
Third Quarterly Report

Enhancing HIV/AIDS Prevention and Improving
Reproductive Health in Zimbabwe (Phase II)

January – March 2002



April 30th, 2002

Submitted by PSI/Zimbabwe to:

Department for International Development (DFID)

United States Agency for International Development (USAID/Harare)

United States Agency for International Development/Washington/PPC/CDIE/DI

HIV and TB Programme, Ministry of Health and Child Welfare

National AIDS Council (NAC)

Zimbabwe National Family Planning Council (ZNFPC)

PSI/Washington

Development Experience Clearinghouse

QUARTERLY PROGRESS REPORT

Name of Activity:	Enhancing HIV/AIDS Prevention and Improving Reproductive Health in Zimbabwe (Phase II)		
Country:	Zimbabwe		
PSI Project#:	Core:	39-942-01	
	Protector Plus Male Condom Social Marketing Project (MCSMP):	39-947-01	
	Care Female Condom Social Marketing Project (FCSMP):	39-949-01	
	ProFam Integrated Private Medical Sector (IPMS):	39-950-01	
	New Start Voluntary Counseling and Testing (VCT):	39-945-01	
	Targeted Communication Initiative (TCI):	39-946-01	
	Zimbabwe Social Marketing and BC Programme (DFID)	39-2019-81	
Implementing Agency:	PSI/Zimbabwe		
Start Date:	01 August 2001 USAID		
	01 February 2002 DFID		
End Date:	31 July 2005 USAID		
	31 January 2006 DFID		
Total Budget:	\$17,500,000 USAID		
	UKL 6,800,000 DFID		
Current Obligation:	\$6,050,000 through 12/31/2002 USAID		
Cost-Share Commitment:	\$4,414,825		

Reporting Period Covered:	01 January 2002 – 31 March 2002
Date of Report:	April 30, 2002

Country Representative:	Andrew Boner
Program Manager:	Katie Schwarm

I. Executive Summary and Analysis of Quarterly Activities and Performance

a) Sales and Commodities:

Quarterly Sales Performance

Product/Service	QUARTER 1, 2002		2002		Project-to-date sales	Four-year LOP Target **	% time burn	% target
	Qtr Sales	Quarterly Target	Annualized Sales	Annual Target*				
Protector Plus	4,772,070	3,899,990	19,088,280	18,400,000	12,535,140	50,000,000	16.67%	25.07%
Care Female Condom	74,100	59,940	296,400	400,000	336,674	700,000	16.67%	48.10%
Duofem oral contraceptive	125,890		503,560					
Marvelon oral contraceptive	161,170		644,680					
Exluton oral contraceptive	90,610		362,440					
Subtotal - Orals	377,670	165,000	1,510,680	660,000				
Depo-Provera injectable	7,910	10,000	31,640	40,000				
Hormonal CYPs					48,608	160,000	16.67%	30.38%
New Start VCT clients	11,156	15,000	44,624	60,000	35,443	150,000	16.67%	23.63%

* Annual targets are internal to PSI/Z.

** The 4-year LOP targets are those established in the logframes.

Quarterly condom sales outstripped targets in both male and female categories. Due to anticipated stock shortages of female condoms, lower targets were established for the first quarter than in subsequent quarters which accounts for the fact that the annualized sales for CARE are projected below the annual target. Orals sales are well in excess of the target. All product and service targets are well in excess of targets and indeed budgeted amounts. Discussions are underway with USAID and DFID to address anticipated commodity shortfalls in the latter project years. One possibility being explored is that of getting condoms from USAID/Contraceptive Logistics Management. USAID/CLM may be able to provide brand-specific, square foils in significant quantities. Another option is that PSI/Z, USAID and DFID agree to increase the % commodity spend under the current DFID grant at the expense of planned communications expenditures in anticipation of additional funds being made available from USAID in subsequent years to plug the communications budget gap.

