



Nine Galen Street, Suite 217 Watertown, MA 02472-4501 U.S.A.
pathways in family planning

November 29, 2000

Ms. Anne Terio
Cognizant Officer's Technical Representative
G/PHN/POP/FPSD
USAID/Office of Population/ 3.6.123
1300 Pennsylvania Avenue, NW
Washington, DC 20523-3600

Subject: CCP-A-00-92-00025-20

Dear Ms. Terio:

Attached is Pathfinder International's 1st quarter report of FY2001 for the above-referenced agreement. The report is for the period of July-September, 2000. Please note that the year-to-date column of the achievements frameworks contain results for the 15-month period June, 1999 – September, 2000. This is in accordance with our FY2000 Workplan, which set achievements for these 15 months.

This quarter, we are also sending you a copy of the end of project conference binder. Additionally, you will find the following attachments to the report:

- Overview: Service Delivery Expansion Support, Indonesia 1994-2000
- SDES Project (1994-2000): Workshop on Project Results and Dissemination, Executive Summary

Please let me know if you need any additional information.

Sincerely,

John J. Dumm
Senior Vice President

cc: Ansel, Barros Kramer, Casey, Trodella, Solter, Dinev, Fenn, Lule, Pozo, Rahman, Sampoerno, Seiberling, POU files, Central Agreement files

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Telephone: (617) 924-7200 Fax: (617) 924-3833

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Overview

The July-September, 2000 period saw a concentration on final program activities and project close-out procedures. Many countries, particularly in Latin America and Asia, had largely completed NCA-funded activities during the final quarter of FY2000. An end of project conference was held in Washington, D.C. on September 11, 2000. A copy of the conference binder is being sent with this report. A final report covering the project extension period, October-November, 2000, will provide greater detail on sustainability issues for each country.

In Indonesia, project activities had ended by July, 2000. Activities during the First Quarter of FY2001 focused on administrative close-out of subgrantee projects and on preparations for the Service Delivery Expansion Support (SDES) end of project conference (Workshop on Project Results and Dissemination). The sustainability section provides information regarding the conference, which took place in September, and two related documents are attached to this report.

In Latin America, remaining NCA-funded activities revolved around adolescent programs in Peru, support to MOH PAC programs in Bolivia and support to MOH information systems and HIV/AIDS integration in Brazil. Non NCA-funded activities in these countries continued to complement those funded by the NCA.

Highlights from the Africa Region are provided in detail as follows.

Africa Regional Highlights

- Pathfinder's Africa Regional Office conducted its "Dissemination of Lessons Learned" Conference in Nairobi, Kenya (September 27-29, 2000). Marking the completion of its central agreement, the dissemination conference focused on best practices, lessons learned, and project accomplishments, and served as a forum for mapping the organization's future program priorities in sub-Saharan Africa. Over 200 representatives were in attendance from USAID, sister agencies, implementing partners, and grantee organizations throughout the Africa region, as well as Pathfinder staff. Highlights of conference sessions included: panel discussion of HIV/AIDS lead by regional experts from across the continent; breakout sessions on institutional capacity building and scaling-up of adolescent projects; and presentations on "hot topics" such as young male involvement in RH programs, post-abortion care, and working with people living with HIV/AIDS. The report for the conference will be available next quarter.
- Pathfinder expanded home-based care (HBC) for people living with HIV/AIDS in Uganda through its support for the Family Life Education Project (FLEP) and Masindi projects. Using the recently finalized Uganda HBC curriculum, reference manual and flip chart, which were done in collaboration with the MOH's AIDS Control Program and based on Pathfinder's HBC home-based care training module, 89 community workers were trained for 10 days to integrate home-based care with

their current service mix. FLEP trainers and two local consultants conducted the workshops in their respective districts of operation. The training focused on the concept of and rationale for home-based care, basic nursing skills for primary care givers, and techniques in transferring skills to primary care givers of people living with HIV/AIDS.

Regional Adolescent Initiative

Media for Development International (MFDI) continued the rollout of the feature film *Yellow Card*, which has been funded in part through Pathfinder's central agreement. This quarter's premiers included the Durban 2000 International AIDS conference (July 9-15, 2000) in South Africa, which was attended by an estimated 30,000 participants from all over the world. National premieres were undertaken in Kenya, Uganda, Zanzibar, and Zambia. As part of its grassroots distribution campaign, publicity and advertising campaigns were followed by commercial theatrical releases in all four countries. These gala events were attended by youth, government ministries, NGO representatives, and VIPs (e.g., US Ambassador to Kenya, Johnny Carson, and British Ambassador to Uganda). In each country, a multi-sectoral approach was used; further, local private sponsorship from companies such as Air Zimbabwe and Western Union Money Transfer were secured to supplement launch activities. MFDI was also able to complete the Swahili and Ndebele language dubs of the film.

Urban Reproductive Health Initiative

Through its Urban Reproductive Health Initiative, funded through the USAID Africa Bureau, Pathfinder has sought to forge partnerships with local implementing agencies and selected slum communities to provide and expand high quality clinic and community-based reproductive health services, as well as to promote condom use for dual protection. These services are geared towards reaching the under-served, urban poor in four sites, namely, Kabiro-Kawangware and Kangemi slum areas in Nairobi, Kenya; Mtongwe in Mombasa, Kenya; and Unga Ltd and Sombetini in Arusha, Tanzania. Particularly high-risk groups within the target populations include: in- and out-of-school youth; "matatu touts" and loaders; men and women generally believed to have multiple sex partners (e.g., barmaids, long distance truckers, businessmen, etc.). The program has supported community-oriented demand generation approach and improved service delivery at the referral sites with emphasis on services and information on "condom use for dual protection" aimed at reducing the incidence and prevalence of HIV/AIDS and unwanted pregnancies in the urban slums.

Pathfinder conducted a one-day, end-of-project dissemination seminar on its Urban Initiative. Participants for this very important meeting included donor agencies, CAs, partners from Kenya and Tanzania, USAID, and REDSO/ESA among others. The seminar consisted of presentations and discussions on background and objectives of the Urban Initiative; evaluation findings; implementation and challenges encountered by the implementing agencies; project achievements, challenges and lessons learned; and

sustainability and scaling-up issues. A complete dissemination seminar report is available.

Pathfinder supported two major Urban Initiative activities in Tanzania this quarter. The first was the Arusha site launch of the Africa Youth for Health Promotions (AYOHEP) and MEUMA youth groups. The Mayor of Arusha officiated the launching, which was attended by students and their parents, local NGOs, donor organizations, religious groups, and MOH officials. The district AIDS coordinator gave the opening address, encouraging expansion of HIV awareness to secondary schools, colleges and tertiary institutions within the district. Following several drama performances, the mayor gave his official speech, stressing the need for a multi-sectoral approach in fighting HIV and for promoting adolescent sexual reproductive health issues, community mobilization and the need to involve parents, teachers and religious leaders in advocacy and IEC activities. Finally, he assured the participants that the council will continue to share costs for ongoing adolescent HIV/AIDS prevention activities.

Secondly, Pathfinder supported a youth exchange program; specifically, youths from Mombasa and Nairobi visited a school, the Hotel Services Management Institute and other sites in Arusha. The purpose of the program was to share ideas and experiences and above all to learn from each other and transfer skills in drama, poems, songs, among other activities used in the IEC for in- and out-of-school. These activities are expected to lead to greater community sensitization and more mobilization activities.

Other routine activities were carried out this quarter related to the Urban Initiative. IEC activities included: development and distribution of IEC materials in Swahili (developed two Swahili posters, distributed 500 copies, developed 1 brochure, and distributed 10,000 copies); support for performance of local dramas, puppet shows, poetry readings, dances, and videos; and support for community health events. All IEC messages were on prevention of STIs, HIV/AIDS, and pregnancy. Pathfinder conducted regular monitoring visits at the four focus sites and provided TA as needed. Condom distribution were as follows: Mombasa - 342,546; Kangemi - 245,012; Kawangware - 421,789; and Arusha - 155,688. Additionally, clinic renovation activities were started and are continuing until mid-November 2000. Placement of equipment to the referral facilities has been completed

Post Abortion Care (PAC) Initiative

Pathfinder supported PAC training workshops in Mozambique, Ethiopia, and Tanzania as part of the regional PAC Initiative. A combination of doctors, nurses, and nurse/midwives were trained in manual vacuum aspiration and PAC counseling. One consistent recommendation was to make follow-up visits to the trainees to ensure they get proper equipment at their health centers and to solicit further support for future training.

In Uganda, Pathfinder is working in collaboration with the MOH to develop four regional PAC training centers. Activities under this initiative include:

- Conducting assessments of selected regional hospitals to determine need and feasibility
- Training material preparation
- Developing training teams and training sites throughout the country
- Institutionalizing the use of manual vacuum aspiration in service delivery centers
- Incorporating counseling for HIV and pregnancy prevention
- Training service providers
- Developing supervisory systems
- Providing equipment and supplies

Most of the above activities were carried out during this quarter.

Increasing Access (SO 1):

Africa Region

Ethiopia

Pathfinder's program in Ethiopia is funded through a combination of USAID and private sources, all of which contribute to the organization's strategic objectives. Pathfinder has a USAID mission agreement that supports most subproject activities while funding from its central agreement complements project activities with select TA and other program support. To promote access to services in Ethiopia, Pathfinder held a consultative meeting to refine and design its marketplace program as an alternative service delivery approach. For this exercise, Pathfinder was able to capitalize on its experience in the Africa region by having the Country Representative for Nigeria provide technical guidance based on the successful market place program in Nigeria.

To improve the environment and support for FP/RH services, Pathfinder supported advocacy efforts geared towards 306 community and religious leaders. Also related to access, Pathfinder continued IEC efforts to generate awareness of and demand for services. This quarter, a total number of 80,534 young adults and 490,794 persons were informed about FP/RH through home visits and group meetings. Further, Pathfinder distributed 36,744 pamphlets, 6,892 leaflets and 6,146 posters.

One implementation issue related to access is shortage of contraceptives. Pathfinder is working with the relevant parties to resolve the situation.

Kenya

With the exception of its High Risk project at Kenyatta National Hospital, all centrally-funded subprojects in Kenya ended prior to this reporting period. Straddling its strategic objectives for increased access and for improved quality, the High Risk project was requested to continue offering reproductive health care services to adolescents through September 2000. During this final quarter, the project provided counseling services to 70 post-abortion patients, 20 rape cases and 68 psychiatric cases. In addition, the project provided emergency contraceptives to 19 patients, treated 59 cases of STI and conducted

HIV voluntary counseling and testing (VCT) to 32 adolescents. The clinic also hosted a number of students from different local universities for their practicum, and received visitors from Pathfinder headquarters.

Nigeria

Pathfinder wrapped-up its nine centrally-funded integrated reproductive health subprojects which have been implemented by private, for-profit hospitals in Ibadan, Akure, Onitsha, Aba, Enugu, Katsina, Birnin-Kebbi, and Kano. However, access to services will continue through three projects that will continue to receive USAID support through an alternative funding mechanism.

Demand for and awareness of FP and RH services was increased through a series of sensitization activities. These include advocacy meetings, school outreach activities, market place campaigns, TV appearances, radio spots, clinic group talks, community dramas, workplace campaigns, and sensitization in churches and among traditional council members; almost 650,000 persons received messages on FP/RH and STD/HIV/AIDS. IEC materials were also distributed during the quarter, including 600 posters, 1,700 T-shirts, 2,300 exercise books, and 1,900 pamphlets. In addition, outreach staff conducted 6,089 home visits during which 40,652 persons received information on FP/RH and STD/HIV/AIDS prevention.

Implementation issues in Nigeria:

- As previously reported in the last quarter, one Nigeria subproject continued to face religious barriers as a result of reinforcement of Sharia law in Kano State. Despite opposition, Alpha Clinic and Maternity managed to ensure access to RH services and information to clients.
- Some outreach activities were deterred this quarter because IEC posters were destroyed, thereby limiting the community access to information; this includes commercial sex workers, who never saw the posters.
- Attempt to strengthen collaboration between the public and private sectors suffered a setback. Some of the projects reported being seen as competitors in RH service delivery and a threat to public sector survival in the affected states and communities. Pathfinder is working with both sectors to resolve these issues.
- Procurement of contraceptives through Society for Family Health (SFH) continues to be problematic: most of the grantees that attempted to procure contraceptives directly from SFH were referred to SFH distributors. Prices of contraceptives quoted through the distributors were too high for the sub-projects to have a mark-up margin for adequate revolving of fund.

Tanzania

In consultation with the USAID/Tanzania mission, it was agreed that Pathfinder would use the balance of its field support funds from its central agreement to print various materials. These materials will increase the availability of FP/RH information, improve record-keeping through the printing of MCH health cards, and improving awareness of child rights. This includes:

- Printing of 5,000,000 mother and child health cards for the Expanded Program of Immunization, Ministry of Health (MOH)
- Printing of the new IEC materials for the social marketing of oral contraceptive pills through Population Services International.
- Printing of 32,000 booklets of child rights produced by Kuleana.

The film *Yellow Card* film was to be launched in Tanzania during this quarter. Its purpose was to improve the environment for FP/RH by sensitizing policy makers, donors, program managers/implementers, community leaders and young people to the risks associated with ASRH, including HI/AIDS. However, the launching was pushed forward to the last week of November due to over-scheduling and the national elections.

Uganda

Pathfinder improved access to and quality of FP/RH services for adolescents within the districts of Masindi, Kasese, Jinja, Iganga, Bugiri, and Kamuli. Availability of supplies has been a problem at service outlets that were established for and managed by adolescents. A team of volunteers and technical people visited each district to assess how the system works and made changes to ensure that supplies are in adequate supply.

To promote greater awareness of issues related to adolescent sexuality, Pathfinder supported a district-level, four-day youth camp in the eastern region to engage young people in an open dialogue with leaders and parents. The activity was organized and managed by Iganga district, Nambele sub-county officials. Activities included a health fair, competitions, debates, educational sessions, sports and film shows.

LAC Region

Bolivia

In coordination with the Ministry of Health and IPAS, Pathfinder Bolivia conducted a sensitization workshop on Postabortion Care for the National Society of Gynecology and Obstetrics. Members from eight departments of Bolivia attended. Issues addressed during the workshop included: abortion as a public health problem, the PAC model as a comprehensive way to treat women with abortion complications and the use of MVA to provide postabortion care.

Brazil

ECP: Pathfinder Brasil continues to pioneer national work in the Emergency Contraception Pill (ECP). The two-part strategy to reach physicians and the general population is designed to increase access to ECP by increasing demand, improving availability of services and by informing providers. Our major partners are the Ob/Gyn Society of Bahia (SOGIBA) and a public maternity hospital with very active FP services. During this quarter, Pathfinder continued to provide technical assistance.

AIDS INTEGRATION: During this quarter, Pathfinder Brazil staff and local consultants directed their efforts toward monitoring health providers' STD/AIDS prevention actions and providing in-service training to strengthen these actions. As a direct consequence of these visits and our training activities, greater commitment of local authorities from both states has been observed. Supplies and medicines have been purchased and provided to the health units participating in the project.

Peru

The Pathfinder/NCA Adolescent Program continued to provide support to the MOH School and Adolescent Program (PSEA) in the area of communications and counseling skills. During this quarter, a three-day workshop entitled "*Improving Interpersonal Communications Skills and Counseling for Adolescents on Sexual and Reproductive Health Care*" was conducted in Lima for 35 staff members of the PSEA Program working in the Health Units of Lima South, Metro Lima, North, East and Callao. Training materials were also provided to contribute to expanding access to ARH services.

Asia Region

Viet Nam

Under the Safe Motherhood and Care of the Newborn Initiative, Pathfinder, together with the Ha Noi Health Service, supported the completion of renovations at the Ba Dinh and Hai Ba Trung maternity houses. With the cooperation of the managers of the two maternity houses, the project monitored the construction and reviewed the quality of sinks and water pipelines for delivery, admission, baby care and antenatal rooms. The settlements made by the construction company and verified by the Ha Noi Health Service were also reviewed.

Improving Quality (SO II)

Africa Region

Ethiopia

To promote quality of services, Pathfinder supported training for 410 service providers of varying levels from both private and public sector institutions. The workshop topics included FP/RH, HIV/AIDS prevention, CBRH basics and refresher, adolescent peer

counseling and clinical service providers with a view to contribute towards effective IEC and service delivery activities. Additionally, Pathfinder trained 23 nurses in IUD and Norplant insertion and removal.

