 2648 Vaginal Tablets distributed through CBD 58239 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	25 new acceptors of VSC 1096 new acceptors of IUDs 745 new acceptors of the pill 503 new acceptors of condoms 1090 new acceptors of 3-month injectable 966 new acceptors of NFP through unspecified static site services 1096 IUDs distributed through clinical services delivery points other than clinic based services 3148 cycles of pills distributed through clinic based services 16344 vaginal tablets distributed 2918 3 month-injectables distributed 16344 condoms distributed	123 new acceptors of VSC 4558 new acceptors of IUDs 2577 new acceptors of the pill 2437 new acceptors of condoms 2646 new acceptors of 3-month injectable 2898 new acceptors of NFP through unspecified static site services 4558 IUDs distributed through clinical services delivery points other than clinic based services 7241 cycles of pills distributed through clinic based services 21403 vaginal tablets distributed 7232 3-month-injectables distributed 44418 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/ adolescents 1,800 adolescents who receive RH/FP services 180 adolescents who receive PP/PA services	30 adolescents who receive RH/FP services	60 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 272 new acceptors of LAM	342 new acceptors of PP/IUD 531 new acceptors of LAM
	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		
I.3. Enhanced environment for use of FP, RH and MCH services	I.3.a. Support research evaluation	SO I	53	901								3 research activities conducted to investigate FP/RH and MCH issues		1 research activities conducted to investigate FP/RH and MCH issues

75

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 3 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	4240 people informed through community outreach 16996 people informed through home visits 1192 young adults informed 1207PP women informed	12335 people informed through community outreach 56034 people informed through home visits 3403 young adults informed 2687 PP women informed
	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 (continuing)	1 National FP norms developed
II.2.Strengthened 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)	80 providers trained in basic FP/RH service delivery 11 providers trained on method specific FP service delivery (PP)	201 providers trained in basic FP/RH service delivery 32 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	40 providers trained

76

Bolivia

Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	GLOBAL		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
	II.2.c. Conduct training for service providers on Postpartum contraception	SO II	69	901								64 providers trained in Postpartum contraception	20 providers trained in Postpartum contraception	31 providers trained in Postpartum contraception
	II.2.d. Conduct training on Postabortion Care	SO II	69 52	901								48 providers trained in Postabortion Care		
	II.2.e. Train in method specific FP to private physicians	SO II	65				PSI					460 private physicians trained in method specific FP	977 private physicians trained in method specific FP	1053 private physicians trained in method specific FP
	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 (continuing)	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 (continuing)	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 (continuing)	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	1 institution that adapt/develop QOC systems (continuing)	1 institution that adapt/develop QOC systems

Bolivia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
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 (continuing)	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 (continuing)	1 supervision and monitoring tools developed and disseminated
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	1 institution participating in pricing plan efforts (continuing)	1 institution participating in pricing plan efforts

Brazil														
Country Strategic Objective I: Increased Access to and Availability of FP and RH Services														
Country Program Outcome	Country Program Activities	Funding Source									Indicators			
		Global		USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
		SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2				
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	17,133 CYPs 20,035 New Users	82,418 CYPs 87,069 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
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
I.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	2 trips sponsored	14 trips sponsored

Brazil

Country Strategic Objective II: Improved Quality of Service

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2				
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	No new sites added	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	Not able to determine it yet	Not able to determine it yet
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	40 providers trained in FP/RH, MCH and integrated service delivery	160 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	50 providers trained in STI/AIDS RH	110 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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donor			Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2				
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	0	0
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 3 Achievements	Year-to-Date Achievements
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

Ecuador

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	PF				
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 30 ECP new acceptors	14 SDP providing ECP services 76 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 project ended Dec. 99. However, efforts are being made to continue project activities. Waiting approval of proposal.	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	Same as above.	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	Same as above.	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 hard-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	4 SDP providing ECP serv to young adults. 10 new young adults ECP accept. 558 young adults informed.	13 SDP providing ECP serv to young adults. 25 new young adults ECP accept. 1341 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	Project activities ended on Dec. 99.	1 MOH hospital with PA services in operation