The annual targets establish represent considerable growth over 2001 sales in all categories. Despite the low projected annualized sales vs. the annual target for care, Depo-Provera and New Start clients, PSI/Z feels it can meet its annual targets through initiatives that it is currently undertaking. High sales of oral contraceptives and strong performance of Depo in the first two months of the quarter (during the third month the program suffer stock shortages caused by an administrative problem between the distributor and packager) may be linked to declining distribution reach of the public sector in the same quarter, although no data is available at this time to support this.

For New Start these include: opening more centres and improving the service-delivery model of existing centres; conducting outreach to communities previously served and those communities that offer some post-testing support; opening New Start Plus clinics to offer FP/STI service provision, improving the quality of the service by establishing a Quality Assurance department within the NS VCT structure and implementing a new, youth-oriented communications campaign.

For condoms, new initiatives are to improve brand appeal and equity by creating a new look for both Protector Plus and Care, implementing youth-oriented communications and advertising campaigns, strengthening our interpersonal communications component for Care and expanding distribution through private sector partnerships for both Care and Protector Plus.

For ProFam, the addition of a dedicated emergency contraception product, cervical cancer testing, youth-friendly training and the introduction of the new implant Jadelle will improve the comprehensiveness of the service and overall quality which will enhance demand creation. ProFam continues to advocate for independent nurses to be able to dispense antibiotics for the treatment of STI drugs in an attempt to improve reproductive health service delivery, especially to lower-income groups seeking private sector services, a higher proportion of whom are traditionally served by the independent nurses.

All of the above initiatives will be supported by our targeted communications campaigns which will launch generic behaviour change spots as well as radio (two youth programs) and TV shows (This is Life and a TV miniseries aimed at raising key behavioural issues in an entertaining format).

All of these initiatives, with the possible exception of the new brand image of care and Protector Plus, should be implemented by the end of the first project year or shortly thereafter.

b) Additional activities and highlights:

New Africa House was honored to host the Auxilia Chimusoro AIDS Awareness prize presentation ceremony supported by the US Embassy on 17 January 2002 and the site was one of three prizewinners.

The Ministry of Health & Child Welfare, Dr. Parirenyatwa presiding, launched HIV Rapid Testing in Zimbabwe on 25 January 2002. Ten out of twelve centers currently use rapid HIV-testing technology to give clients access to their test results in as little as twenty minutes.

The ProFam team conducted its first ever youth-friendly training program for private sector providers in February. The training was assisted by consultants from the Zimbabwe National Family Planning Council and was oversubscribed. Further trainings have been planned.

PSI/Z submitted a roughly US\$3.5m proposal for inclusion in the Global Fund's Country Coordinated Proposal for Zimbabwe during March. Zimbabwe's HIV and Malaria components of the CCP were accepted with few or no modifications necessary. The NAC will coordinate with partners on how the awards should be distributed in May/June.

PSI/Z closed its offices from 11 – 13 following the Presidential elections held on 9-11 March. The two New Start direct centers were closed from 9 – 13 March and operated on reduced hours in the week preceding elections. The sales force operations were restricted to cities and towns for the week preceding and following elections. Most sales targets were met nevertheless with the notable exception of Care (see below). New Start client flow (2970 in March) suffered but it is anticipated that flow will return to expected levels in April.

In a pilot promotion in Mutare, hairdressers in salons were approached to promote the care female condom to their clients. The hairdressers received training in the use of and promotion of the female condom, point of sale materials and care promotional items. The promotion increased care sales by roughly 2,000 pieces in one month in Mutare and is now being expanded to Harare and to include information about Voluntary Counseling and Testing. Both VCT and the female condom communication campaigns need to emphasize the interpersonal communications component to ensure that these products and services are better understood.

II. Narrative Report by Activity

New Start Voluntary Counseling and Testing Services

I. Goals for this quarter and progress against those goals

A. Hold a VCT mini-retreat to establish priorities and strategically plan the way forward for the coming year.

A successful one day VCT mini-retreat held on 15 January 2002 to strategize for the coming year, and the 2001-2002 VCT workplan was revised accordingly.