Also related to quality, Pathfinder finalized its curriculum and handbook for home-based care for people living with HIV/AIDS (PLWH/As) for use in Ethiopia. With Pathfinder support, COFAP organized a workshop for 22 local professional to review the curricula and handbook. The handbook is now being translated in Amharic.

Nigeria

To promote quality of services, Pathfinder supported refresher training for ten patent medicine dealers (PMDs) to strengthen their skills in counseling and provision of non-prescriptive FP methods. The training also provided an opportunity to for the PMDs to network and share experiences. Alfar Clinic and Maternity of Birnin Kebbi organized the course while resource persons were drawn from the Kebbi State Ministry of Health.

Monitoring visits to commercial sex establishments with project-supported HIV/AIDS prevention components revealed that standards of counseling services have not improved despite technical assistance. Towards addressing these issues, training in quality of care and counseling has been planned for two clinical staff for the establishment of a client friendly/workplace based clinic in one of the brothels will begin to provide services to CSWs and their customers next quarter.

Uganda

To improve counseling and education in ASRH program, Pathfinder assembled and distributed demonstration kits to all adolescent peer educators in Kasese, Masindi and FLEP. These kits contain samples of all modern contraceptive methods available in Uganda.

In Masindi and Kasese projects, Pathfinder supported one-day orientation seminars on QoC which were conducted for advisory committees and local government officials in the respective project areas. The purpose of these workshops was to introduce and strengthen community participation in monitoring and supporting QOC efforts. Eleven project areas in Kasese and 15 project areas in Masindi participated in this activity, which was organized by project managers and co-facilitated by FLEP trainers. A total of 1,628 leaders participated. Additionally, two ten-day management of quality of care training sessions were conducted for 31 midwives, nurses and clinical officers and 32 nursing assistants from the communities, with the expectation that they will implement quality of care practices and measures in their respective health units after the training. The training was organized by Bugiri district administration, financed by Pathfinder, and conducted by FLEP trainers. Participants were drawn from public sector health facilities within Bugiri district. The content of the training included, but was not limited to: review of Ministry of Health policy guidelines on family planning services; overview of QOC

concepts; infection prevention practices and procedures; QOC assessment; and continuous QOC improvement planning and implementation.

LAC Region

Bolivia

Pathfinder has completed Post-abortion Care training for 22 trainers from 7 Bolivian public hospitals. Facilitators from Pathfinder Peru and Pathfinder International Headquarters supported the training in cooperation with local trainers. The topics addressed during the training were: abortion as one of the principal causes of maternal mortality in Bolivia, MVA as a method to treat post-abortion complications, post-abortion counseling, post-abortion contraception and infection prevention. The clinical training was carried out in two public hospitals in La Paz. During this year, Pathfinder Bolivia will introduce the postabortion care component in 6 public maternity hospitals.

With technical support from the headquarters office, Pathfinder Bolivia conducted assessments in three public hospitals in La Paz and Santa Cruz in order to introduce postabortion services. The assessment has provided the required information to develop workplans for the introduction of services. The assessments also provided useful recommendations to improve PAC services in Santa Cruz so that it may become the national training center for PAC services.

Brazil

To improve quality of services through our STD/AIDS/RH integration project, and after negotiations with our counterparts from State and Municipal Secretariats of Health of Bahia and Ceará, Pathfinder has donated equipment and clinical instruments for gynecological assistance to 19 health units.

FHI, through its IMPACT project, asked Pathfinder to run a course on STD/AIDS Counseling. The Pathfinder AIDS Project Coordinator led this course for 27 health professionals from the municipalities of Santos, Campinas, São Paulo and Porto Alegre.

Also during this quarter, Pathfinder supported the participation of 46 Brazilian health professionals and 4 internationally renowned speakers to the 3rd National STD Conference held in Fortaleza, Ceará. During the conference, Pathfinder led two workshops on STD/AIDS.

Peru

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

Throughout September (The “Youth Month”), Pathfinder supported the preparation of Youth Week, including the organization of a series of workshops for PSEA staff members and peer promoters. The PSEA, with limited technical assistance of Pathfinder, has published a book of selected readings and results of research studies conducted in the area of ARH.

Also during Youth Week, Pathfinder supported the “*First Encounter of Adolescent Leaders and Health Promoters of Lima and Callao*”. The adolescent leaders and Promoters drafted a document that has been published by the PSEA (with Pathfinder financial support) containing views of adolescents related to their self-care, their vision for the future and their commitments. This document will serve as input for the Meeting of First Ladies from the Americas to be held in Lima in December, 2000. The theme of this meeting will be “Adolescent Welfare”.

The handbook entitled “*Improving Interpersonal Communications Skills and Counseling for Adolescents on Sexual and Reproductive Health Care*” developed by Pathfinder/Peru continued to be disseminated with copies distributed in the field. The *In-Focus Series* continues to be distributed among public and private sector institutions working in adolescent care.

Pathfinder/Peru continued the translation, production and dissemination of Pathfinder’s 15 training curricula *Comprehensive Reproductive Health and Family Planning Training Curriculum*. During this quarter Module # 14, *Training of Trainers* and Module # 4, *Combined Oral Contraceptives and Progestin-only Pills*, were translated into Spanish. Copies were distributed in Peru, Bolivia and Mexico. The Spanish version of Module #8, *Breastfeeding and Lactational Amenorrhea Method* was edited and printed and is being distributed among public and private sector institutions.

In other activities, Pathfinder participated in a two-day workshop organized by the German Development Agency, GTZ (where the ZOPP methodology was applied) to share lessons learned while providing TA to the MOH-PSEA Program.

On September 5, the PI PERU CO Representative attended a meeting in Washington on “Informed Choice: Tiarht and Beyond”. During this meeting the field experience of the Peru office was shared with USAID colleagues and other CAs.

Several meetings with local USAID Mission representatives were held including a meeting Ms. Margaret Neuse, regarding the application of the Tiarht Amendment in the Population Program of USAID-Peru. Pathfinder Peru CO has extended an enormous effort by disseminating the content of this policy and ensuring that all local partners follow the same guidelines.

During the first week of August, the LAC Program Assistant from PI/HQ, visited Pathfinder/PERU CO to support the office in the administrative closing of NCA funded activities.

Institutional Sustainability (SO III)

Africa Region

Ethiopia

Related to capacity development, Pathfinder supported a study tour to select FGAE sites in Wollo region. The purpose of the tour was to promote sharing of experiences, partnerships, and networking amongst the 15 participants representing NGO organizations.

In collaboration with FGAE, Pathfinder performed an impact assessment of CBRH activities in South Wollo in two program areas of Haik, in order to assess programs implemented by the grantee (FGAE) for the last four years and justify expansion of programs into other areas in the zone. A follow up survey was conducted and the necessary data were collected and entered into the computer. A preliminary analysis of the survey was done.

The registration of COFAP with appropriate government agency remains a pending issue.

Kenya

During the quarter, Pathfinder conducted a one-day end of project dissemination meeting in collaboration with USAID/Kenya. The aim of the workshop was to share the achievements, constraints and lessons learned in the last seven years of implementing community and clinic-based FP/RH services in Kenya. Workshop participants were drawn from GTZ, UNFPA, National Council of Population and Development (NCPD), Department of Primary Health Care (DPHC), and Pathfinder grantees. The key issues emerging from the workshop were:

- **Access:**
 - A wide variety of service delivery modes are needed to maximize access.
 - Achieving increased access in this respect necessitates serving adolescents and men.
- **Quality:**
 - To serve effectively, providers require training (including continuous refresher), appropriate equipment, supervision and support, and supplies.
- **Institutional Development (ID):**
 - ID strategies should not be imported but rather tailored and locally appropriate.
 - ID requires leadership and commitment from senior management of the partner institutions.
- **HIV/AIDS Integration:**
 - Early intervention results in lower levels of HIV transmission.

- Condom promotion for reducing STDs and HIV/AIDS transmission must be aggressive and locally appropriate.
 - Home-based care promotes increased responsibility on the part of PLWH/A, families, and support groups.
- **Adolescent Issues:**
- A “youth friendly” environment is critical to attracting adolescent clients.
 - Increasing youths’ connections to adults, school and community is likely to protect them from a variety of risky behavior.

Nigeria

While conducting regular monitoring visits, Pathfinder staff worked with local implementing partners on project closeout issues to ensure smooth and orderly subproject terminations. It is Pathfinder’s intent to leave the grantee organizations that do not continue to receive other support from Pathfinder in a position to continue activities. Specifically, all local implementing partners have received TA from Pathfinder in the design and implementation of sustainability plans. These plans will be operationalized in part, by the program income generated from commodity sales and FP/RH services. Income generated will be used as a revolving fund for commodity re-supplies for all and for routine project activities related to sustainability.

In September, Pathfinder’s country office in Nigeria also held a three-day end-of-project meeting for the centrally-funded sub-recipients. Each grantee organization made a presentation to the group on its program; a question and answer session was built-in at the end of each presentation for better understanding and clarification of information. Additionally, the meeting provided the opportunity for sharing of best practices, lessons learned and sustainability plan.

South Africa

During this quarter, Pathfinder undertook three major activities involving its central agreement. First, it conducted a rapid readiness assessment of the various sites involved in the RH-environmental program supported by a range of donors, including USAID, and a series of partners including PPASA, Pathfinder, Working for Water, the National Population Unit, and UNFPA. The rapid assessment resulted in:

- Identifying implementation issues at each site.
- Developing TA and training plans consistent with these issues.
- Beginning negotiations with new partner organizations, particularly those with expertise in the environment, IGA or micro-credit, and community mobilization or participatory processes.
- Verifying sites previously selected for participation, and evaluating whether additional sites were warranted.
- Determining how the in-country Program Manager will interface with PPASA.

In addition, partners met and discussed components of the Memorandum of Understanding (MOU) that will outline partners' coordination mechanisms and collaborative activities. A draft of the MOU was prepared and is being circulated for comment.

Pathfinder also supported the increasingly regional Reproductive Health Priorities Conference, convened primarily by the University of the Witwatersrand's (Wits) Reproductive Health Research Unit (RHRU). The conference attracted over 200 people from South Africa, Africa region, and other countries. It also featured an RH issues breakfast that has now been hosted by Pathfinder for three years. With assistance from USAID/South Africa, Pathfinder supported small grants for research and study tours on RH key issues affecting the country and the region. Pathfinder staff members facilitated key sessions or dialogues, and Pathfinder publications were also distributed during the conference.

Uganda

In keeping with its commitment to institutional development, Pathfinder provided technical assistance to five community-based organizations (CBOs) in developing capability statements, mini-strategic plans and budgets as they pursue funding opportunities with other donor agencies. Facilitators for these workshops were drawn from FLEP and the Uganda Community-Based Health Care Association.

Pathfinder collaborated with Abt Associates in organizing and conducting a study tour for seven representatives from Ugandan implementing partners to help them understand and compare the impact of decentralization in Senegal to decentralization in their own country. The seven-day visit to Senegal provided the group the opportunity to learn about district-based planning and budgeting by participating in field visits to four health sub-districts and health centers. The group was able to interact with Senegalese mayors, the president of the Association of Community Residents, hospital administrators, health workers, community presidents, and community members. Based on the study tour, the group was able to make recommendations for replicating successful aspects of the process, within in FLEP, Kasese, Masindi, and two public sector health sub-districts.

In an effort to build capacity in Pathfinder-supported programs, 13 participants from FLEP, Masindi and Kasese were trained as trainers by Uganda Community Based health Care Association. Participants included senior supervisors, CBO leaders and managers. The training was conducted in Kampala for two weeks.

With technical assistance from ARO, a capability statement for PI Uganda and a complete documentary of Pathfinder's sustainability work in FLEP were drafted; it will be available next quarter.

LAC Region

Brazil

SISMAC: Pathfinder Brazil continues to provide technical support for SESAB's family planning data collection system, SISMAC, which is comprised of three modules: Service Statistics, Training, and Logistics. The Service Statistics module is fully operational in 28 DIRES, the city of Salvador and SESAB's headquarters. The Training module is centralized at SESAB's headquarters where input of historical data has now been completed. Pathfinder Brazil completed the logistics module during the previous quarter, and during this quarter testing continued.

A fourth module for SISMAC, Planning, is being developed and will help SESAB managers plan strategies, identify possible bottlenecks in the distribution of contraceptives, provide human and physical resources inventories, and estimate contraceptive needs.

Pathfinder continues to evaluate SESAB's request to incorporate pre-natal care data into SISMAC's Service Module. Pathfinder Brazil also continues to adapt SISMAC's modules for use of the system by the Ministry of Health and other Brazilian. Adaptations are scheduled to be completed by the end of 2000.

STD/AIDS Integration: In close collaboration with the states of Bahia and Ceará and Municipal Secretariats of Health, Pathfinder began an evaluation of input to date. The evaluation team includes technical staff from Pathfinder, Secretariats of Health and the trainers of practical and theoretical training modules.

The evaluation applies the same instruments that were used during the needs assessment. Instruments include a health provider performance improvement checklist to measure improvements in the quality of service provision by health providers in the areas of Family Planning, Prenatal Care, STD/AIDS and Cancer Prevention, Infection Prevention and Management. The evaluation will continue into next quarter.

Pathfinder has also been able to obtain major investments in the infrastructures of the posts from our state counterparts. Of the 19 health units participating in the project, 10 have already undergone major renovations that allow them to provide higher quality integrated services.

Peru

Under the NCA/Adolescent Program, Pathfinder continued to provide technical assistance to the MOH School and Adolescent Health Care Program to strengthen organizational capacity to implement quality comprehensive counseling services for young adults and adolescents. Approximately twenty-five proposals for adolescent service delivery implementation were received. Ten new service delivery points for

adolescents were selected and will be equipped with PCs, games, musical instruments and basic furniture for the counseling offices.

During the month of August, a group of 14 advocates from sister agencies visited Peru, led by Population Action International. During the visit, which was facilitated by the Pathfinder Peru representative, special meetings were held with USAID Peru, the Public Sector (MOH, Defensor del Pueblo and PROMUDEH), local NGOs, and partners. The group visited public sector hospitals, health centers, and ALCANCE NGOs in Ayacucho and Cusco.

During the month of August, the Pathfinder Peru Office staff prepared its presentation on Community Participation for the FPSP Lessons Learned Conference in Washington, D.C., on September 11, 2000 for USAID and CAs.

Asia Region

Indonesia

In Indonesia, the SDES end of project workshop, "SDES Workshop on Project Results and Dissemination" was held 20-22 September, 2000 in Mataram, Nusa Tenggara Barat-West Nusa Tenggara. In attendance were approximately 100 representatives of the Ministry of Health, BKKBN, local and international NGOs and USAID. The two and a half day event allowed ample time for presentation of project results and lessons learned as well as discussion of current and future issues in reproductive health and family planning in Indonesia. Attached are two documents providing additional information: the Executive Summary in English from the workshop proceedings and an overview of the SDES project elaborated by Dr. Does Samporno, Pathfinder Indonesia Country Representative.

Viet Nam

During this quarter, the End-Of-Initiative Review report for the Safe Motherhood and Care of the Newborn Initiative was completed in Vietnamese and sent it all stakeholders. Other project activities revolved around the finalization of administrative processes for the closing of the initiative.

Global Initiatives and Administrative Issues

End of Project Conference

On September 11, 2000, the Family Planning Services Project end of project conference, "Changing Lives, Saving Lives", was held at the Willard Hotel in Washington, D.C. In attendance were approximately 120 representatives of USAID, Pathfinder headquarters and field offices and the CA community. The accompanying conference binder contains

a conference agenda, descriptions and copies of presentations and summaries of activities carried out by region and by technical area over the course of the project.

Monitoring and Evaluation

The Evaluation Officer for LAC carried out the following activities:

- An evaluation of a USAID funded CBS program implemented by PROSALUD in Bolivia was conducted. The evaluation provides encouraging results that will be helpful in designing future CBS programs by Pathfinder International and others, both in Bolivia and elsewhere.
- The LAC evaluation officer attended the FPSP End of Project Conference, Washington D.C., September 11, 2000 to present Pathfinder International's training evaluation methodology in the session "Provider Performance Improvement."
- A technical proposal based on an assessment of adolescent reproductive health in four regions of Peru was prepared. The proposal has been presented to GTZ and the Ministry of Health.

At the headquarters, data processing and analysis of two client satisfaction studies in Tanzania and Uganda were completed. A report, "Client Satisfaction among Family Planning Clients in Selected Tanzanian Clinics" was prepared. A presentation, "Perceived Quality of Care among Family Planning Clients in Uganda: An Assessment of Pathfinder-supported Clinics," was also prepared.