Ecuador

Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source					Indicators				
		SO	Act Num	USAID			Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus				Oth1	PF
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	90 women received information on ECP. 400 brochures, 31 posters and 89 packets distributed.	819 women received information on ECP. 1781 brochures, 343 posters and 724 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.
	II.1.c. Introduce and integrate ECP into regular FP/RH services	SO II	49							009	Introduce ECP services in 2 clinics		ECP services introduced in 14 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/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	No training activities were conducted during this quarter.	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
	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	30 copies of ECP service delivery guidelines distributed.	512 copies of ECP service delivery guidelines distributed. 2 copies of PAC training modules distr. 1 training module on ECP for adolescents developed.
	II.2.e. Conduct orientation seminars for physicians and other providers on ECP	SO II	65			004					120 participants at 3 orientation 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)		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	4 SDP adapting service delivery guidelines on ECP.	14 SDP adapting service delivery guidelines on ECP.

80

Peru

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

Country Program Outcome	Country Program Activities	Global SO	Act Num	Funding Source							Indicators			
				USAID					Other Donor		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv				
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 in same number of fixed/mobile health facilities	220 CBD workers participating 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 3 health center providing PA/FP services	19 hospitals and 4 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	75% clients counseled in PA; 45% of PA acceptors, 1 hospital and 3 health centers providing quality PAC care	75% clients counseled in PA; 47.5 % of PA acceptors, 11 hospitals and 3 health centers 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
	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 2 health center with PA programs in operation; 45% of PA patients leaving hospital with method; 75% of PA patients leaving counseled.	11 hospitals and 3 health center with PA programs in operation; 47.5% of PA patients leaving hospital with method; 75% of PA patients leaving counseled.
	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)	SO I	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.	2 PA clinic assessments conducted ADAR baseline survey and KAP and Adolescent Fogus Group completed.	2 research reports disseminated 9 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 8 NGOs.

Peru														
Country Strategic Objective II: Improved Quality of Services														
Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv				
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	75% of PA patients receiving IEC material 8599 persons informed 609 educational talks 200 copies of brochures and posters distributed	75% of PA patients receiving IEC material 27881 persons informed 1161 educational talks 1,900 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	1439 adolescents informed, 2390 copies of brochure about FOCUS distributed.	3189 adolescents informed, 3045 copies of brochure about FOCUS distributed. Two In-Focus series translated into Spanish
	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	1 training on STD/AID 14 providers trained;	6 training on STD/AID 88 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	12 physicians trained in PA/FP services inc. MVA; 11 midwives and 10 nurses trained in PA counseling and management of MVA equipment 70% SP performing at expected level of competence	29 physicians trained in PA/FP services inc. MVA; 32 midwives and 26 nurses trained in PA counseling and management of MVA equipment 65% 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	1 training course on CTU; 38 service providers trained; 1 training course on Counseling with 15 participants. 1 workshop on Organization of Adolescents Services conducted for 44 health providers.	11 training courses on CTU; 94 SP trained; 2 workshops on adolesc with 24 participants 5 training courses on counseling for 68 persons. 1 workshop on Counseling Adolescents for 30 SP. 1 workshop on Organization of ARH Services for 44 SP.
	II.2.d. Conduct CTU and RH updates	SO II	69			904						1 CTU/RH update course held, 36 service providers trained		

Peru

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators		
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements
				FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv			
	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 developed and distributed 1 training module developed 3 videos developed 8 flipcharts developed 10 cassettes developed 300 RH Guides 150 pocket guides to be distributed	80 Handbooks in RH/FP for Adolescents distributed 80 training modules distributed; 10 RH Guides and 10 pocket guides distributed.	1 Handbook in RH/FP for Adolescents developed and 80 copies distributed 886 training modules distributed, 45 RH Guides and 35 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	3 SDP using MVA for treatment of incomplete abortion; 3 health centers with high quality PAC services	15 SDP using MVA for treatment of incomplete abortion. 15 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 offering integrated services; 1 MOH hospitals linking PAC with FP services	20 SDP belonging to 8 NGOs offering integrated services; 17 MOH hospitals linking PAC with FP services
	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	4 SDP with clinical protocols for treatment of incomplete abortion.	15 SDP with clinical protocols for treatment 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.	2 QOC training courses for 44 SP trained.	2 QOC training courses for 44 SP trained
	II.4.c. Renovate/upgrade clinics	SO II	31	905		904	X				11 SDPs renovated/equipped 15 SDPs equipped	1 SDP equipped	9 SDP renovated/equipped 5 SDP equipped