B. Obtain buy-in on priorities and plan for the New Start Network from key officials of the Ministry of Health and Child Welfare and other bodies within the Government of Zimbabwe.

A meeting was held between PSI Management, USAID, and top officials of the MoHCW to discuss the way forward with regard to problem sites within the integrated site network. Unfortunately, a broader more in-depth meeting tentatively planned for February was postponed indefinitely due competing priorities among the key MoHCW personnel.

C. Host the official launch event for rapid test kits in Zimbabwe.

A successful official launch of Same Day HIV Testing was held on 25 January 2002 with excellent attendance and media coverage.

D. Identify location for a third free-standing site.

Chitungwiza was identified as the most expeditious location for the third free-standing site. A site venue will be identified and rented in the coming quarter.

E. Commence the restructuring of the VCT department in line with new priorities.

Extensive meetings were held by the PSI VCT management team to draft a new structure which was subsequently approved by PSI-Zim management. Hiring and implementation of the new structure will take place in the next quarter.

F. Provide training support for delegation of Zambian counselors.

A two week training programme (including 4 day attachment at NAH) was conducted for 12 VCT counsellors from the Society for Family Health in Zambia from 19 February to 1 March 2002.

G. Pre-test the youth mass media campaign for VCT and implement results.

The youth mass media campaign materials were pre-tested and the results incorporated in the development of the campaign, which is currently in progress.

H. Pre test the mass media campaign materials for Rapid test kits and implement results.

The pre-test results for the Rapid test kit campaign revealed that respondents did not clearly understand the message portrayed by the visuals. New materials will be developed and flighted after the youth campaign has been launched.

I. Commence work on generic communications for VCT.

A storyline for a drama series highlighting the issues of trusting one's partner without knowing their HIV status, and basing one's partner's HIV status on appearances has been developed.

J. Conduct client satisfaction rating (exit survey)

Postponed until Q2

K. Coordinate longitudinal study among VCT clients

This activity was postponed until Q2 when a team from Horizons (Population Council) will visit Harare.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

The twelve New Start Centres, which are currently operational, are Harare City (Harare), Chinhoyi Hospital (Chinhoyi), Triangle Hospital (Triangle), Matabeleland AIDS Council (MAC) (Bulawayo), Wankie Colliery Hospital (Hwange), Bindura Hope Humana (Bindura), Mutare City (Mutare), Nkulumane Clinic (Bulawayo), Gweru City (Gweru), New Africa House (NAH) Harare, Bulawayo Direct Site (BDS) (Bulawayo) and Gwanda Hospital (Gwanda). The table below shows the cumulative new visits from April 1999 to March 2002, and the graph shows figures from January 2000 for the twelve centres.

Table 1. New client visits by site by month (January 2001 to March 2002).

Site	Date of Opening	Cum. 99	Cum. 00	Jan 01	Feb. 01	Mar 01	Apr. 01	Ma. 01	Jun. 01	Jul. 01	Aug. 01	Sep. 01	Oct. 01	Nov. 01	Dec 01	Jan. 02	Feb. 02	Mar .02	Total
NAH	9 Oct '00	-	2182	929	1705	1614	1031	2097	2128	1411	2347	2559	1875	2169	2039	2015	2096	1446	29 643
BDS	1 Aug.01	-	-	-	-	-	-	-	-	-	926	880	742	739	740	618	546	361	5 552
Harare City Health	31 Mar '99	1219	2836	219	185	191	182	250	275	259	201	322	269	244	253	245	313	264	7 727
Gweru	2 May '00	-	480	70	123	90	80	204	240	131	168	225	142	226	246	161	208	115	2 909
Mutare	17 Feb '00	-	827	150	142	121	92	213	235	137	241	231	191	267	331	250	279	190	3 897
Nkulumane	10 Apr' 00	-	388	64	88	83	52	131	162	67	154	162	138	180	171	102	127	93	2 162
MAC	18 Aug '99	647	2363	308	313	368	231	416	466	485	266	334	201	362	201	199	262	203	7 625
Bindura	26 Jan '00	-	1390	122	123	79	141	138	143	169	568	354	568	600	228	111	259	182	5 175
Chinhoyi	16 Apr '99	158	387	37	70	33	18	97	105	31	119	227	95	155	68	67	94	41	1 802
Gwanda	29 Aug01	-	-	-	-	-	-	-	-	-	29	56	47	23	22	23	51	19	270
Triangle	20 Apr '99	167	487	46	88	81	20	42	59	38	84	44	56	51	54	54	78	44	1 493
Wankie	23 Aug .99	26	101	13	11	19	6	28	9	16	15	13	11	15	16	13	15	12	339
Total		2217	1144	1958	2848	2679	1853	3616	3822	2744	5118	5407	4335	5071	4369	3858	4328	2970	68 634