Prior to the End of Project Conference, the database of evaluation reports, technical reports, and other documents was finalized. The data from service statistics and NewPSS were analyzed to examine the patterns of Pathfinder-supported family planning services in last several years, and results were incorporated into a number of presentations at the conference.

Technical assistance was continued to RSDP in Bangladesh for the rapid assessment of their programs in two thanas. Technical assistance was also provided to India in designing a baseline quantitative study of adolescents.

Information Systems

The Information Services Unit (ISU) focused on network maintenance and reliability issues during the first quarter of FY 2001. ISU dramatically improved information systems in Pathfinder Washington, Peru and Ethiopia offices, installing equipment and software to perform remote diagnostic and repair capability. Extensive data maintenance activity was required to maintain information flow from countries experiencing severe telecommunication infrastructure problems, specifically Nigeria, Uganda, Mozambique, Bangladesh, and Vietnam. Unit staff also implemented a comprehensive knowledge base

to document procedures, software, and equipment installation to ensure the continuity of systems that would otherwise be threatened by staff attrition.

ISU continued to support major data collection and reporting requirements necessary for the completion of the NCA, including significant ad hoc database queries and report and presentation design.

ISU staff made major contributions to initiatives led by senior management to improve organizational efficiency. With worldwide deployment of the Pathfinder Support System completed, the Information Services Unit began the process of moving to a second phase of development that emphasizes operational efficiency, particularly on the financial side, and transparency and ease of use on the programmatic side. A major upgrade was scheduled that permits projects to be entered and presented in two essential timeframes-- (1) the yearly cycle of the project, regardless of when the project began, and (2) the standard quarterly reporting requirements of Pathfinder and most international organizations. This major upgrade was delayed by staff attrition but is close to completion at the date of this report. A backlog of major system enhancements, thoroughly documented and waiting for available manpower, will provide incentive for rapid progress in the near future.

Medical Services

STD/HIV/AIDS Integration

Pathfinder published its training module, *The Prevention and Management of Reproductive Tract Infections*, number 12 in the Comprehensive Reproductive Health and Training Curriculum, in September. Distribution is planned during the next quarter.

Work continued throughout the quarter on the global adaptation of the Africa Region's training curriculum for community health workers to teach family members of persons living with AIDS to provide care for them.

Postabortion Care

Pathfinder published its training module, *Manual Vacuum Aspiration (MVA) for the Treatment of Incomplete Abortion*, number 11 in the Comprehensive Reproductive Health and Training Curriculum, in September. Distribution is planned during the next quarter.

ECP

Pathfinder began updating and revising its training module, *Emergency Contraceptive Pills*, number 5 in the Comprehensive Reproductive Health and Training Curriculum, based on the Consortium for Emergency Contraception's new draft guidelines. (Consortium for Emergency Contraception. July 2000. *Emergency Contraceptive Pills: Medical and Service Delivery Guidelines*. Draft. Consortium for Emergency Contraception.) Completion is scheduled for the next quarter.

SO2

Technical Assistance

Pathfinder pilot-tested its draft training curriculum, *Reproductive Health Services for Adolescents*, number 16 in the Comprehensive Reproductive Health and Training Curriculum, in India. Thirteen providers participated in the training, which took place in Delhi in September.

In August, Pathfinder provided technical assistance in a PAC training in Bolivia, assessing PAC services, and planning for improvement and expansion of PAC services.

Medical Services staff returned to Kenya in August to participate in the evaluation of the pilot training of its training curriculum *Module 12: Prevention and Management of Reproductive Tract Infections*. This training was originally held in Nairobi, Kenya in November-December 1999.

Medical Services reviewed a paper on cascade training that was developed in Pathfinder's Africa Regional Office.

Meetings

Medical Services staff presented Pathfinder's approach to Provider Performance Improvement at Pathfinder's Lessons Learned Conference in Washington, DC in September. Staff also attended a USAID-sponsored meeting on the Tiahrt amendment in Washington, DC in September. Also in September, staff participated in a two-day training in Washington, DC based on Linkages' new training modules on the Lactational Amenorrhea Method.

Comprehensive Reproductive Health and Family Planning Training Curriculum

- Pathfinder completed two new training modules in September:
 - *Module 11: Manual Vacuum Aspiration for Treatment of Incomplete Abortion*
 - *Module 12: Prevention and Management of Reproductive Tract Infections*
- Pathfinder pilot-tested its draft *Module 16: Reproductive Health Services for Adolescents* in September.
- Pathfinder published an updated and revised version of *Module 9: Condoms and Spermicides* in August. This module reflects recent findings on the role of spermicides in preventing transmission of STDs.
- Work began in July on the revision of *Module 5: Emergency Contraceptive Pills*.
- Work continued throughout the quarter on the global adaptation of the Africa Region's training curriculum for community health workers to teach family members of persons living with AIDS to provide care.

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

- The Bahamas
- Bangladesh

- Canada (ICAD)
- East Africa
- India (Agakhan Health Services Health Professional, The POLICY Project)
- Kenya (PLAN International)
- Nepal (Save the Children)
- New Guinea
- Saudi Arabia
- Tunisia

Achievements

PATHFINDER INTERNATIONAL

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

PF FISCAL YEAR 2000/2001
ACHIEVEMENTS BY REGION

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Cumulative to Date	
FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-00 Sep-00	Jul-99 Sep-00	Percent Achieved
TOTAL							
WORLDWIDE							
CYPs Provided	6,674,284	1,446,905	1,317,770	650,420	730,570	11,646	4,157,311 62.29%
CYPs Referred	18,098	5,359	902	22,674	22,301	125	51,361 319.05%
New Users	4,483,688	1,076,654	1,359,606	832,182	875,276	33,528	4,177,246 93.17%
Persons Trained	6,600	877	2,175	2,393	2,163	640	8,348 126.48%
Persons Informed	5,818,415	1,316,589	1,234,239	988,999	1,344,187	640,021	5,524,035 94.94%
Adolescent CYPs	8,796	27,287	26,524	24,413	25,442	0	103,666 1178.56%
Adolescents Informed	22,000	27,616	55,924	75,344	227,086	73,837	459,807 2090.03%
AFRICA							
CYPs Provided	301,832	61,008	25,897	23,251	30,209	11,646	152,014 50.36%
CYPs Referred	14,598	5,046	902	22,674	22,301	125	51,048 349.69%
New Users	441,662	66,807	43,660	44,630	96,246	33,528	286,871 64.95%
Persons Trained	2,807	343	1,051	511	244	231	2,380 84.79%
Persons Informed	5,450,626	1,154,120	980,769	710,695	1,186,544	630,027	4,662,155 85.54%
Adolescent CYPs	8,796	682	150	835	156	0	1,323 15.04%
Adolescents Informed	22,000	21,802	49,366	68,567	217,263	70,683	427,681 1944.00%
ASIA/NEAR EAST							
CYPs Provided	6,257,830	1,318,529	1,251,116	589,004	665,483	0	3,824,132 61.11%
CYPs Referred	0	313	0	0	0	0	313 N/A
New Users	3,906,957	955,444	1,271,316	748,411	728,218	0	3,703,989 94.79%
Persons Trained	2,608	147	686	502	1,226	10	2,571 98.58%
Persons Informed	234,228	71,642	161,797	200,146	82,198	0	515,783 220.21%
Adolescent CYPs	0	0	0	0	0	0	0 N/A
Adolescents Informed	0	3,837	3,621	3,586	3,835	0	14,881 N/A
LATIN AMERICA							
CYPs Provided	114,622	44,694	40,757	38,165	34,878	0	158,494 138.28%
CYPs Referred	1,500	0	0	0	0	0	0 N/A
New Users	135,069	54,403	44,630	39,141	48,812	0	186,966 138.44%
Persons Trained	1,185	487	438	1,380	693	399	3,397 286.67%
Persons Informed	133,661	90,827	91,673	78,158	75,445	9,994	346,097 258.94%
Adolescent CYPs	0	26,605	26,374	24,078	25,286	0	102,343 N/A
Adolescents Informed	0	1,977	2,937	3,189	5,988	3,154	17,245 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.

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PF FISCAL YEAR 2000/2001
ACHIEVEMENTS BY REGION

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Quarter 1	Cumulative to Date	
FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-00 Sep-00	Jul-99 Sep-00	Percent Achieved				
TOTAL											
AFRICA											
CYPs Provided	301,832	61,008	25,897	23,251	30,209	11,646	152,011	50.36%			
CYPs Referred	14,598	5,046	902	22,874	22,301	125	51,048	349.69%			
New Users	441,862	66,807	43,660	44,630	98,246	33,528	286,871	64.95%			
Persons Trained	2,807	343	1,051	511	244	231	2,380	84.79%			
Persons Informed	5,450,626	1,154,120	980,769	710,695	1,186,544	630,027	4,662,155	85.54%			
Adolescent CYPs	8,796	682	150	335	156	0	1,323	15.04%			
Adolescents Informed	22,000	21,802	49,366	68,567	217,263	70,683	427,681	1944.00%			
ETHIOPIA*											
CYPs Provided	N/A	N/A									
CYPs Referred	N/A	N/A									
New Users	N/A	N/A									
Persons Trained	N/A	N/A									
Persons Informed	N/A	N/A									
Adolescent CYPs	N/A	N/A									
Adolescents Informed	N/A	N/A									
KENYA											
CYPs Provided	201,013	17,840	16,687	17,988	17,718	1,382	71,615	35.63%			
CYPs Referred**	0	0	0	21,252	22,038	125	43,415	0.00%			
New Users	377,190	35,478	27,215	29,975	30,583	934	124,185	32.92%			
Persons Trained	785	40	42	103	0	0	185	23.57%			
Persons Informed	4,797,069	601,036	823,604	563,847	495,520	6,582	2,490,589	51.92%			
Adolescent CYPs	6,752	607	150	335	156	0	1,248	18.48%			
Adolescents Informed	20,000	11,515	13,351	10,029	26,533	12,123	73,551	367.76%			
MOZAMBIQUE***											
CYPs Provided	33,916	617	107	102	263	N/A	1,089	0.00%			
CYPs Referred**	0	1,885	71	70	0	N/A	2,026	0.00%			
New Users	15,410	1,316	2,055	1,169	407	N/A	4,947	0.00%			
Persons Trained	452	101	49	21	15	N/A	186	41.15%			
Persons Informed**	0	6,389	19,309	19,057	18,810	N/A	63,565	N/A			
Adolescent CYPs	0	0	0	N/A	N/A	N/A	0	0.00%			
Adolescents Informed	2,000	3,743	5,420	N/A	N/A	N/A	9,163	458.15%			
NIGERIA											
CYPs Provided	28,019	3,108	2,842	3,633	10,564	10,264	30,411	108.54%			
CYPs Referred	TBD	0	0	0	0	0	0	N/A			
New Users	16,224	2,297	7,061	8,598	64,074	27,013	109,043	672.11%			
Persons Trained	270	25	0	36	24	10	95	35.19%			
Persons Informed	186,520	123,940	70,254	95,681	649,470	603,080	1,542,425	826.95%			
Adolescent CYPs	0	0	0	0	0	0	0	0.00%			
Adolescent Informed**	0	3,019	27,885	38,850	40,656	45,055	155,465	N/A			

* Ethiopia subprojects are funded through a mission cooperative agreement; outputs are captured through that reporting mechanism

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

*** All Mozambique subproject ended in June 2000

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PF FISCAL YEAR 2000/2001
ACHIEVEMENTS BY REGION

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Cumulative to Date	Percent
FY 2000	Jul-99	Oct-99	Jan-00	Apr-00	Jul-00	Jul-99	
Objectives	Sep-99	Dec-99	Mar-00	Jun-00	Sep-00	Sep-00	Achieved
TANZANIA****							
CYPs Provided	38,884	32,088	0	0	0	32,088	82.52%
CYPs Referred	6,263	2,540	0	0	0	2,540	40.56%
New Users	18,960	14,800	0	0	0	14,800	78.06%
Persons Trained	569	162	0	0	0	162	28.47%
Persons Informed	466,937	336,928	0	0	0	336,928	72.16%
Adolescent CYPs	2,044	75	0	0	0	75	3.67%
Adolescents Informed	0	0	0	0	0	0	N/A
UGANDA							
CYPs Provided*****	0	7,355	6,261	1,528	1,664	16,808	N/A
CYPs Referred	8,335	621	795	1,920	0	2,736	32.83%
New Users	13,878	12,916	7,329	4,888	3,182	33,896	244.24%
Persons Trained	731	15	960	351	205	1,752	239.67%
Persons Informed	0	85,827	67,602	32,110	22,744	203,655	N/A
Adolescent CYPs	0	0	0	0	0	0	0.00%
Adolescents Informed	0	3,525	2,710	19,688	150,074	189,502	N/A

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

***** All data for output not received

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PF FISCAL YEAR 2000/2001
ACHIEVEMENTS BY REGION

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Cumulative to Date	
FY 2000 Objective	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-00 Sep-00	Jul-99 Sep-00	Percent Achieved
TOTAL							
ASIA/NEAR EAST							
CYPs Provided	6,257,830	1,318,529	1,251,116	589,004	665,483	0	3,824,132 61.11%
CYPs Referred	TBD	313	0	0	0	0	313 TBD
New Users	3,906,957	955,844	1,271,316	748,411	728,218	0	3,703,389 94.79%
Persons Trained	2,608	147	686	502	1,226	10	2,571 98.58%
Persons Informed	234,228	71,642	161,797	200,146	82,198	0	515,783 220.21%
Adolescent CYPs	TBD	0	0	0	0	0	0 N/A
Adolescents Informed	TBD	3,837	3,621	3,588	3,835	0	14,881 TBD
INDONESIA							
CYPs Provided	6,257,830	1,318,529	1,251,116	589,004	665,483	0	3,824,132 61.11%
CYPs Referred	TBD	313	0	0	0	0	313 TBD
New Users	3,906,957	955,444	1,271,316	748,411	728,218	0	3,703,389 94.79%
Persons Trained	2,608	109	636	446	1,216	0	2,407 92.29%
Persons Informed	234,228	71,642	161,797	200,146	82,198	0	515,783 220.21%
Adolescent CYPs	TBD	0	0	0	0	0	0 TBD
Adolescents Informed	TBD	3,837	3,621	3,588	3,835	0	14,881 TBD
*VIETNAM							
CYPs Provided	N/A	0	0	0	0	0	0 N/A
CYPs Referred	N/A	0	0	0	0	0	0 N/A
New Users	N/A	0	0	0	0	0	0 N/A
Persons Trained	TBD	38	50	56	10	10	164 TBD
Persons Informed	N/A	0	0	0	0	0	0 N/A
Adolescent CYPs	N/A	0	0	0	0	0	0 N/A
Adolescents Informed	N/A	0	0	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 training.