Peru

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

Country Program Outcome	Country Program Activities	Funding Source									Indicators			
		Global		USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date Achievements	
		SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv				
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	8 NGOs with strategic plans	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	10 persons from 3 NGOs participated in program design and evaluation (EPI-INFO)	22 persons from 8 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		
	III.2.d. Improve management of clinic costs, inc. developing cost-based plans, and 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 TURBOC	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	7 hospitals and 3 health centers receiving TA in PAC	15 hospitals and 4 health centers receiving TA in PAC

Results Frameworks

Asia

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
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	055 057 058 059 061 062 063 064 065 066 067 068 069 070 071 072 073								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	748411 new acceptors served by all grantees; 589004 CYPs distributed, 44 SDPs renovated, equipped or receiving administrative support.	2,645,179 new acceptors served by all grantees, 3,143,676 CYPs distributed, 242 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	96 NGO clinics providing services, 7 NGO clinics renovated, equipped or receiving administrative support, 5,628 new acceptors served through NGO clinics, and 13,573 CYPs distributed	20,296 new acceptors served through NGO clinics; 46,389 CYPs distributed through NGO clinics. 152 NGOs clinics renovated, equipped or receiving administratif support. 21,320 new acceptors served and 55,494 CYPs distributed
	I.1.c. Conduct medical team visits to provide IUD and VS services in areas where access is limited	SO I	2, 59	058 061 062 063 064 065 066 070 071 072 073								1,151 VSC Visiting Specialist Visits 992 Specific Visits by IBI/IDI 103 NGO mobile visits	614 visiting specialist visits; and 1,732 spesific visits by IBI/IDI conducted	1,241 visiting specialist, 3,022 spesific visit by IBI/IDI and 24 NGO mobil visit have been conducted.
	I.1.d. Produce and implement Plans of Action (POA) for coordinated FP and RH services by midwives at the village level	SO I	2,1	058 061 062 063 064 065 066 070 071 072 073								no. of POAs produced; village midwife posts supported 111,321 Midwife service visits conducted	17 POAs produced; 43,922 VMW servise visits conducted	152 POAs produced and 89,030 VNV 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	058 060 062 063 064 066 070 071 072 073								PAKBD/POD supported and POD/PAKBD managers trained in SDES provinces; no. of coordination meetings undertaken to improve collaboration between referral pharmacies and village contraceptive distribution posts	Operational cost has been provided to 20 POD/PAKBD and 14 managers from 14 POD/PAKBD were oriented on how to manage POD/PAKBD	Operational cost has been provided to 20 POD/PAKBD and 14 managers were oriented on POD/PAKBD management.