VCT new clients by month: January 2000 to March 2002

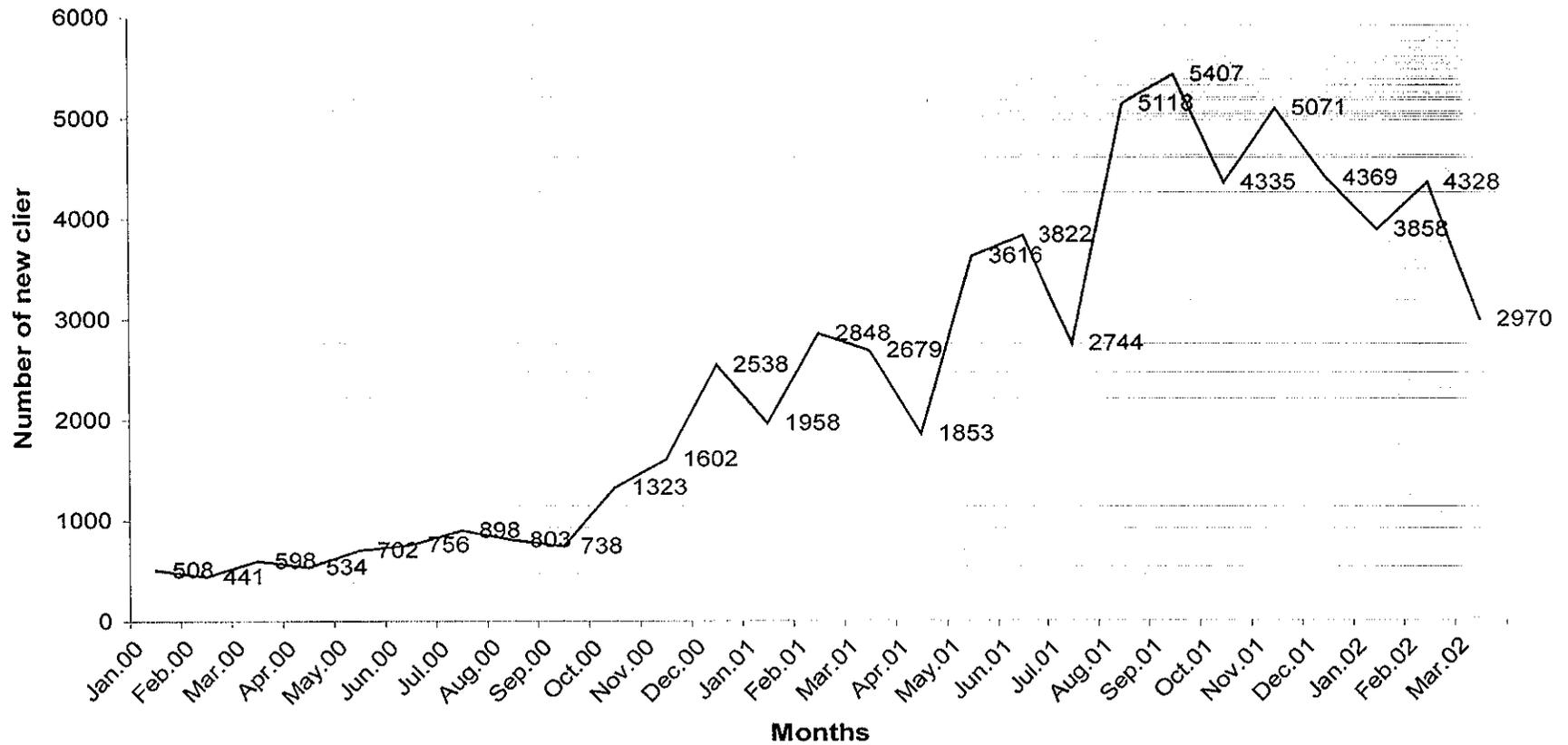


Table 2. Promotion figures: New couple client visits by site during the Valentine's promotion - 11 to 23 February 2002.

Site	Total number of new couple clients seen
NAH	207
BDS	50
Harare	33
Gweru	29
Mutare	25
Nkulumane	11
MAC	20
Bindura	9
Chinhoyi	12
Gwanda	2
Triangle	5
Wankie	1
Total	404

Table 2 above shows the number of new couples seen by site during the two week Valentine's Day promotion (11 to 23 February 2002). Thus a total of 808 clients came to the centre as a couple. For the entire month of February, 1006 clients (of a total of 4,328) presented as a couple. This represents 23.2% of the client flow during the month, up from 12-17% in the previous two month period. Consequently, the promotion had an impact on the number of clients presenting as couples during February. VCT has been shown to be most cost-effective when for women, HIV+ persons and couples.

A cumulative figure of 68 634 new clients was seen from April 1999 to March 2002 of which 54 976 were seen between January 2001 and March 2002. A total of 11 156 new clients were seen during this quarter compared to 13 775 seen last quarter, a decrease of 19 %. The low number of new clients attained over the period in the New Start Network can be attributed to the effects of the closure of the sites during presidential elections and Easter holidays.

New Africa House (NAH) contributed the highest percentage (49.8%) to the total number of clients seen during the first quarter of 2002, while Bulawayo Direct Site (BDS) contributed 13.6%. The two direct sites contributed 63.5% of the total new clients seen this quarter. It can be observed that NAH had a slight decrease of 8.6% (6083 to 5557), Mutare 8.9% (789 to 719), Nkulumane 34.2% (489 to 322), Bindura