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PF FISCAL YEAR 2000/2001
ACHIEVEMENTS BY REGION

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Cumulative to Date	
FY 2000 Objectives	Jul-99 Sep-99	Oct-99 Dec-99	Jan-00 Mar-00	Apr-00 Jun-00	Jul-00 Sep-00	Jul-99 Sep-00	Percent Achieved
TOTAL							
LATIN AMERICA							
CYPs Provided	114,622	44,694	40,757	38,165	34,878	0	158,494 138.28%
CYPs Referred	1,500	0	0	0	0	0	0 0.00%
New Users	135,069	54,403	44,630	39,141	48,812	0	166,986 138.44%
Persons Trained	1,185	487	439	1,380	693	399	3,397 286.67%
Persons Informed	133,661	90,827	91,673	78,158	75,445	9,994	346,097 258.94%
Adolescent CYPs	0	26,605	26,374	24,078	25,286	0	102,343 N/A
Adolescents Informed	TBD	1,977	2,937	3,189	5,968	3,154	17,245 TBD
BOLIVIA							
CYPs Provided	14,622	10,150	6,599	5,949	3,763	0	26,461 180.97%
CYPs Referred	0	0	0	0	0	0	0 N/A
New Users	54,869	7,503	5,463	4,581	3,218	0	20,765 37.84%
Persons Trained	627	128	88	1,110	426	301	2,055 327.75%
Persons Informed	76,061	34,036	34,267	30,831	18,994	0	118,128 155.31%
Adolescent CYPs	0	0	0	0	0	0	0 N/A
Adolescents Informed	TBD	1,816	765	1,192	568	72	4,213 TBD
BRAZIL *							
CYPs Provided	100,000	34,544	34,158	32,216	31,115	0	132,033 132.03%
CYPs Referred	1,500	0	0	0	0	0	0 N/A
New Users	80,000	46,876	39,134	34,530	45,562	0	166,102 207.63%
Persons Trained	165	138	60	72	63	30	363 220.00%
Persons Informed	500	47,692	46,262	38,638	44,714	0	177,306 35461.20%
Adolescent CYPs	0	26,605	26,374	24,078	25,286	0	102,343 N/A
Adolescents Informed	0	0	0	0	0	0	0 N/A
ECUADOR							
CYPs Provided	0	0	0	0	0	0	0 N/A
CYPs Referred	0	0	0	0	0	0	0 N/A
New Users	200	24	33	30	32	119	119 59.50%
Persons Trained	80	81	55	0	0	136	136 170.00%
Persons Informed	300	569	292	90	0	951	951 317.00%
Adolescent CYPs	0	0	0	0	0	0	0 N/A
Adolescents Informed	TBD	211	572	558	26	1,367	1,367 TBD
PERU **							
CYPs Provided	0	0	0	0	0	0	0 N/A
CYPs Referred	0	0	0	0	0	0	0 N/A
New Users	0	0	0	0	0	0	0 N/A
Persons Trained	313	140	235	198	202	68	843 269.33%
Persons Informed	56,800	8,530	10,852	8,599	11,737	9,994	49,712 N/A
Adolescent CYPs	0	0	0	0	0	0	0 N/A
Adolescents Informed	0	150	1,600	1,439	5,394	3,082	11,665 N/A

* Some outputs not available from the Secretaria de Saude do Estado da Bahia

** Outputs not available from the Ministry of Health; objectives not set as per USAID/Peru norms.

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Results Frameworks

Africa

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	Quarter1 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	—	57 CBD sites in operation
	I.1.b. Continue providing services at existing market place sites & initiate similar programs at new sites	SO I	1			002 003				902		Increased marketplace programs from 1 to 8	—	3 marketplace programs in operation
	I.1.c. Continue providing services at existing workplace sites & initiate similar programs at new sites	SO I	4			002 003 014 018				902		Increased workplace programs 12	2 new workplace programs initiated	10 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				902		73,199 new acceptors 24,494 CYPs generated	115 existing clinics provide services; 17,933 new acceptors served; 15,291 CYPs generated	115 existing clinics provide services, 53,444 new acceptors served; 56,124.6 CYPs generated
	I.1.e. Initiate HIV/AIDS/STI prevention and control services at bus station booths	SO I	4			018						3 booths established	1 booth established	1 booth operational
	I.2. Expanded access for under-served groups and those at - risk, including young adults, men, and hard-to-reach populations	I.2.a. Strengthen existing adolescent programs; initiate adolescent programs; initiate school based programs	SO I	56			002 003 007 011 018						253,259 young adults informed	80,534 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						601 community leaders sensitized	306 community leaders sensitized	851 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

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 1 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: 2,720,671	No. of persons informed: 490,794	No. of persons informed: 1,856,348
	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	35,000 pamphlets/ brochures produced; 6,000 posters produced; 50,000 leaflets distributed; 36,744 pamphlets distributed; 6,892 leaflets distributed; 6,146 posters distributed	110,000 leaflets developed and printed; 18,000 posters produced; 87,108 pamphlets and 7,925 posters distributed
	II.1.c. Introduce ECP at clinics	SO II	49			002						No. of clinics provide ECP: 4	—	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
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	10 adolescent peer promoters, 23 nurses, 37 CBD agents, and 39 service providers trained	642 peer promoters, 168 male groups leaders, and 39 service providers trained
	II.2.b. Train CBRH trainers in home based care to PWAs	SO II	69			901						No. of persons trained: 15	—	—
	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.2.e. 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	—	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 1 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	23 CBD supervisors trained	43 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/STI prevention & control in all service delivery outlets of existing and new sites	SO II	25			002 003 006 007 008 009 011 013			902		4,200 clients screened and treated for STI	1,252 clients screened and treated for STI	2,560 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		10,300 children attended; 9,200 mothers attended	5,461 children attended; 4,428 mothers attended	13,894 children attended; 8,722 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 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	2 clinics renovated	2 clinics renovated

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	Quarter1 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
	III.1.b. Develop strategic plan	SO III	32			007 901						Develop strategic plan	—	Developed draft five year 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	6.7 person-months TA provided	23.2 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	—	Introduced two cost accounting system
	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	Finalized financial sustainability plan document	Financial sustainability manual developed
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	—	28 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	Quarter1 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	47 managers trained	72 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	—	—

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 1 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	SO 1	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= 0 CYP = 0 ECP = 0 Persons informed = 0 No. of CYPs referred= 0 (note: no expected achievements were set at beginning of fiscal year)	New acceptors = 121,626 CYP = 67,853 ECP = 55 Persons informed = 2,422,753 No. of CYPs referred= 100,468 (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	001 034 035			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 = 285 CYP = 351 ECP = 0 Clinic sites =1 Mobile sites =1 Persons informed = 3,002 (note: no expected achievements were set at beginning of fiscal year)	New acceptors = 90,522 CYP = 50,701 ECP = 14 Clinic sites =13 Mobile sites =10 Persons informed = 3,002 (note: no expected achievements were set at beginning of fiscal year)
	I.1.c. Support hospital-based FP/RH/MCH services	SO1	3	029 034		029 034	034	029 034					No. of new acceptors 3,190 No. of CYP: 5,174 No. of new acceptors of ECP: 90	New acceptors = 370 CYP =402 ECP = 19	New acceptors = 16,577 CYP = 115,624 ECP = 112
	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	Insititutions involved in social marketing = 0	Insititutions 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	001 029 034 035				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 = 601 CYP = 402 Service Providers trained in PP/PA = 0	Sites providing PP/PA = 5 New acceptors of PP/PA = 2,303 CYP = 1,531 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 1 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 = 352 CYP = 629 No. of adols informed = 3,693 ECP = 258 Teachers/parents informed = 80	New users = 949 CYP = 2,299 No. of adols informed = 52,735 ECP = 554
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 = 0	No. of community/public meetings (barazas) and group discussions held = 39,578
	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 1 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	001 033 034 035	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	001 033 034 035	001 029 033 034 035		13	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 = 487	No. of persons informed through home visits = 527,538
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	001 033 034 035	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 = 5 No. of mobile clinics = 0	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 = 0 No. of home care givers trained in HBC = 0 No. of CBDs participating in workshop = 0	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
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	001 029 033 035				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 = 5 No. of CBDs using SD protocols to enhance quality services = 0	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

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Kenya

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source								Indicators		
				USAID						Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	AIDS	Health	FOCUS	Cabot	Todd	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
	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 = 1	No. of SDPs equipped = 1 No. of SDPs renovated = 2

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 1 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		0010 35	001 035	001 035					No. of institutions participating in strategic planning activities: 2	No. of institutions participating in strategic planning activities = 0	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 = 0	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 =0	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 = 5	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 = 0 No. of CBD groups given seed money =0	No. of women trained in income generation = None No. of CBDs involved in IGAs = 894 No. of CBD groups given seed money = 11

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Brazil													
Country Strategic Objective I: Increased Access to and Availability of FP and RH Services													
		Global		Funding Source							Indicators		
				USAID					Other Donors				
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
1.3. Enhanced environment for use of FP, RH and MCH services thorough selected IEC, research and advocacy interventions	1.3.b. Support IE&C and advocacy activities at national level to create an improved policy environment for FP, RH and MCH	SO I	15	Big Tin AIDS							4 informational-study tours conducted	0	0

Nigeria

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 1 Achievements	Year-to-Date Achievements
		SO	Act Num	FPSP FS	FPSP Core	Oth1	Oth2	Focus	Ford			
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	No. of new acceptors: 18,500 No. of CYPs: 31,500 No. of CBDs/MBDs/PMDs/TBAs/CSW-PEs providing services: 629	Six NCA CBD sites served 5,643 new acceptors and generated 2,467 CYPs in the quarter. 259 CBDs/MBDs/PMDs/PEs are providing services.	Nine NCA CBD sites served 85,980 new acceptors and generated 18,209 CYPs. 259 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						No. of new SDPs: 16 (see above for service delivery expected achievements)	—	One new NCA SD delivery site (NCA/026) commenced implementation
	I.1.c. Support workplace-based FP and RH services	SO I	4	25						No. of workplace sites supported: 5 No. of persons served: 1,500 CSWs, 4,000 motor park users/truck drivers/cyclists in Aba	1 workplace site was supported.	5 workplace sites were supported under the DFID projects. 2 workplace sites at Aba (NCA/025) serving 625 CSWs were 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	No. of communities with programs to serve hard-to-reach groups: 11	5 NCA and 2 Ford projects are serving 8 hard-to-reach groups.	5 NCA and 2 Ford 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	017 018 020 021 022 023 024 025 026					FF	No. of opinion/community leaders and significant stakeholders attending sensitization/advocacy workshops: 7,000	73,318 persons drawn from religious groups and local communities were reached through 285 sensitization meetings conducted 8 NCA sub-projects	1,644 advocacy meetings reaching 166,239 persons were conducted by 9 NCA sub-projects.

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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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus					
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	101 CYPs achieved. 8 BTL were performed by 4 NCA projects.	2,853 CYPs achieved. 52 BTL were performed. Implants to be offered by 4 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	No. of home visits: 40,600 No. of educational talks held: 20,500 No. of persons informed: 186,520	70,662 persons were visited in 24,107 home visits made by 7 NCA sub-projects. FLE activities were conducted by 4 NCA projects reaching 45,055 youths, 3,400 parents and 3,100 teachers.	147,300 persons were visited in 50,616 home visits made. 2,863 community meetings were held with 857,313 persons informed. FLE activities were conducted by 7 NCA projects reaching 155,465 youths, 11,980 parents and 4,735 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	No. of service providers trained: 559 No. of refresher training's: 5 No. of persons trained on implant:18 No. of training activities: 23	10 MBD agents benefited from a 3-day refresher training conducted by 1 NCA sub-project.	24 mgt. staff of all sub-projects benefited 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 benefited from a 7-day FP & STD/HIV/AIDS counseling workshop. 18 service providers from 8 NCA projects benefited from a 7-day Quality of Care training. 6 doctors and nurses from 3 NCA projects also benefited from a 7-day Norplant training during the quarter.
	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	Updated curricula and protocols, SOPs for all cadres of providers	NCA sub-projects will not have protocols.

Nigeria

Country Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	Global		Funding Source					Other Donors	Indicators			
		SO	Act Num	USAID				Ford		Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2						Focus
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							No. of clinics where STIs and HIV/AIDS are fully integrated: 9	All the 9 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.	All the 9 NCA projects have fully incorporated STI/HIV/AIDS treatment into their services. Four NCA projects reported on STD/HIV mgt. of 1,810 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	No. of project sites with effective referral linkages: 27	Effective referral linkage is in place in the NCA projects.	Effective referral linkage is in place in all the NCA projects. Referral linkages within the 6 Otukpo based projects were strengthened .
	II.3.d. Strengthen and pilot community-based models for STI and AIDS (Home-based) care among coverage populations	SO II	66								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	Only NCA 024-1 is providing home-based care.	Only NCA 024-1 is providing home-based care.
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	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 9 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. All NCAs are using QOC protocols, systems, tools and checklists. There is improvement in quality of care in all 9 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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus					
	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	All 9 NCA projects have been supplied with HIV screening kits and are using them.	All 9 NCA projects have been supplied with HIV screening kits which are in use.
	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	Not done. Only refunds for transport fare are given to the CBD agents.	Not done. Only refunds for transport fare are given to the CBD agents.

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					Other Donors	Indicators			
		SO	Act Num	USAID				Focus		Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2						
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	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	No. of grantees with computerized MIS in place: 27	Nine NCA grantees have computerized MIS systems in place	Nine NCA grantees have computerized 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	017 018 020 021 022 023 024 025 026						FF	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.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
	III.1.g. Finalize development of manual/guidelines on management and supervisory skills development (MSSD) for NGOs	SO III	24							FF	A self-explanatory MSSD manual in use by partner NGOs	ongoing	ongoing
	III.1.h. Strengthen select NW members' capacity to provide TA to local NGOs	SO III	74							FF	No. of members with updated skills and knowledge on capacity building and process consulting: 11	Two NGOs' capacity was built in the quarter on leveraging organizational success.	Two NGOs' capacity was built in the quarter on leveraging organizational success.

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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus					
	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	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	All 9 NCA project sites were supplied with commodities. All 9 NCA sub projects have improved commodity logistics system 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	At least 27 partner organizations assisted to institutionalize financial management systems and develop resource diversification and sustainability plans	All the NCA sub-project were given TA on financial management this quarter.	All the NCA sub-project were given TA on financial management this quarter.
	III.2.b. Improve management of clinic and community-based costs, including developing cost-based plans, and cost-recovery/income generation and pricing plans for services and private sales of commodities	SO III	43 44 45	017 018 020 021 022 023 024 025	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 N872,748.00 was generated through cost recovery mechanisms by the 8 NCA projects that reported confirmed figures during the quarter.	All the NCA sub-projects have generated a total of N2,366,825 through cost recovery systems till date.
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	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.
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	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.	TA on QOC was provided to all NCA sub-projects during the monitoring visits.

South Africa

Country Strategic Objective I: 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 1 Achievements	Year-to-Date Achievements	
				FPSP Core	FPSP FS	Oth1	Oth2	Focus	Oth Donor	Priv				
I.1. Implementation of long-term strategic plan	I.1.a. Conduct strategic plan review to ensure PPASA's implementation of plan's specific activities,	SO III	32		901							Timely implementation of planned activities System for annual review and plan tracking implemented	Conducted a rapid readiness assessment of the various sites involved in the RH-environmental program.	Continued to review PPASA's implementation of their strategic plan
I.2. Improve program planning, implementation procedures, and systems.	I.2.a. Implement new protocols, guideline tools, indicators for program planning, development and monitoring	SO III	73		901							At least 20 managers trained in program planning guidelines to strengthen program planning, design monitoring completed, disseminated At least 8 branches and	Conducted first-ever planning workshop for 30 Provincial Directors and Line Managers (CBRH and Adolescent Program) for Compton	Plans for PPASA programs using new methodologies in place
	I.2.b. Conduct CBD study tour so that PPASA's capacity to implement effective systems that support effective CBD programs is enhanced	SO III	43		901							CBD tour for 6 persons conducted	—	Conducted comprehensive planning workshop for 30 managers to integrated Compton implementation on going plans.
I.3. Enhanced management systems	I.3.a. Implement MIS/monitoring, evaluation systems; new guidelines, protocols, formats, tools, indicators; review computer needs;	SO III	35		901							Enhanced MIS system outputs for planning, resource allocation, management in 9 offices and HQ Protocols, guidelines, formats introduced	Conducted MIS TA visit. Reviewed possible revision to reporting and linkages for financial management system.	Continued to strengthen MIS through TA
	I.3.b. Expand MIS to track financial, fund-raising data	SO III	38		901							Enhanced financial management and computerized systems At least 10 managers trained in upgraded financial management system use	Abt conducted second workshop on costing and sustainability planning	Abt conducted two workshops to upgrade PPASA financial management system and sustainability planning.
	I.3.c. Conduct "data for decision-making workshop" to strengthen data analysis and use by managers for planning, resource allocation, performance review, monitoring, feedback	SO III	73		901							Improved data analyses skills; increased use of data for planning, monitoring, evaluating, resource allocation; at least 2 persons from provincial office and 4 from national office trained	Discussed timing of this workshop and agreed to conduct joint workshop with Abt next quarter. Determined specific sustainability initiatives for follow-up.	—

South Africa

Country Strategic Objective I: 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 1 Achievements	Year-to-Date Achievements	
				FPSP Core	FPSP FS	Oth1	Oth2	Focus	Oth Donor	Priv				
I.4. Diversified and increased resources for sustainability	I.4.a. Review, strengthen sustainability, fund-raising plans, guidelines in light of strategic plan focuses	SO III	40		901							Sustainability plans are implemented at provincial national office levels	Partners met and discussed components of the Memorandum of Understanding (MOU). A draft MOU was prepared. Discussions of TA issues and expanding of coverage for CBRH Service Providers were held. PI supported a total of 225 participants to the regional Reproductive Health Priorities Conference.	Collaborated with Abt in provision of sustainability training.
	I.4.b. Prepare specific fund raising proposal to diversify and increase available resources	SO III	40		901							At least 3 new fund raising proposals, strategies, guidelines developed % of budget from new revenues TBD Completed Compton proposal	Participated as member of National Fundraising Task Force; reviewed proposed PPASA national fundraising guidelines. Proposal for innovative RH environment program submitted to Compton and Summit. A new concept paper was submitted to Kellogg Foundation this quarter.	USAID/South Africa funding leveraged to support successful application to Compton and Summit Foundation. Compton Foundation has given three year grant of \$1 million to support Pathfinder/PPASA/WFW collaboration, and Summit has given \$200,000 to bolster project monitoring and evaluation.
	I.4.c. Develop/design computerized donor and fund raising database	SO III	35		901							Donor database designed Substantial new revenues/resources available to support PPASA work and PI/PPASA partnership	New partnership and linkages to strengthen RH service were established.	Outline of software application capabilities for donor database completed and field tested.