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
	I.1.f. Maintain access to injectables through USAID donated contraceptive supplies	SO I	2	055 057 059 063 065 066 067 068 069								870 000 injectable vials distributed to 3 SDES provinces (N.Sumatra, S.Sumatra, and W.Java) and to NGOs in the 3 provinces	No injectable vials have been received during Quqrter 3	550,000 injectable vials have been sent to province(N.Sumatra, S.Sumatra and West Java)
	I.1.g. Maintain access to quality VSC and Implant services through the distribution of medical supplies by AVSC and PKMI	SO I	2	058 061 062 063 064 065 066 070 071 072 073								3,036 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)	20 packaged distributed . minilap-300 1 package; minilap- 100 13 packages; lLap-100 A 1 package; LAP-100 B 2 packages and VTP-100 (1 package)	3020 packaged distributed :Minilap-100, 41 packages, minilap 300 77 packages, lLap -100 A 65 packages, Lap-100 B 152 packages, NSV-100 23 packages, Norplant-100 2,612 packages, and VTP-100 (51 packages)
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	055 058 059 060 061 062 063 064 065 066 069 070 071 072 073								104,115 printed IEC materials 2,313 mass media materials	23,880 printed IEC materials and 12 mass media materials produced; 200,146 persons and 3588 adolescent informed through IEC activities.	59,880 printed IEC material and 662 mass media materials produced; 409,810 persons and 11,046 adolescents through IEC activities.
	I.2.b. Support IEC activities to maintain contraceptive use and promote use of sustainable, long-acting methods	SO I	12	055 058 059 060 061 062 063 064 065 066 069 070 071 072 073								234,228 IEC outreach visits conducted 5,384 people attending orientations; 171 people attending workshop on VSC	13,040 IEC outreach visit conducted; 1,036 person attending orientation and 280 persons attending VSC workshop	29,638 IEC outreach visit; 2,156 persons attending seminars;; 1036 persons attending orientation and 575 persons attending VSC workshop
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	058 060 061 062 063 064 065 066 070 071 072 073								Support a Crisis Monitoring and Response Unit in 11 SDES provinces; no. monthly reports describing the effects of the crisis on FP services; no. of monitoring trips conducted	Crisis Monitoring Reports Unit in 11 SDES province establish 342 monthly report completed; 1215 monitoring trips conducted, and 1,181 persons trained on CMRU data analysis	Crisis monitoring Unit in 11 SDES province establish 595 monthly report completed ; 2,830 monitoring trips completed and 1,181 persons trained on data analysis

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
	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.	Intervention conducted through peer group counseling (run by Yayasan Melati and BKKBN DKI)	1 research and 1 final report completed. Intervention plan based on the research result has been developed and has been implemented in Q3
	I.3.c. Conduct Phase 2 monitoring of the USAID donated contraceptives through PPKUI (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 3 monitoring report completed, report by provinces completed	Phase I and 2 monitoring report completed, reports by provinces completed.

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators				
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date		
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1				Oth2	
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	058 060 061 062 063 064 065 066 070 071 072 073								596 midwives trained in IUD, 253 providers trained in VS	285 IUD and 131 VSC clinical training have been undertaken through Quarter 3	591 IUD and 256 VSC clinical training have been undertaken up to Quarter 3
	II.1.b. Provide TA in minilaparotomy services and a practicum minilap program by AVSC in 2 SDES provinces	SO II	65	063 065								no. of doctors and paramedics trained in minilaparotomy services without uterine elevators; no. of doctors and paramedics attending a minilap practicum	Training on minilaparotomy without uterine elevator and practicum minilap will be conducted on April '2000	Training in minilap without uterine elevator and practicum minilap program will be conducted in Quarter 4
	II 1.c. Conduct a training of trainers for senior midwives at HCs, and train village midwives through an integrated apprenticeship program at the HCs in clinical skills.	SO II	65 52	058 063 064 066								no. of senior midwives trained; no of village midwives following an integrated apprenticeship program	TOT and apprenticeship program will be conducted on April '2000	No TOT and apprenticeship program conducted to date.
	II 1.d Train midwives and field workers to improve counseling skills	SO II	52	058 060 061 062 063 064 065 066 070 071 072 073								796 midwives and 625 field workers trained in counseling	Training on IPC/Counseling will be continued on quarter 4	235 Field workers trained in counseling; 335 midwives trained in counseling and 36 providers trained in other clinical services
	I.2.e. Provide TA by PCS in IEC development to 3 SDES provinces	SO I	12	061 063 065								No of IEC training activities conducted, no. of reviewed IEC materials distributed	IEC training conducted in South Sumatra	IEC training have been conducted in 4 provinces: North and South Sumatra, West and Central Java
II 2 Enhanced Constellation of FP and RH services available	II.2 a Train lab staff in STD, HIV/AIDS SOP	SO II	66	055								4 lab staff trained in STD, HIV/AIDS SOP	None of lab staff have been trained on STD, HIV/AIDS	4 lab staff have been trained in STD, HIV/AIDS SOP
	II 2.b. Train clinical providers in STD, HIV/AIDS	SO II	66	055								24 clinical providers trained in STD, HIV/AIDS	30 provider given training on LTCM, STD, HIV/AIDS	54 providers have been trained in LTCM, STD, HIV/AIDS
	II.2 c. Train clinical providers in the Syndromic approach for STD, HIV/AIDS diagnosis	SO II	66	055								8 clinical providers will be trained in the syndromic approach	None clinical providers have been trained on syndromic approach.	8 clinical providers trained in the syndromic approach