recorded a significant decrease of 60.4% (1396 to 552); Gweru recorded a decrease of 21.2% (614 to 484), MAC 13.1% (764 to 664) this quarter when compared to the previous reporting period. Chinhoyi recorded a decrease of 36.5% (318 to 202); Gwanda remained almost constant from 92 to 93 this quarter. Triangle recorded an increase of 9.3% (161 to 176); Harare City had an increase of 7.3% (766 to 822), in the number of new clients seen during the first quarter of 2002 when compared to the fourth quarter of 2001.

Challenges of the quarter and actions taken to address them:

1. Preparing for New Start special promotion for February, 2002.
 - Communicating with sites on the forth-coming special promotion.
 - Distributing extra supplies needed for the promotion.
 - Development of mass media campaign for the Valentine's Day free promotion.
2. Hosting a training for 12 counsellors from Zambia.
 - Prepared extensive, standardized training materials for non-Zim counsellors, (which will prove useful for future trainings and PSI VCT programs in other countries).
 - Arrange logistics of hosting, including lodging, scheduling and attachment to NAH.
 - Note: SFH Zambia free-standing site launched in Lusaka mid-March and already averaging 40 clients per day.
3. Persevere through difficult period surrounding elections (March 9 and 10)
 - PSI-Zim closed from March 11-13.
 - Free-standing sites closed from March 9-13 and on special hours immediately following.
 - VCT outreach (mobile) activities curtailed in February and March.

III. Goals for following quarter (April – June, 2002)

Standardize integrated site operating agreements and host site managers workshop for negotiation and renewal.

Rent and renovate space, and hire staff, for Chitungwiza free-standing site.

Attempt to obtain consensus on priorities and action plan for the New Start Network from key officials of the Ministry of Health and Child Welfare, donors and other bodies within the Government of Zimbabwe.