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Uganda

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

Country Program Outcome	Country Program Activities	Global		Funding Source							Expected Achievements	Indicators	Quarter 1 Achievements	Year-to-Date Achievements
		SO	Act Num	USAID				Other Donors						
				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: 0. Total new users: 3,484 Distribution: 9,446 cycles, 58,892 condoms, 4,217 f/tablets. Support 317CRHWs, in 19 catchment areas and 8 women groups No. of persons informed: 20,365. Two STD, HIV/AIDS sensitization workshops, of 2-days were conducted for 123 youth leaders in Masindi project	Total referrals: 8,294 Total new users: 17,263 Distribution: 35,513 cycles, 250,321 condoms, 17,724 f/tablets. Support 838 CRHWs, in 135 catchment areas and 86 women groups No. of persons informed: 228,648. Two STD, HIV/AIDS sensitization workshops, of 2-days were conducted for 246 youth leaders in Masindi project
	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 and 4 NGOs Established services in 10 IDP camps by providing basic clinic equipments & supplies	Total new users: 2,097 Distribution: 19 IUDs, 24 VSC/F, 3 VSC/M, 28 implants, 2,331 injections, 1,481 cycles, 15,161 condoms, 1,260 f/tablets. Support 26 SDPs and 2 NGOs	Total new users: 11,811 Distribution: 224 IUDs, 301VSC/F, 35 VSC/M, 406 implants, 13,562 injections, 7,903 cycles, 43,247 condoms, 6,259 f/tablets Support 105 SDPs and 20 mobile sites and 2 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 each of the 2 projects: Masindi, Kasese	1 workplace in each of the 3 project areas. Masindi, Kasese and Jinja.
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 "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)	184 sexuality education sessions in 32 schools and 54 youth groups. 128 condom and pill distribution outlets were supported for adolescents. No. of adolescents informed: 13,505 Introduced sexuality education by conducting a 14-day training for 65 sexuality educators Organized 22 anti-AIDS shows targeting young people in Kasese project areas	1,027 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: 33,193 Introduced sexuality education by conducting a 14-day training for 65 sexuality educators

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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Oth1	Oth2	Focus	Oth1	Oth2				
	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	Expanded national PAC training team by training 4 additional trainers	Expanded national PAC training team by training 4 additional trainers
	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	Two STD, HIV/AIDS sensitization workshops, of 2-days were conducted for 123 youth leaders in Masindi project	Two STD, HIV/AIDS sensitization workshops, of 2-days were conducted for 123 youth leaders in Masindi project

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 1 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%	8 health fairs, 14 film shows, 22,356 home visits, and 2 types of materials distributed.	56 health fairs, 113 film shows, 140, 314 home visits, and 7 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	Provided refresher training to 82 CRHWs from Kasese project. Training focused on intergration of nutrition and growth monitoring activities in existing Rh activities and client-focused counselling techniques On-job training to 62 peer educators of Kasese project. Training focused on pill distribution	15 service providers trained in life saving skills and counselling - FLEP, 12 HIV/AIDS counselors trained in Kasese, 120 CRHWs updated in STD related issues Provided on-job training to CRHWs in integration of nutrition and growth monitoring activities On-job training for adolescent peer educators in managing clients for oral contraceptives
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	Provided Voluntary Testing & Counselling for HIV/AIDS in Kasese project	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. Provided Voluntary Testing & Counselling for HIV/AIDS in Kasese project

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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 1 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	Trained 44 home/based care facilitators in Kasese project	24 facilitators/trainers of HBC trained (FLEP). 44 facilitators of HBC trained in Kasese
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	Reinforced 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	Trained 33 "QOC monitors" for Kasese project 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. Added community quality of care monitoring system to Kasese project.
	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 trained 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 a follow-up study of integration of STI and HIV/AIDS services with MCH/FP services. Busoga FLEP case.	Conducted a quality of care study in FLEP Conducted a follow-up study of integration of STI and HIV/AIDS services with MCH/FP services. Busoga FLEP case.

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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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	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 IDP communities to serve as registered Community Based organizations - positioned for local government funding	Developed capacity of 10 communities within FLEP to serve as registered Community Based organizations - positioned for local government funding. Additional 10 CBOs were formed in IDP camp communities
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 8 concept papers which will further be developed into project proposals for FLEP CBOs, Kasese, Masindi, EAD, and other NGOs which have been identified as potential recipient of PI 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. Developed 8 concept papers which will further be developed into project proposals for FLEP CBOs, Kasese, Masindi, EAD, and other NGOs which have been identified as potential recipient of PI support.
	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	Develop institutional capability statements for Kasese and Masindi	Develop institutional capability statements for Kasese and Masindi
	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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	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		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	Support 240 people from 12 micro-credit groups of Kasese. CRHWs participated in income generating activities.	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 Support 240 people from 12 micro-credit groups of Kasese. CRHWs participated in income generating activities.
	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

Results Frameworks

Latin America and the Caribbean

Burkina Faso

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 1 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		2,297 new acceptors of the Pill through CBD 1,833 new acceptors of Condoms through CBD 469 new acceptors of Vaginal Tablets through CBD 11,579 pills distributed through CBD 29,367 condoms distributed through CBD 3,169 Vaginal Tablets distributed through CBD 76,384 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		131 new acceptors of VSC 5,294 new acceptors of IUDs 3,142 new acceptors of the pill 2,681 new acceptors of condoms 3,590 new acceptors of 3-month injectable 2,938 new acceptors of NFP through unspecified static site services 5,375 IUDs distributed through clinical services delivery points other than clinic based services 9,620 cycles of pills distributed through clinic based services 21,566 vaginal tablets distributed 9,643 3-month-injectables distributed 47,592 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		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		418 new acceptors of PP/IUD 716 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

Strategic Objective II: Improved Quality of Services

Country Program Outcome	Country Program Activities	GLOBAL		Funding Source						Indicators			
		SO	Act Num	USAID			Other Donor			Expected Achievements	Quarter 1 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 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		21,832 people informed through community outreach 74,179 people informed through home visits 3,971 young adults informed 3,757 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
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)		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		80 providers trained
	II.2.c. Conduct training for service providers on Postpartum contraception	SO II	69	901							64 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	22 providers trained in Postabortion Care	74 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	229 private physicians trained in method specific FP	1529 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
II.3. Enhanced constellation of FP and RH svcs 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
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
	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

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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 1 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
	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
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

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Brazil													
Country Strategic Objective I: Increased Access to and Availability of FP and RH Services													
		Funding Source									Indicators		
		Global		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 1 Achievements	Year-to-Date Achievements
I.1. Expanded, improved or established FP and select RH (including MCH) service delivery systems and infrastructure	I.1.a. Support clinic-based FP and RH services	SO I	2	901					915		110,000 CYP 80,000 New Acceptors		132,033 CYPs 166,102 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.
	I.1.c. Support FP and RH serv. delivery through referrals from other sectors (including environmental and educational NGOs)	SO I	47	080 084 087		001 902	061				6 referral links in operation at project level		7 referral links in operation at project level
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		
	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
I.3. Enhanced environment for use of FP, RH and MCH services through 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		32 sites (18 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	4 informational-study tours conducted	22 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 1 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		108 sites (18 Massaroca, 14 Funatura, 76 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		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.
	II.1.d Reduce policy barriers to expand method mix	SO II	19	901 913 914								24 service delivery sites which adopt standards guidelines that reduce barriers to expand method mix		323 sites with standard guidelines
	II.1.e. Introduce, support or expand ECP services and link with ongoing FP services	SO I	49	910								500 New acceptors of ECP		
II.2. Strengthened provider competence to deliver high quality FP and selected RH services	II.2.a. Train service providers in FP and select RH and MCH services and integrated service delivery	SO II	65 69	901 912 913 914		001 080				915		100 providers trained in FP/RH, MCH and integrated service delivery		223 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	30 providers trained in STI/AIDS RH	140 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		20 referral links in operation at project level TBD 3,000 referrals	Unable to measure referrals	19 referral links

**OVERVIEW
SERVICE DELIVERY EXPANSION SUPPORT
INDONESIA 1994 - 2000**

by

Does Sampoerno



Pathfinder International

OVERVIEW
SERVICE DELIVERY EXPANSION SUPPORT PROJECT
INDONESIA 1994 - 2000

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1. Preface

As the use of modern contraception steadily increased in Indonesia over the past three decades, family size concurrently declined. To illustrate this significant shift, in 1994 the total fertility rate dropped to 2,8 per family from 5.6 just 20 years previously. Yet, there exist major provincial variations, vast urban and rural discrepancies, and changing method preferences. SDES initially targeted seven provinces (later adding four more) with low contraceptive use, especially long-term methods, and limited access to services. In particular, SDES focuses on under served and hard-to reach communities due to geographic, social, or economic exclusion.

The purpose of SDES is to increase the overall use of contraceptives in these provinces by improving service availability at the local level.

At the end of the project, SDES has fostered a culture of innovation at the local level by targeting hard-to-reach communities with specific programs and by working closely with provincial BKKBN officials. Community-based and women's associations and local volunteers, for example, played a key role in building acceptability of family planning services among hard-to-reach populations. In rural areas, in particular, the training of midwives in both the public and private sector paid off in an increased availability and acceptance of a wider range of contraceptive methods. In addition, increasing the service delivery capacity of both mature and emergent NGOs and improving the coordination between public and private sector providers have been key components in improving access to hard-to-reach communities.

Increasing use of long-term methods has been a particular challenge for SDES. The obstacles are complex, including limited access and availability, prevailing attitudes or beliefs, religious opposition, lack of or inconsistent political support, sociocultural stigma associated with certain methods, and poor-quality services.

Additional areas for improvement include developing long-term strategies to strengthen the participation of the private and NGO sectors, generating a wider commitment to improving quality, expanding the understanding of client rights within BKKBN, and integrating essential health service at the village level.

The final review indicates that SDES has expanded support to the private sector, increased access to services, improved coordination between the public and private sectors, and created a demand for high-quality services.

2. Background

Indonesia, the fourth most populous country in the world with more than 200 million people, faces a great challenge. Since the early 1970s, the Government of Indonesia has supported a national family planning program that combines national-scale organization with community participation to promote contraception for a two-child norm. This program has been credited with achieving a remarkable reduction in Indonesia's total fertility rate from 5.6 children per woman in 1967 - 70, 2.8 in 1994, to 2,7 in 1997. Sustaining this success as 34 percent of the population enter their childbearing years requires expanding the program to reach all Indonesian couples with family planning information and services, especially in remote regions, and improving the quality and choice of service available to all.

To attain the Government of Indonesia's goal of bringing the country's total fertility rate down to 2.1 children per couple by the year 2005, its program is challenged to identify and serve areas of unmet need for family planning and reproductive health services. In this archipelago of more than 17,000 islands covering 1.9 million square kilometers and inhabited by myriad ethnic, religious, and linguistic communities-achieving equitable access to health services is no small task. It requires strong coordination between the public and the private sectors, fair distribution of resources, and leadership and political support from the national level to provinces, districts, and communities.

In 1994, the United States Agency for International Development (USAID) launched the Service Delivery Expansion Support (SDES) Project. As a funding mechanism, SDES was designed to support the efforts of the Government of Indonesia to augment the reach and quality of public sector family planning services and to increase the role of the private and non-government sectors in the National Family Planning Program. The five-year project is implemented by Pathfinder International in 11 provinces through the Indonesian National Family Planning Coordination Board (BKKBN). SDES was introduced in seven provinces in 1994 and expanded to four additional provinces in 1996.

SDES was designed to enhance the role and sustainability of BKKBN and the private sector by increasing service delivery capacity, improving program quality, and promoting public-private sector collaboration. SDES builds on Pathfinder's historical role in Indonesia to pilot and expand programs to improve the access and quality of family planning, while simultaneously strengthening BKKBN's ability to link community education and outreach with public and private health services.

3. Family Planning Program

The public sector is the primary provider of family planning and reproductive health services in Indonesia. In 1970, the government launched a National Family Planning Program in response to growing concern about rapid population growth. BKKBN was established to coordinate family planning service delivery through both governmental and non-governmental agencies.

BKKBN is the primary government organization responsible for coordinating the National family Planning Program, including the distribution of contraceptives. Its 33,000 field workers (PLKBs) and an even larger cadre of volunteer field workers (PPKBDs) serve the important function of providing information, education, and outreach in close coordination with the government health facilities, run by the Ministry of Health. Under BKKBN, Indonesia developed a model of village-based family planning to serve its primarily rural population. Several early innovations remain central to Indonesia's family planning program in the 1990s. These include the creation of midwife delivery posts at the village level, called *polindes*; village contraceptive distribution posts or *PAKBDs*; family planning information posts managed by community volunteer cadres; and village integrated health posts, called *posyandu*, run by women community leaders.

BKKBN's mandate has expanded considerably since its inception. In recent years, BKKBN has embarked on a "family welfare" movement (*Keluarga Sejahtera* or *KS*) which includes family health education, income generation activities, and micro savings and credit programs to increase the self-reliance of Indonesia's poorest communities. Over the years, the BKKBN program has evolved from a centrally-managed government program to one that encourages innovation by provincial BKKBN offices and depends on the participation of local communities and the private sector.

As community demand and capacity to pay for contraceptives increased, the Indonesian program sought to foster a complementary relationship between public and private services. The private sector - including pharmacists, midwives and doctors and NGOs - is playing an increasingly significant role in service

delivery. At the outset of SDES in 1994, the percentage of clients receiving services through the private sector had grown to 28 percent, up from 11 percent in 1987.

The positive impact of the National Family Planning Program on contraceptive use and fertility rates is undisputed. Analyses of the Indonesian program attribute much of its success at reducing fertility to strong political support, well-developed and decentralized service delivery infrastructure and systems, and community participation based on a traditional system of mutual self-help. Social marketing and community and religious leader endorsement of important messages helped to increase popular demand for and build acceptance of family planning.

By 1994, Indonesian women were staying in school longer, joining the formal labor force in growing number, and marrying and bearing children later in life. In 1994, women between the ages of 45-49 married at a median age of 17.2, while women aged 25-29 married at a median age of 19.2.

4. Family Planning Program Impact

Over the past three decades, modern contraceptive use by Indonesian couples has steadily increased, which has been matched by declines in family size. In 1994, the year that SDES was initiated, the total fertility rate (TFR) had declined to 2.8 children per family, compared to 5.6 in 1971. Fertility declined for all age groups, with an accelerated decline among younger women, shifting the peak age of childbearing from women aged 20-24 to women aged 25-29. The use of modern contraception-less than ten percent in 1971 - stood at nearly 55 percent in 1994 DHS figures reflected the gaps still to be addressed by the National Family Planning Program:

- There was a large differential in fertility between provinces, from a Total Fertility Rate (TFR) of 2.14 in Bali to 3.88 in North Sumatra, one of the seven original SDES provinces.
- Urban women were closer to the national two child ideal, with an average of 2.3 children, while rural women had an average of 3.2 children
- Urban women married two years later than rural women and women who had attended secondary school married more than five years later than women with some primary education
- The proportion of current users who used long-term methods remained steady at approximately 34 percent since 1990 and counts of new users of long-term methods, such as implants, IUDs, and voluntary sterilization (VS) plateaued or only marginally increased in some provinces.

5. SDES Project and Its Challenges

The SDES project was introduced to support BKKBN efforts to expand and strengthen its service delivery systems to meet the needs of Indonesian couples for family planning. At the outset of SDES, BKKBN faced substantial challenges in achieving increased contraceptive use among hard-to-reach populations; reducing the high percentage of unmet need for long-term family planning among women over 25; and improving the quality and availability of all contraceptive methods. Worldwide experience indicates that the goal of reaching an average two-child family size by the year 2005 would require an increase in contraceptive use to a national average of 70 percent. To achieve this, the National Family Planning Program would have to serve an estimated additional 5-6 million new family planning users each year for the next 10 years and maintain the 22-24 million current users per year. With contraceptive use already high at 54.7 percent, BKKBN recognized the need to improve the quality, choice, and availability of contraceptives in order to increase acceptance further and drop-out rates. It also realized that improving the sustainability of the national program, and the contributions of the private sector, would be critical for making these improvements throughout the country.