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source						Indicators			
		SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1				Oth2
	II.2.d. Support the integration of STD, HIV/AIDS services with FP/RH programs	SO II	25,31	055							2 NGO clinics renovated and equipped for STD, HIV/AIDS diagnosis	None NGO clinics have been trained.	2 PKBI clinics in W. Java and E. Java have been provided with medical supplies
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	Data analysis and report on Quality Assessment completed	Data analysis and report on Quality Assessment completed
	II.3.b. Conduct Medical-Technical meetings to discuss the quality of FP service delivery, focusing on IUD and VSC services	SO II	29	058 060 061 062 063 064 065 066 070 071 072 073							no. of medical-technical meetings conducted to discuss quality of FP services		medical-technical meeting conducted to discuss the quality of FP services
	II.3.c. Conduct Quality Assurance Team Visits to monitor quality of services	SO II	29	058 060 061 062 063 064 065 066 070 071 072 073							480 QA team visits conducted	348 QA team visits conducted in Q 3	976 QA team visits conducted

Handwritten initials/signature

Indonesia

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
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	40 doctors were trained in clinic and program management	52 persons were 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	40 clinic staff were trained in financial management	40 people were trained in financial management
III.2. Strengthen Advocacy Efforts at Health Centers	III.2.a. Support the advocacy for the availability of minilaparotomy services at Health Centers and out-patient clinics and for the acceptance of the minilaparotomy technique without uterine elevator	SO III		057								Increasing availability of minilaparotomy services at Health Centers and at out-patient clinics; increased use of the minilaparotomy technique without the uterine elevator	Guideline for minilaparotomy technique without uterine elevator is being discussed among the policy maker .	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 been passed.

Viet Nam

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievement	Year-to-Date	
				FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN ¹				
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		
	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 RHP 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		

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source						Indicators		
Country Program Outcome	Country Program Activities	SO	Act Num	USAID				Other Donors		Expected Achievements	Quarter 3 Achievement	Year-to-Date
				FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1			
	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	
	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	
	II.2.e. Create 2 more pamphlets on RH topics	SO II	12						901		12,500 copies each printed and distributed	

Viet Nam

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievement	Year-to-Date	
				FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN ¹				
	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		8 people participated 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 participated in 48 hrs training-6 days @ 8hrs/day		8 participated 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.	A total of 120 providers trained - 110 at the district 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	16 people in 4 day-workshop-8hours/day. Report final.	16 people in 4 day workshop-8hours/day. Report final.
	II.3.e. Develop materials to promote training courses	SO II	76			001						Materials developed and distributed		Establishment of training program within the Health Service is a longterm objective; therefore materials will not be developed before the end of the Initiative.
	II.3.f. Monitoring and Supervision	SO II					001					Monitoring reports submitted.	3rd routine monitoring visit conducted. Report in draft.	3 routine monitoring visits to date.

98

Viet Nam

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 3 Achievement	Year-to-Date	
				FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN ¹				
	II.3.g. Training Evaluation	SO II	73			001						Report Completed		Training evaluation done as part of the mid-initiative assessment and end-of-project review.
	II. 3 h. Mid-Initiative Project Assessment	SOII	73			001						Report Completed	Assessment Completed.	Report final. Has been sent to the the HHS and MOH. Will soon be sent to USAID/ANE.
	II.3.i. End-of-Initiative Review	SO II	73			001						Final review report completed		
	II. 3 j Joint Dissemination Workshop	SOII	73			001						Workshop Conducted		

¹ RN: Royal Netherlands

Viet Nam

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donor			Expected Achievements	Quarter3 Achievements	Year-to-Date	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	RN ¹				
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

001