Host visitors from emerging PSI VCT programs from other countries in the region.

Conduct client exit survey aimed at assessing client satisfaction with services offered at New Start Centers.

Develop/coordinate concept paper for longitudinal study following VCT clients post-test to determine impact of VCT service.

Produce manuscripts based on VCT data.

Finalize production of youth mass media campaign materials.

Develop scripts for the drama series.

Develop radio and television adverts for the Mother's day promotion.

Print VCT referral forms for the ProFam service providers.

INTEGRATED PRIVATE MEDICAL SECTOR (IPMS) AND AIDSCORP

1. Executive Summary

- a. **Advocacy** – is underway in lobbying for independent nurses to obtain a dispensing license, as they are the main vehicle to reach the low-income groups. Currently independent nurses are not allowed to procure, store or dispense antibiotics as stipulated in the MASCA Act under the Medicines Control Authority of Zimbabwe (MCAZ). Futures Group is being funded by USAID to look into advocacy issues and therefore has been approached to assist in lobbying for the independent nurses. The independent nurses have prepared an argument paper and analysis of the Act has been done as per advice from Futures Group's Dr. Zinanga. A meeting is to be held in the coming month with the Ministry of Health and Child Welfare to discuss the latter, with the hope that MOH/CW will be convinced and will in turn lobby MCAZ to review the Act.
- b. **ProFam Expansion**
 - Zimbabwe is already prescribing Emergency Contraception using the Yuzpe regime (low dose COCs), therefore the project has found it desirable to introduce a dedicated progesterone EC method by end of the year which has fewer side effects as compared to the COC and is easier to use.

- Screening of Cancer of the Cervix using acetic acid (visual inspection) was identified as a need in providing comprehensive reproductive health services, hence the project found it necessary to integrate the practical training within the Doctors' IUD/Norplant Practical course. Already the theoretical part is being covered during the didactic courses. Plans are underway to arrange for nurses to go through the same training in screening for Cancer of the Cervix.
- c. **Youth Friendly** – PSI/Z is already working on a youth initiative programme using the chatline and IPC interventions, hence the ProFam project found it necessary to equip some of its interested network providers in youth friendly services so that they can provide services to the needy youth. Demand for this course was substantial. Forty-three (43) providers have already been trained.
- d. **Jadelle (two rod levonorgestrel implant)** - Through the public sector the six-rod Norplant is being phased out and being replaced by Jadelle by end of year, hence the project will automatically introduce the same implant in the private sector. ProFam trained providers will be oriented on the new product as from May 2002 as 100 free sets have been received from Schering.
- e. **Depo Provera** – Initially Depo Provera sales were low but due to intensive marketing by Field Support Specialists sales have trebled.
- f. **Marketing**- Media plans for the existing ProFam adverts were developed and implemented. The adverts started flying on radio and television in March 2002.

11. Narrative Report by Activity

Goals for this quarter and progress against those goals

IPMS

a. Sales and Distribution

- Obtain sales figures every fortnight to monitor progress against targets

b. Training

- Conduct two youth-friendly (Harare, Bulawayo) workshops in the month of February, first of their kind in the ProFam project.

c. Support and Follow Up

- FSS to continue with support and follow-up visits

d. Product Marketing

- Merchandise outlets continuously
- Conduct trade visits
- FSS to organize monthly ProFam neighborhood meetings with service providers

e. Mini Retreat

- Conduct a Mini Retreat to look into the expansion of the ProFam project and the prioritization of activities.

f. I E C

- Continue distribution of posters and brochures

g. Advocacy

- Lobby for independent nurses NAMAS claim number and approval to procure, prescribe and dispense antibiotics.

h. Provider Relations

- Hold Project Coordinating Committee meeting on the 22nd March 2002.