6. SDES Project: Goal, Objectives and Main Activities

With the goal of assisting the Government of Indonesia in reducing the total fertility rate to 2.2 by the year 2005, SDES has four major objectives:

- Increase the availability of and information about all modern contraceptive methods in hard-to-reach areas
- Increase the availability, utilization, and quality of contraceptive service delivery, particularly for long-term methods
- Improve the sustainability and coverage of family planning service delivered through the public and private sectors
- Increase the role of the private and non-governmental organization (NGO) sectors in family planning service delivery

Pathfinder works with the BKKBN central and provincial offices and a number of NGOs to implement SDES. BKKBN's Bureau of Planning is Pathfinder's primary counterpart for implementing and managing SDES grants to eleven BKKBN provincial offices, six service delivery NGOs, and four professional organizations. Through these partners, SDES has supported the following activities:

- Information and outreach to communities and religious leaders to build awareness of family planning
- Equipping and upgrading private and public clinic to increase the availability of services at provincial, district, sub-district, and village levels

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- Strengthening and expanding alternative service delivery models such as community-based, work-based, and mobile services, to increase access for hard-to-reach communities
- Providing standardized training to midwives and other clinical providers in the provision of long-term methods, including counseling, to improve quality
- Developing appropriate media and messages to increase the acceptability of long-term methods
- Implementing models for quality assurance and project management to increase sustainability
- Strengthening the capacity of BKKBN provincial branches and non-governmental agencies to improve coordination and management of service delivery

The SDES country strategy, applied to both Indonesia and Mexico, provided financial support to mature public sector family planning programs so that these programs could be significantly expanded and improved. Initially, Pathfinder's role was limited to the delivery of financial assistance with appropriate management oversight. However, the need for additional technical assistance by both public and private partners soon changed the nature of SDES. As the project evolved, Pathfinder was able to provide linkages between grantees and a number of collaborating agencies in Indonesia to provide technical assistance and to accomplish the main objectives of SDES. Pathfinder's main collaborating partners included AVSC International, JHPIEGO, JHU/CCP, JSI, the Population Council, PROFIT, and University Research Center (URC)

7. Targeting Underserved Districts

Seven provinces were selected for the introduction of SDES with the goal of having an impact at the national level. The main criteria for selection of provinces were large population size and density. Together, the seven SDES provinces - Central Java, east Java, West Java, Lampung, South Sulawesi, North Sumatra, and South Sumatra - represent roughly 70 percent of Indonesia's population. Additional criteria included advance family planning programs with pockets of low contraceptive use and evidence of high unmet need, particularly in geographically remote or inaccessible mountainous and coastal regions.

Within these seven provinces, the project targeted SDES support to districts with low contraceptive use, particularly of long-term methods, and where access was limited. Due to the selection criteria, most of the areas targeted for SDES support are rural, although some include urban slums. Out of total of 155 districts in the seven provinces, 100 were selected for SDES support. The percentage of districts covered in each province ranges from 50 percent in South

Sulawesi to 100 percent in Lampung. Within these districts, SDES targets pockets of underserved and hard-to-reach communities with contraceptive use rates below the district average.

Although the provinces share the same family planning service delivery infrastructure and systems, variations in their ethnic, religious, linguistic, economic, and geographic composition call for innovative approaches to service delivery - particularly for hard-to-reach population and areas.

Considering Indonesia's geographic, ethnic, and linguistic diversity, BKKBN recognize that it needed to be more flexible and responsive to local conditions and cultures. For this reason, SDES focused on strategies for delivering services to hard-to-reach communities - those with reduced access to health care services due to geographic, social, or economic marginalization. Hard-to-reach is often defined as geographically isolated, but it can also refer to groups of the population that are marginalized or have strong cultural or religious characteristics that are less accepting of modern health and family planning services.

Implementing these strategies required strengthening BKKBN at the provincial level increasing the capacity and involvement of the private sector, and addressing barriers to use of family planning, especially long-term methods.

Improving the method mix, especially access to safe and high quality long-term methods (LTMs), was a major emphasis of SDES. The success of a family planning program depends on its ability to provide methods that meet women's changing family planning needs. Increasing clients access to a full range of methods helps to ensure that women have multiple choices to select from: whether they wish to defer childbearing, space their desired children, or stop having children altogether. At the outset of SDES, 48 percent of currently married women in Indonesia did not want more children, and another 43 percent wanted to delay their first or next birth - figures which held steady through 1997. LTMs need to be part of the available mix not only to ensure that all clients are able to make free and informed choices but also because they clearly have a high impact on fertility reduction. SDES activities to improve the overall method mix and the availability, use, and quality of LTMs had these goals:

- IEC to improve knowledge of the IUD and NORPLANT
- Community campaigns with the endorsement of major Islamic and Christian organizations to build acceptance of LTMs
- Provider training to improve clinical and non-clinical skills in delivering LTMs
- Counseling clients to make a safe choice



8. NGOs Key Players in SDES

Service Delivery Agencies

The *Indonesian Planned Parenthood Association (IPPA)*, an International Planned Parenthood Federation affiliate, began providing family planning services in 1967, before the national program was established. IPPA runs a network of comprehensive satellite clinics throughout Indonesia and is known for its pioneering work in providing effective family planning and reproductive health services.

The *Indonesia Association for Secure Contraception (PKMI)* is the first agency to offer information, provider training, and client services for voluntary sterilization. PKMI is the leading organization in supporting VS services, IEC and outreach, and policy development and coordination at the national level.

Nahdlatul Ulama (NU) and *Muhammadiyah* are two national Islamic organizations that provide family planning and health services to their respective member communities. These agencies have played a critical role in increasing awareness and acceptance of family planning among religious leaders and communities throughout Indonesia.

Professional Associations

The *Indonesian Midwives Association (IBI)* was founded in 1951 as a professional organization. Its membership has swelled in recent years to 67,000 midwives. SDES collaborates with IBI to strengthen midwife capabilities by implementing key interventions that target midwives, including the development of IBI clinics as referral sites, resource centers, and apprenticeship and training sites.

The *Indonesian Doctors Association (IDI)* has played a role in the National Family Planning Program to increase its members' awareness of family planning, to improve their knowledge and skill development in the provision of family planning, and to assist IDI members in obtaining the equipment and supplies needed for family planning services.

The *Indonesian Pharmacists Associations (ISFI)* supports greater involvement of pharmacists in the National family Planning Program through the private sale of contraceptives in pharmacies and village distribution posts.

Academic Organizations

In addition, the *Indonesia Public Health Association (IAKMI)*, the *Indonesian Demographers Association (IPADI)*, and the *Indonesian Sociologist Association (ISI)* provide demographic and sociological research to support family planning programs.

9. Addressing Barriers to Access

Lack of knowledge about long-term methods is a serious barrier to increased use. While the SDES project improves the quality of service delivery points and the skills of providers to serve long-term methods users, demand will not grow without accurate information about these methods. Rumors and myths travel quickly and service providers and family planning managers require materials to correct misperceptions.

SDES has developed a number of IEC tools that provide complete and accurate information for clients on LTMs as well as other FP/RH messages. Colorful flipcharts used by field workers and providers work well to counsel clients. A variety of posters with information about LTMs are displayed at service delivery points and in strategic locations within the community. Leaflets are distributed in clinics to clients interested in learning more about specific contraceptives. Radio and television spots include commercial messages about LTMs and where to obtain services, as well as longer dramas which tell stories about the benefits of using family planning.

In collaboration with SDES, JHU/CCP introduced the "P-Process" to improve the capacity of field program managers to develop effective IEC materials. The P-Process is a five-step participatory approach to developing IEC materials that involves the target audience and potential users of IEC in their design, pre-testing, redesign, and evaluation

10. Improving Quality

Improving quality in a large national family planning program the size of Indonesia's is a major challenge, particularly as access points become more widely distributed. Implementing and monitoring quality improvements is a major emphasis of the SDES project. Under SDES, quality improvements have focus on strengthening provider skills, increasing the accuracy of information given to clients, assuring that an appropriate constellation of services is available to client improving clinic management, and upgrading the physical facilities at service delivery points. Working in collaborations with other USAID cooperating agencies

Pathfinder is coordinating an efforts with BKKBN to develop a quality assurance model for family planning in catchment areas near government health posts.

Family planning quality is also improved through the provision of equipment to support delivery of surgical methods and through renovations to make facilities more appropriate and attractive to clients, such as providing more private areas counseling and exams. Under SDES, considerable resources were devoted to introducing and improving local health posts to increase the availability and quality of family planning services.

11. Institutional Development: a case on IBI

The Indonesia Midwives Association (IBI) was founded in 1951 with the mission of helping its members to upgrade their capabilities to provide health and family planning services in their communities. For many years, however, midwives - or *bidans* - were not well recognized or valued. This situation changed dramatically in 1989, when the government introduced a village midwife program as a strategy to reduce high rates of maternal mortality. Under this program, more than 54,000 village midwives (*bidan di desa*) have received accelerated training from the Ministry of Health and have been placed in villages throughout Indonesia.

Initiated under USAID/Indonesia's Private Sector family Planning Project, SDES has expanded a key innovation to link newly trained and placed midwives is a peer-review program. Using competency-based checklist, groups of trained midwives visit and review the practices of their peers. The midwives are encouraged to work together to identify incorrect practices - such as poor infection prevention - and to recognize and solve problems. IBI brings monitoring, follow-up, and refresher training to facilitate the peer review process.

In 1996, SDES began supporting IBI model clinics (see photo above) where new and practicing midwives receive in service, practical training in family planning clinical methods and counseling - including IUD and implant insertion and removal, reproductive health and MCH services, as well as quality of care and clinic management. IBI models clinics now number 16, serving both as examples for in service training and for high-quality service that attract paying clients. The number of IBI clinics increased to 22 at the end of 1998.

IBI at the provincial and chapter level has also gained support from its own members and the local government to provide counterpart funds for improving and expanding the IBI models clinics. In cases where the SDES funds were insufficient for extensive renovation or equipment support, IBI has been able to raise additional financing from membership dues and from local government

commitments, including the purchase of land or donation of unused government buildings.

SDES has enabled IBI to undertake fundamental organizational changes to strengthen its institutional capacity as well. Operational and strategic planning, financial management, and the development of an information system are among the organizational development activities supported by Pathfinder through SDES. With the expansion and increasing self-reliance of the model clinics and continued support for *bidan di desa*, IBI is confident that the professionalism of midwives and the satisfaction of clients will continue to flourish.

12. Building Sustainable Services

SDES supports the BKKBN to improve the coordination of public and private sector services to achieve wider coverage, while building the sustainability of family planning institutions. In addition to supporting institutional development of the central and provincial BKKBN, SDES works with professional association and service-oriented NGOs to strengthen their capacities in program and finance management, training, and service delivery.

A truly sustainable family planning program, however, requires more than a continuous and adequate supply of contraceptives, and more than paying clients subsidize those who cannot afford to pay. Sustainability demands institutionalize high-quality training and services, providing more comprehensive services, and strengthening the capacity of agencies to manage those services, whether it be a governmental, non-governmental, or commercial clinic.

13. Strengthening Program and Financial Management

Because SDES was designed as a mechanism for direct funding to provincial BKKBN programs and to NGOs, the need for institutional support in financial management became evident early on. Few provincial BKKBN agencies or NGO were accustomed to following international standards of financial planning and reporting that SDES required. In response, Pathfinder developed *Guidelines for Project Development, Monitoring and Quarterly Reporting* to guide managers through planning, budgeting, management, and reporting process. Pathfinder also provided technical assistance and training to provincial BKKBN and NGO managers in the use of these project management tools. The tools have now been adopted by the Central BKKBN and many of the NGO grantees for use with other donor funded projects.

14. Results

a. SDES Project Area

- SDES area is financed by a government budget and a USAID grant through Pathfinder.
- Covered 42.3% of the provinces, 39.9% of the districts, 42.7% of the sub-districts, 31% of the villages, and 77% of the population in 1994 (Table 1).

Table 1. SDES Project Area¹⁾

Project Area	Province	District	Sub-District	Villages	Population 1994	Population 2000
SDES	11 (42.3%)	119 (39.9%)	1,640 (42.7%)	19,949 (31%)	143,628,802 (77%)	169,736,800 (76.4%)
Non SDES	15	179	2,201	44,949	42,916,008	49,748,800
Total	26	298	3,841	64,367	186,544,810	210,485,600

¹⁾Source: Central Bureau of Statistics (1994). 1993 National Socio Economic Survey (Susenas); CBS (1998) Population Projection 1995-2005.

b. Project Impact

(1) Total Fertility Rate (TFR)

- The average TFR in SDES area declined 0.17, in Non-SDES 0.03 (IDHS 1994-97).
- The average TFR in SDES area declined 0.36, in Non-SDES 0.49 (Susenas 1994-99).
- The TFR in SDES and Non SDES is on the decline (Table 2)

Table 2. TFR in SDES and Non SDES Areas¹⁾

Project Area	Year				Declined
	1991	1994	1997	1999	
SDES					
IDHS*	3.31	3.08	2.91	No data	0.17
Susenas	No data	2.80	2.55	2.44	0.36.
Non SDES					
IDHS	2.53	2.39	2.36	No data	0.03
Susenas		3.04	2.93	2.55	0.49
Indonesia					
IDHS	3.02	2.85	2.78	No data	0.07
Susenas		2.90	2.75	2.60	0.30

¹⁾Source: IDHS 1991,1994,1997. IDHS 1999 not available. Susenas 1994,1997,1999

(2) Contraceptive Prevalence Rate (CPR)

- The average CPR in SDES area increased 9.9, in Non-SDES 5.67 (IDHS 1994-97)
- The average CPR in SDES area increased 4.59, in Non-SDES 1.46 (Susenas 1994-99)
- The CPR in SDES and Non SDES is on the increase (Table 3)

Table 3. CPR in SDES and Non SDES Areas ¹⁾

Project Area	Year				Increased
	1991	1994	1997	1999	
SDES					
IDHS	45.0	51.2	55.0	No data	9.9
Susenas		48.5	51.9	52.37	4.59
Non SDES					
IDHS	52.7	54.5	58.3	No data	5.67
Susenas		53.7	54.3	54.01	1.46
Indonesia					
IDHS	46.6	54.7	57.4	No data	10.8
Susenas		53.7	54.7	54.37	0.70

¹⁾ Source: IDHS 1991,1994,1997. IDHS 1999 not available. Susenas 1994,1997,1999.

c. Project Outputs

(1) New Acceptors and Couple Years Protection (CYPs)

- 19,214,570 new acceptors,
- 24.1% new acceptors are LTM (Norplant, IUD, VS)
- 20,973,626 CYPs (Table 4)

Table 4. Number of new acceptors and CYPs recruited through BKKBN and NGOs¹⁾

Project Outputs	1994	1995	1996	1997	1998	1999	Total
All Methods	1,988,507	3,417,569	3,565,077	3,963,738	4,562,304	3,705,882	19,214,570
BKKBN	1,942,670	3,332,587	3,514,743	3,934,819	4,527,116	3,675,775	18,985,040
NGOs	45,837	84,982	50,334	28,919	35,188	30,107	229,530
LTM	29.5%	28.7%	25.1%	23%	24%	29.0%	24.1%
STM	70.5%	71.3%	74.9%	77%	66%	71%	75.9%
CYPs	2,995,926	4,853,893	4,387,494	4,437,355	5,307,078	1,987,806	20,973,626

¹⁾ SDES Project Recording and Reporting

(2) Service Delivery Points (SDPs)

- 4,040 SDPs of public and private sector made ready
- 340,144 Mobile team visits to district, sub-district, and villages)

- 467,244 Midwife visits for FP services
- 8,135 Specialist Doctor Visits
- 5,158 Quality Assurance Visits
- 358 Floating clinics visits (Table 5)
- Contributed to increase access and quality services

Table 5. Number of FP services delivery made ready and visits ¹⁾

Project Outputs	Year						Total
	1994	1995	1996	1997	1998	1999	
SDP made ready	605	551	551	829	419	225	4,040
PAKBD/POD	30	0	348	343	119	20	860
Mobile team	7,452	30,711	294,655	6,150	1,176	48	340,144
visits	136	162	0	60	0	0	358
Floating clinics	1,416	1,564	1,146	421	1,588	2000	8,135
Specialist visits	896	1,755	260	285	601	1,361	5,158
QA visits	2,517	23,016	79,175	130,703	113,638	118,195	467,244
Midwife visits	0	0	4,235	256	0	16,999	21,490
Other visits							

¹⁾ SDES Project Recording and Reporting

(3) Training Providers

- 15,372 Doctors, midwives in IUD/Norplant insertion & removal, VS, IP
- 25,386 Providers and fieldworkers counseling skills
- 252,321 Provider in LTM orientation
- 7,554 BKKBN and NGO staff in project and clinic management
- 12,116 Other subject (Table 6)
- Contributed to increase quality of services

Table 6. Number of provider and fieldworkers trained¹⁾

Training	1994	1995	1996	1997	1998	1999/00	Total
Clinical	268	5,574	3,489	2,864	1,188	1,989	15,372
Counseling	13,530	5,374	2,031	1,882	1,738	831	25,386
LTM orientation	184,215	38,160	8,864	9,387	5,170	6,525	252,321
Management	565	1,466	1,056	1,256	829	2,382	7,554
Other subject	1,580	6,444	1,267	430	130	2,265	12,116

¹⁾ SDES Project Recording and Reporting

(4) Information, Education and Communication (IEC) Materials

- 490,757 for providers
- 2,851,907 for client
- 108,350 for community (Table 7)
- Contribute to increase information access

Table 7. Number and type of IEC materials ⁷

IEC Materials	1994	1995	1996	1997	1998	1999/00	Total
Provider	233,422	115,371	28,944	47,250	56,400	9,370	490,757
Client	1,460,579	749,418	259,919	243,606	53,250	85,135	2,851,907
Community	7,653	5,066	85,731	7,029	1,160	1,711	108,350
Manual&bulletin				28,000			28,000

⁷ SDES project recording and reporting document

(5) Project Management

- BKKBN and NGO project managers and staff trained in programmatic and financial project management introduced through SDES: "A practical method of project planning", project implementation, monitoring, evaluation, financial management, and preparing project report.
- Application of the SDES project management methods has contributed to the project effective implementation. The decentralization policy provides situation and atmosphere to managers and staff to apply the management model of SDES.
- SDES project developed various instrument of programmatic and financial management to increase its effectiveness and efficiency. Most decision-makers of Grantees, Pathfinder, and USAI appreciated its quantitative and qualitative regular report on the project achievement.

15. Innovations

During 6-years implementation of SDES there are several innovative activities that need to be strengthened and continued because it is innovative, worked and cost-effective.

- (a) Baruga, Community based FP Services, South Sulawesi
- (b) Village FP/Drug Post in East and West Java
- (c) Information, Identification, Screening, Referral and Follow-up Service Organized by PKMI North Sumatra
- (d) Minilaparotomy by 6 provinces as part of Health Center's Service implemented in east Java, West Nusa Tenggara, and North Sumatra.
- (e) Minilaparotomy "Rebat Method" with Uterus Elevator by Dr. Ratulangi, Malang, East Java

- (f) Indonesia Doctor Association Comprehensive Clinics in Purwokerto, Makasar, Surabaya and Malang.
- (g) AVSC - Comprehensive Clinic Organized by PKMI in Semarang, Medan, and Palembang.
- (h) Center for Training and Development for Midwife at District level organized by Indonesian Midwife Association.

16. Conclusion

SDES can be used to catalyze broad scale change in Indonesia's national family planning program. While the contribution of SDES, along with other USAID funded project, makes up a small percentage of the overall program budget, SDES interventions have improved the family planning program - and reach beyond as well - throughout BKKBN and the private and NGO sectors. This benefits has been one of the unanticipated outcomes of the program.

The design of SDES was built upon the assumption that a mature family planning program such as Indonesia's would still require substantial financial support but minimal technical assistance. Given the broad goals of the program, however, it became clear early on that a great deal of assistance was needed. Despite the fact that BKKBN has been operating over 25 years, the organization still required guidance in several key areas, including quality, training, IEC, strategic planning, institutional development, and financial management. It has taken time to build BKKBN receptivity in some areas, particularly concerning quality and supply issues. Yet, many provinces are now becoming more self-reliant and taking initiative in adopting and institutionalizing new approaches, such as working in partnership with NGOs and midwives.

17. Acknowledgements

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Brazil														
Country Strategic Objective III: Increased Management, Financial and Technical Capacity of Local Organizations and Communities														
		Global		Funding Source							Indicators			
				USAID			Other Donor							
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements	
III.1. Strengthened program and organizational management capabilities of local service delivery organizations	III.1.a. Strengthened organizational capacity to design, manage, and evaluate FP, RH and MCH services	SO III	32 78	084 087 901		001 080 902	061		915		30 professionals trained in the design, management and evaluation of FP, RH and MCH services		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		2 Central Level institutions with capacity to manage quality integrated STI/HIV and RH services	2 Central Level institutions with capacity to manage quality integrated STI/HIV and RH services	2 Central Level institutions with capacity to manage quality integrated STI/HIV and RH services	
	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 SESAB participating in MIS activities	SESAB participating in MIS activities	1 local partner participating in MIS activities. SESAB 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		
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		1 local partner participating in accounting and auditing activities	
III.3. Improved technical capacity of local service delivery organizations	III.3.a. Provide TA to local service delivery organizations in reproductive health	SO III	65	084 085 087		001 080 902	061		915		20 professionals trained in RH technology			
III.4. Strengthen community development and resources	III.4.a. Support skills development, income generation and social empowerment activities of women and girls	SO III	55	086		001 080					50 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

Country Program Outcome	Country Program Activities	Global		Funding Source							Indicators			
		SO	Act Num	USAID				Other Donors			Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements	
				FPSP FS/POP	FPSP Core	SUMMA	Private Funds	Focus	UNFPA	Oth2				
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		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	2 Central Level institutions with capacity to provide quality integrated STI/HIV prevention and RH services	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	2 Central Level institutions with capacity to conduct in-service training to implement quality integrated RH and STI/HIV services	2 Central Level institutions with capacity to conduct in-service training to implement quality integrated RH and STI/HIV services

Peru

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

		Global		Funding Source						Indicators			
				USAID				Other Donors					
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
I.1. Expanded, improved or established FP and selected RH SD systems and infrastructure	I.1.a. Support community-based FP/RH services	SO I	1			904	X				185 CBD workers participating 8 fixed health facility 600 mobile health facilities	CBD workers part.continue participating as well as number of fixed health facilities and mobile health fac.	220 CBD workers part. 20 fixed health facilities 120 mobile health fac.
	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	7 hospital providing PA/FP services	23 hospitals and 6 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; 55% of PA acceptors, 4 hospitals providing quality PAC care	75% clients counseled in PA; 48.5 % of PA acceptors, 20 hospitals and 4 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/centers and NGOs	SO I	7	905		904					5 SDP continue providing services to adolescents TBD young adult new acceptors TBD adolescent informed and counseled	5 SDP providing services to adolescents	10 SDP providing services to adolescents

Peru

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

		Global		Funding Source						Indicators			
				USAID				Other Donors					
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
	I.2.c. Support postabortion programs	SO I	9						901		7 hospitals with PA programs in operation 5 health centers with PA programs in operation 60% of PA patients leaving hospital with method 100% of PA patients leaving counseled	4 hospitals with PA programs in operation; 55% of PA patients leaving hospital with method; 75% of PA patients leaving counseled.	20 hospitals and 4 health centers with PA programs in operation; 48.5% 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	2 research reports disseminated 15 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. Completed Adolescent KAP study in 8 areas of ALCANCE. Completed baseline study of MOH Adolescent Services in Lima

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Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID				Other Donors					
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Aicance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
II.1 Ensured voluntary & informed choice from the widest range of appropriate contraceptive methods available	II.1.a. Support client-focused IEC activities for FP/RH (home visits, community meetings, educational talks, material development and dissemination)	SO II	12			904	X		901		100% of PA patients receiving IEC material 56,880 persons informed 600 educational talks 36 radio spots 2 types of brochures produced 1 type of poster produced 5,000 copies of brochures and posters distributed	75% of PA patients receiving IEC material 9,994 persons informed 372 educational talks 300 copies of brochures and posters distributed	75% of PA patients receiving IEC material 49,712 persons informed 2,151 educational talks 2,550 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	3,082 adolescents informed, 315 copies of brochure about IN-FOCUS distributed.	11,665 adolescents informed, 4764 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			

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 1 Achievements	Year-to-Date Achievements	
				FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv				
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		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	13 physicians trained in PA/FP services inc. MVA; 11 midwives and 9 nurses trained in PA counseling and management of MVA 70 % SP performing at expected level of competence	75 physicians trained in PA/FP services inc. MVA; 78 midwives and 60 nurses trained in PA counseling and management of MVA 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 workshop on Improving Interpersonal Communications Skills and Counseling for Adolescents conducted for 35 health providers.	11 training courses on CTU; 94 SP trained; 2 workshops on adolesc with 24 part.; 5 training courses on counseling for 68 persons. 2 workshop on Counseling Adolescents for 65 SP. 5 workshops on Organization of ARH Services for 136 SP.
	II.2.d. Conduct CTU and RH updates	SO II	69				904					1 CTU/RH update course held for 36 service providers		
	II.2.e. Develop and disseminate FP/RH/MCH training materials, including training guidelines and standards, curricula and other training tools	SO II	24	905			904	X		901		1 Handbook in RH/FP for Adolescents distributed 1 training module developed 3 videos developed 8 flipcharts developed 10 cassettes developed 300 RH Guides 150 pocket guides to be distributed	114 training modules distributed; 10 RH Guides and 10 pocket guides distributed. 88 Handbooks in RH/FP for Adolescents distributed.	1 Handbok in RH/FP for Adolescents and 322 copies dist. 1006 training modules distributed; 60 RH Guides and 50 pocket guides distributed.

Peru

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source						Indicators			
				USAID			Other Donors						
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	Alcance	Project 2000	Focus	DFID	Priv	Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements
	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	4 SDP using MVA for treatment of incomplete abortion with high quality PAC services	20 SDP using MVA for treatment of incomplete abortion. 20 SDP with high quality PAC services
	II.3.b. Integrate select MCH activities with FP/RH services	SO II	26			904	X				8 SDP belonging to 8 NGOs offering integrated services 18 MOH hospitals linking PAC with FP services	SDP belonging to 8 NGOs continue offering integrated services; 2 MOH hospitals linking PAC with FP	20 SDP belonging to 8 NGOs offering integrated services; 20 MOH hospitals linking PAC with FP
	II.3.c. Strengthen referral links for select FP/RH/MCH services	SO II	27			904						3 SDP belonging to NGOs with referral links	
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	2 SDP with clinical protocols for treatment of incomplete abortion.	18 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.
	II.4.c Renovate/upgrade clinics	SO II	31	905		904	X				11 SDPs renovated/equipped 15 SDPs equipped	8 SDP equipped	17 SDP renovated/equipped 6 SDP equipped

Peru														
Country Strategic Objective III: Increased management, financial, and technical capacity of local organizations														
		Global		Funding Source							Indicators			
Country Program Outcome	Country Program Activities	SO	Act Num	USAID					Other Donors		Expected Achievements	Quarter 1 Achievements	Year-to-Date Achievements	
				FSPS FS	FSPS 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 receiving TA to finalize strategic plans and develop sustainability 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	17 persons from 8 NGOs participated in MIS workshop	22 persons from 8 NGOs participated in program design and evaluation (EPI-INFO). 17 persons trained in MIS
	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	20 participants from 7 NGOs participated in workshop on Institutional Sustainability	20 participants from 7 NGOs participated in workshop on Institutional Sustainability
	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; developing cost based plans, cost recovery/income generation	SO III	43			904	X					TBD cost studies conducted 8 NGOs participating in cost-effectiveness activities		
	III.2.e. Improve procurement, storage and distribution system for the MOH supplies within priority areas	SO III	38					X				8 NGOs receiving TA to improve storage and distribution system of contraceptives.	1 NGO received TA on TURBO.C	8 NGOs receiving TA on TURBOC
III.3. Improved technical capacity of local service organizations	III.3.a Provide TA to local service delivery organizations in QOC, IEC, RH	SO III				904				901		2 NGOs receiving TA in QOC, RH, IEC 11 hospitals receiving TA in PAC 5 health centers receiving TA in PAC	4 hospitals and 2 health center receiving TA in PAC	20 hospitals and 6 health centers receiving TA in PAC

Results Frameworks

Asia

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 1 achievements	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		

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

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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 1 achievements	Year-to-Date		
				FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN ¹					
	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 1 achievements	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	10 providers at district level trained.	A total of 130(*) providers trained - 120 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 participate in 16 hrs workshop-2 days@8 hours/day
	II.3.e. Develop materials to promote training courses	SO II	76			001						Materials developed and distributed		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.		Report finalized and sent to the HHS and five sites.
	II.3.g. Training Evaluation	SO II	73			001						Report Completed		Training evaluation done as part of the End-Of-Initiative Review.

Viet Nam

Country Strategic Objective II: Improved Quality of Services

		Global		Funding Source							Indicators		
				USAID				Other Donors					
Country Program Outcome	Country Program Activities	SO	Act Num	FPSP FS	FPSP Core	CS	Oth2	Focus	Oth 1	RN ¹	Expected Achievements	Quarter 1 achievements	Year-to-Date
	II. 3 h. Mid-Initiative Project Assessment	SOII	73			001					Report Completed		Report completed. Report sent to HQ, USAID/ANE, HHS, MOH, evaluators
	II.3.i. End-of-Initiative Review	SO II	73			001					Report Completed		Report sent to HQ, USAID/ANE, HHS, MOH, evaluators
	II. 3 j Joint Dissemination Workshop	SOII	73			001					Workshop Conducted		Report sent to HQ , USAID/ANE HHS
	II.3.k Renovation at Ba Dinh and Hai Ba Trung maternity houses					001					Building sinks and water pipelines	Completed building 4 sinks per each site	Fund transferred

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 Donors			Expected Achievements	Quarter 1 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	

SDES PROJECT (1994-2000)

Workshop on Project Results and Dissemination

Executive Summary

The Service Delivery Expansion Support (SDES) Project was supported by USAID to assist the Government of Indonesia (GOI) strengthen and expand the national family planning program. The main objectives were to increase access, quality, and utilization of family planning services, and non-government participation in the family planning (FP) program. The project was implemented by Central BKKBN, BKKBN Provinces, and NGOs through a grant awarded to Pathfinder International. The project was originally scheduled for five years (1994-1999) but was extended to September 30, 2000 due to economic crisis. All grantees, including BKKBN and NGOs, reported that significant results have been achieved and many lesson learned have been identified.

Pathfinder, BKKBN, an USAID held a final workshop to effectively disseminate and discuss SDES project results and lesson learned among local implementing partners, various donor and collaborating agencies, government and private sector representatives and related institution. The workshop provided information about SDES project results and lessons learned, which will be useful for developing future reproductive health and family planning projects. The workshop was held from September 20-23, 2000 in Mataram West Nusa Tenggara. Policy makers and program manager of BKKBN and selected NGOs gave presentations.

Summaries of the keynote addresses follow

Daniel Pellegrum, President of Pathfinder International, provided a historical perspective as he discussed the role of Pathfinder in Indonesia. In 1969, Pathfinder helped start up the national family planning program indirectly by supporting several NGOs clinics including PKBI. For approximately 30 years, Pathfinder has provided support to BKKBN, NGOs, and religious organizations to implement various family planning projects including SDES. Pathfinder to continue to play an International role in addressing important reproductive health challenges through its work in several priority areas: abortion, access, adolescent, AIDS/HIV, and advocacy. Although Pathfinder has decided to close its office in Indonesia, Mr. Pellegrum reaffirmed to organization's commitments to support Indonesia's reproductive health agenda through its advocacy work in Washington, DC.

Pamela Wolf, FP Team Leader of USAID in Indonesia, highlighted SDES project accomplishments and the significant challenges that remain. The accomplishment include the increase in new acceptors, training of physicians and midwives in clinical skills, solidifying the role of midwife in the delivery of quality FP services, the "made ready" service

delivery points (SDPs) and the expansion of information that effectively communicates the benefits of family planning. The challenges include the high discontinuation rate, high maternal mortality, and the need to ensure strong commitment to FP at all level of government in the context of decentralization. Ms. Wolf emphasized the policy barriers to the provision of services to adolescent and unmarried individuals/couples, husband opposition, high-unmet need, and the low contribution of the private sector. She congratulated Pathfinder, the GOI, and other partners for the project's significant contribution in expanding access and use of family planning services in Indonesia.

Dr. Lalu Sudarmadi, MPA, First secretary, BKKBN thanked USAID and Pathfinder for their support in implementing the SDES project. He reiterated that with the project now complete, the lesson learned would need to be applied to future programs. The SDES project, in collaboration with the GOI project, has contributed to declines in the total fertility rate (TFR) in most of the SDES provinces. The SDES project invested more than \$50M USD over the 6 years, many activities have been done, and many results have been obtained. Dr. Sudarmadi stated that the mission now is how to use the results more effectively for providing FP services. In the new era, the national FP program should be integrated into the reproductive health program, expanded to additional groups, not only to eligible couples but to youth as well. The new program will include family planning as a component of family welfare, and emphasize community self-release.

Dr. Azrul Azwar, MD,MPH, Director General for Community Health, Ministry of Health, spoke at the workshop and stated that since the ICPD (Cairo 1994), there has been a change in the approach of population work to reduce fertility through the broader focus on reproductive health. Reproductive health includes the full reproductive life of each individual, and includes female empowerment and male responsibility in reproductive health. The issues in Indonesia mentioned include: high maternal mortality rate, high un-meet need, high prevalence of STDs/other reproductive infections, HIV/AIDS, adolescent issues including abortion, infertility, and aging. The RH policy includes the provision of quality services to clients, the improvement of the quality of providers in providing RH services, and proactive program management. In addition, the policy calls for an increase in advocacy and political commitment of all level of administration, the provision of integrated RH services at each level, an increase the quality of services, consideration of local needs and cultures, involvement of other sectors, women's participation, and an increase in operational research activities. Strong multisectoral integration and community participation are needed to guarantee the success of the RH program.

Dr. Siswanto Agus Wilopo, Deputy for Family Planning and Reproductive Health, BKKBN, discussed the new era of the national FP/RH program. The new vision is better quality for all families by the year 2015. The mission includes improving community empowerment, and building partnerships for community and family self -reliance, improving the quality of FP/RH services, increasing the promotion of contraceptive protection efforts to ensure reproductive rights, improving female empowerment to achieve gender equality and equity in the FP/RH

program, and overall quality of life improvement. The principle strategies include integration, decentralization, empowerment, partnership, and vulnerable population group. The challenges include high maternal mortality rate, unfinished agenda of the national FP program, and a need to focus on quality of services and cost recovery for the non-poor, neglect of adolescent and youth-related problems, and reproductive morbidity. The objectives of FP program include: assist couples and individuals meet their reproductive needs, prevent unwanted pregnancies, reduce morbidity and mortality, increase quality of services that are affordable, acceptable, and accessible, improve the quality of IEC, family planning advice, and counseling services, increase the participation of men in sharing responsibility in the actual practice of FP, and promote of breast feeding to enhance birth spacing

Dr. Does Sampoerno, MD, MPH., Pathfinder International's Country Representative in Indonesia provided a brief overview of the SDES project. The project's goal was to assist the GOI in reducing total fertility rate to 2.1 by 2005. The objectives included: 1) increase the availability of and information on all contraceptive methods in hard-to-reach areas; 2) increase the availability, quality, and utilization of contraceptive services in general, and long-term methods in particular; 3) improve the sustainability and coverage of FP services delivered through the public and private sectors; and 4) increase the role of non-governmental organizations (NGOs) and the private sector in FP service delivery. The project has successfully contributed to the government program by increasing the contraceptive prevalence rate from 51.2% in 1994 to 55% in 1997 in SDES provinces; reducing total fertility rate from 3.08 in 1994 to 2.91 in 1997 (IDHS 1994, 1997); recruiting a total of 21,203,077 new acceptors; training 15,372 providers in clinical skills; 25,386 providers and fieldworkers in counseling skills; increasing number of persons informed; making ready 4,040 public and private FP clinics; conducting 340,144 mobile team visits; supporting 467,244 midwife visits; 8,135 specialist doctors visits; and developing effective management methods and interventions that address provincial family planning problems. Supporting midwife visits is the most significant link to increasing access to FP services in the hard-to-reach areas.

Dr. Mazwar Nurdin, Deputy of Program Planning and Information for BKKBN, provided an overview of SDES project management that focused on planning, monitoring, financial management, and related issues. SDES developed various tools to assist project managers in planning, monitoring, and financial administration. The weaknesses of the planning process include lack of the use of accurate and relevant data and ignoring the local needs and problems. The use of the Strategic Planning Method including problem analysis, objective analysis, alternative analysis, institution analysis, and preparing Project Planning Matrix should be continued to improve the planning process. The use of the Project Monitoring Matrix, quarterly monitoring visits by the team of BKKBN and Pathfinder staff, and monitoring reports helped to identify both qualitative and quantitative information on the progress of the project implementation. Frequent late payments from Pathfinder International and use of funds for different activities by Grantees without request for

approval were some of the difficulties faced in project implementation at the province and district level.

In 1994, the SDES project was implemented in seven BKKBN Provinces (West Java, Central Java, East Java, North Sumatra, Lampung, and South Sumatra). In 1996, four provinces were added (West Kalimantan, South Kalimantan, Aceh, and NTB). An additional project began in DKI Jakarta in 1999. The project involved ten NGOs in 1994 (PKBI, PKMI, IDI, NU, MUH, IBI, ISFI, IPADI, ISI, IAKMI), although activities of four of these NGOs (IAKMI, IPADI, ISI) concluded in 1997. The SDES project, in collaboration with the GOI program, has increased access to and quality of services, and supported institutional development and program management.

Summaries of the project results
and lessons learned reported by BKKBN and NGOs

BKKBN

Access

Made ready SDPs. BKKBN, with the support of SDES, has made ready (building renovation, provision of medical and non-medical equipment, and operational cost) various FP clinics at the hospitals, health centers, sub-health centers, and village health posts. This activity has expanded and improved FP services mainly in the hard-to-reach areas including coastal, transmigration, and slum areas. However, this activity should be limited to SDPs in villages with a high demand for FP/RH services to reduce costs.

Mobile team visits by a team of physician, midwife, and fieldworker increased coverage of the FP services in hard-to-reach areas where SDPs are limited. However, it is not cost-effective or self-reliant.

The floating clinic was designed to provide FP services at the coastal areas where a regular service is not available. A team comprised of a doctor, midwife, fieldworker, and paramedic traveled by boat to a particular village at the coastal areas to provide FP services. This type of service reached the coastal areas and remote areas where the regular SDP is not available. However, such services are very expensive, and not self-reliant due to dependency on the availability of transportation facilities.

Visiting specialist visits are carried out by a team of ob-gyn, midwife, and fieldworkers to provide VS services at the district and sub-district. The team serves about 50-100 clients of VS per day, which contribute to the increase of VS users. However, the services much

depend on ob-gyns that are very busy due to their assignment at the hospital, teaching, and private practices. These visits are also expensive.

Village midwife visits are scheduled to provide FP information and services including pills, condoms, injectables and IUDs. IUD services can be provided at the Polindes/Village Midwife Post. Provision of operational cost for village midwives and fieldworkers increased regular house-to-house visits for IEC and FP services. Such activities are very effective in expanding FP services mainly at the village level in hard-to-reach areas.

Quality

A total of 15,372 doctors and midwives were trained in clinical skills, and 25,386 providers and field workers were trained in counseling skills. Knowledge of some providers in clinical skills and counseling were improved, but they have not transferred to actual practice. More practice and experience sessions are needed during the training to give providers more confidence in providing FP services. Some providers did not follow the standards for pre-insertion and removal of IUD and Norplant services. They believed that they were in full compliance with service guidelines so they did not practice IPC and counseling. In fact, their attitudes and biases may lead to poor compliance. Follow up clinical training and IPC counseling is needed to guarantee that providers practice skills with the knowledge they have, and to ensure that standards are met.

BKKBN Provinces completed a total of 5,158 quality assurance visits by a team of an ob-gyn and surgeon to increase the quality of services, mainly LTM, and to improve knowledge and experience of local providers. However, some of the visits were not adequately implemented due to the lack of standard procedures. Development of clear guidelines and standard procedures for the quality assurance team are needed.

Availability of clinical equipment at the SDPs including ob-gyn beds, IUD kits, Norplant kits, and sterilization kits is necessary to guarantee the quality of services. Lack of a minimum required level of medical equipment at many SDPs in the hard-to-reach areas resulted in poor quality of services. Several BKKBN provinces reported that some clients were satisfied with provider's politeness, but not with the clinical services. The referral system should be improved and cases of complication should be treated adequately.

Institutional Development

BKKBN with the assistance of JHPIEGO has established a National Clinical Training Network, including NRC in Surabaya and Jakarta, PTCs in 11 provinces, and 56 DTCs at the district levels. NRC trained trainers while the PTCs and DTCs trained providers. The NCTN contributes to improving the knowledge and skills of providers. Some PTCs and DTCs have not effectively provided clinical training due to several reasons including dependency on ob-gyns and lack of management capability of the centers. Better coordination among PTCs, Provincial BKKBN, and Provincial Health Services is needed to achieve its training

objectives. Improved programs for the PTCs and DTCs should be developed to increase their effectiveness of training implementation.

BKKBN with technical assistance has developed Crisis Monitoring Response Unit (CMRU central, 11 provinces, and 119 districts) to monitor the impact of the economic crisis on the FP program. Each unit reports regularly variables including contraceptive supplies availability, drop-out of contraceptive use, unmet need, pregnant eligible couples, complication, failure, and poor families to the program managers. Most CMRU at the provinces and districts reported results of the crisis monitoring, however no follow-up has been made to address the crisis. It is necessary to review and improve the system.

BKKBN developed a financial project management system based on a combination of GOI, Pathfinder, and USAID rules and regulations. In addition, regular supervision, monitoring, documentation, and reporting contributed to the effectiveness of the project management. Lateness in procurement of goods and services is due to following the different financial rules and regulations of BKKBN, Pathfinder and USAID. However, direct funding mechanisms, regular programmatic and financial review and monitoring, has provided effective project management.

BKKBN and NGO have included the P-Process in its program planning for developing IEC materials to guarantee meeting the needs of the audience. The knowledge of P-process has not been used in practice. Refresher and practical training sessions will help to apply knowledge to practice.

BKKBN has a contraceptive distribution system from central to district, sub-district, and villages /FP clinics. However it does not work well due to many reasons including poor recording and reporting, lack of planning capability, and data analysis. BKKBN was unable to provide adequate contraceptive supplies, which resulted in many clinics reporting stock outstage. The distribution system does not work well. Logistics management should be improved involving POD/PAKBD in the system.

BKKBN has MIS, which reported a great deal of programmatic and financial data. These data are published in the regular BKKBN reporting and recording system. Many data on FP program results and impact have been collected by the existing MIS system, however SDES faced difficulties in obtaining valid and reliable data for project management.

Community-Based Initiatives

The Baruga Sejahtera is a traditional community building specific to South Sulawesi, which has been adopted as a place for community health/FP and development activities. These include FP IEC activities, distribution of contraceptive supplies, village midwife services, meeting of providers, and as a domicile for village midwives. SDES supported 83 Barugas, the local government developed more than 500 Baruga in the provinces. The model has been replicated also in Central Sulawesi and Jakarta. Most the FP and health activities at the Baruga can be improved and it is recommended that these activities continue to be

monitored and adapted to increase their effectiveness. The Participatory approach is an effective tool for making the Baruga work. Involving local community in family planning services at the Baruga is necessary to make it a success. Peer group counseling should be conducted at Baruga, and all activities should be integrated.

Village Contraceptive Distribution Center/Village Medicines Posts (PAKBD/ POD) increased the distribution and availability of contraceptive supplies at the village level. The worker/cadre is hired from local community, trained and supported by the Referral Pharmacy at the district. This could trigger the transformation of the POD into a village pharmacy. SDES supported a total of 860 PAKBD/POD in several provinces. The economic crisis has led to increased costs for contraceptive supplies and medicines and has resulted in some PAKBD/POD not working. The existence of the PAKBD/POD contributes to increasing the availability of contraceptive methods and simple medicines to FP services at the village level. Coordination and integration of FP activities carried out by PAKBD, Posyandu, and Polindes are needed to make effective FP and health services at the village level.

Village Integrated Posts (Posyandu) are organized and coordinated by the local community with the help of Health Centers to provide basic health prevention and promotion including family planning, nutrition, immunization, and other MCH services. These posts effectively provide FP services once a month. However, dependency on HC providers has led to irregular services.

Coordination Post for FP Movement (POKSI). This is a community-based family planning service created to address the impact of the economic crisis in urban areas. The activities include providing information and counseling, dissemination of FP information, development of peer groups, provision of FP services, home visits, quality assurance visits, monitoring and reporting. A total of 38 POKSI have been established in 38 sub-districts of urban slums in Jakarta. Further improvements are needed to increase the effectiveness of these services.

Village Health Posts (Polindes). In several provinces, the local government and local community built Polindes to provide MCH services at the village level. A village midwife is responsible for the Polindes services under the supervision of Health Center or Sub-Health Center providers. A total of 1,457 Polindes in 11 provinces received support including building renovation, provision of medical and non-medical equipment, and provision of operational costs for house-to-house visits. This support has contributed to increasing access and quality of FP services particularly in villages of hard-to-reach areas.

Research

More than 30 operational research activities were completed by professional organization including IAKMI, IPADI, ISI, and ISFI during the first three years. Some research results were used to improve the SDES strategies at the central and provincial level. The others did not provide accurate data and information for improving SDES project implementation.

Operational research activities are needed in every project implementation to improve strategy, however high quality research is difficult to obtain. Research problems should be identified by the program manager and communicated correctly to researchers. A professional researcher in collaboration with the program managers should carry out and monitor research activities to guarantee the effectiveness and efficiency of the research program.

Management

BKKBN and NGOs developed annual proposals and submitted to Pathfinder. Several weaknesses of the planning process included lack of the use of accurate and reliable data for planning, ignorance of local needs and problems, and a long process for review and approval. SDES provided training for managers and staff of BKKBN and NGOs in Strategic Planning Method (participatory, multidisciplinary and multisectoral) to improve the planning process. Continued use of such a method will benefit future program management, mainly at the district level, as well as the decentralization policy.

The SDES project developed various programmatic and financial management instruments to assist BKKBN and NGOs in project management. The use of such instruments contributed to the effectiveness of the project management by grantees. Most decision-makers of Grantees, Pathfinder, and USAID Mission appreciated the regular quantitative and qualitative reports on project achievements.

NGOs

PKBI developed an integrated family planning and reproductive health services network. Effectiveness of such services is due to several reasons including determination of clinic location, good clinic management, active clinic motivators, good quality of services, trained providers, adequate medical and non medical equipment, and availability of contraceptive supplies.

PKMI developed a guideline for information, identification, screening, referral and follow up of VS services (IIPRT). This module has been integrated into BKKBN IEC activities and used by field workers for increasing demand of VSC services. In addition, SDES also supported PKMI to develop VSC services by physician at the health center through minilaparotomy technique, which is approved by a letter of decree of the Ministry of Health. Follow-up such development should be continued to increase the VSC use.

IDI developed and made ready 11 comprehensive clinics, which provide family planning and primary health services. Train providers in clinical and counseling, provide medical and non medical equipment, renovate the building, conduct clinic marketing and seminar increase access and quality of services which lead to the self reliant. Some of the clinics have been self reliant, and the others need to be improved further.

IBI developed 23 clinic models which were not only provided family planning and health services but also used by midwives for a training center, chapter office, meeting and discussion forum, and other purposes. However, such development needs to be continued and improved.

Muhamadiyah successfully increased number and quality of FP clinic services mainly in the hard to reach areas. SDES supported a total of 41 clinics, and most of them already self-reliant. The positive impact of this includes on reducing religious barriers of using contraceptive methods such as VSC and IUD. The Moslem community will easily accept the family planning program and services when they see MUH involve in the FP program and services.

Nahdlatul Ulama has developed and made ready 13 FP clinics and some of the clinics are self-reliant already. As well as MUH, the positive impact of the clinic includes on reducing religious barriers of using contraceptive methods including LTM. People will easily accept when they see the involvement of NU in various family planning program and services.

Conclusion

The SDES project successfully completed and achieved its objectives. Results reflect that project activities helped achieve the national family planning program's goals and objectives. These include reducing fertility, increasing contraceptive use, increasing access to and quality of services, and involving NGO and private sectors in service delivery. However, there are still many challenges and issues that need to be addressed in the future.

The many lessons learned from the SDES project implementation should be included in other family planning projects within the country. These include: improving quality of services through effective clinical and counseling training of providers, increasing VS through minilaparotomy services at HC by physicians at the health centers, mobilizing community resources and considering local needs in the local family planning program, integrating family planning services in Posyandu, and integrating various reproductive health activities in the family planning program at the village level.

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