AIDSCORP

- a. Educate high-risk groups in colleges, estates, mines, companies i.e. youth, truckers, CSWs, uniformed officials and informal traders on STD/HIV/AIDS prevention

Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program

Key Accomplishments

I P M S

1. SUPPORT AND FOLLOW UP ACTIVITIES

Field Support Specialists and Training Officers have been able to breakthrough to commercial sex workers and the youth, enabling the project to acquaint these two groups on the roles and functions of New Start Centers and also on the correct and consistent use of condoms.

2. SALES

Sales figures for Marvelon of 96 780 cycles and Exluton of 53 920 cycles were above the quarterly sales targets of 75 000 and 45 000 cycles respectively.

3. TRAINING

Two Youth Friendly workshops were held in Harare and Bulawayo. The Harare workshop was held on the 11th – 15th February 2002 and a total of twenty-three (23) participants attended (3 doctors, 2 pharmacists and 18 nurses). The Bulawayo workshop was held on 18th – 22nd February 2002 and twenty (20) participants attended (4 doctors, 2 pharmacists and 14 nurses).

4. MINI RETREAT

A Mini Retreat was held on 1st March 2002 and its objective was to look into the expansion of the ProFam project and the prioritization of activities. The following were the agreed activities for expansion: -

- Introducing the Emergency Contraceptive pill
- Training of providers on visual inspection of the cervix to screen for cancer during the IUD/Norplant practical course
- Developed NSC referral form for providers

b. Workplan

Revised workplans to incorporate donor's requirements following the mini retreat

c. Training

There was need for an evaluation of the training component especially the Youth Friendly course which was considered too long (5) days and costly vis-à-vis private providers giving youth adequate counseling time. It was recommended that the following surveys be undertaken to assess the impact of the course and establish provider commitment: a) mystery client survey b) exit survey by December 2002.

5. PROJECT COORDINATION COMMITTEE MEETING (PCC)

Advocacy

Approached the Futures Group representative (Dr A Zinanga) to facilitate lobbying for the nurses dispensing license as per USAID recommendation. Dr Zinanga after meeting with the Independent Clinics Organization Executive members suggested that:

- a policy analyst be hired to interpret the Acts in place, which are hindering the nurses from procuring, prescribing and dispensing antibiotics;
- a position paper be prepared which highlights the Independent nurses practicing criteria, their contribution to the community on STI/HIV/AIDS/FP services

- Meet with Dr. Dhlakama – Principal Medical Director MOH/CW, to discuss the Medicines and Allied Substances Control Act (MASCA) Chapter 15:03 and present their position paper.
- If MOH is convinced, will follow up with MCAZ to lobby for change of the Act to allow nurses to prescribe and dispense antibiotics.

AIDSCORP

INSTITUTIONAL TRAININGS

- i. The United Bottlers and BAT companies training sessions held on 28th were video taped for the PSI Library.
- ii. AgMark – Pitch presentations were done and a training of trainers will be held on the 10th April. They have also indicated their willingness to be distributors of PP and care to shop dealers and farmers.

STRENGTHS

IPMS

1. Received an overwhelming response for the two Youth Friendly trainings held in Harare and Bulawayo.
2. Network members already trained in Emergency Contraception (EC) hence no further training is needed after launch of the product. Reinforcement will be done during FSS support visits and refresher courses.

WEAKNESSES

1. Depo Provera supplies have been very erratic hence the low sales experienced throughout the region. Geddes has admitted that internal administration problems have also contributed to the shortage. A meeting between Geddes and PSI Administration Manager was held to review the pharmaceutical company's commission since packaging costs on all ProFam products keep escalating.

OPPORTUNITIES

1. A meeting was held between the Independent Clinic Organisation (ICO) members and the Chairman of the Parliamentary Health Committee the Hon. MP Blessing Chibundo. The meeting was a follow up to a presentation done by PSI/Z to the committee regarding PSI/Z's social marketing activities in Zimbabwe, of which the industrial nurses dispensing license was one of the issue ProFam was pursuing under the advocacy component. The Chairman showed interest in pursuing the matter and hence asked the ICO members to give a brief on the matter to the Chairman. From the meeting with the ICO Executive members it was agreed that post election if the committee still stands it will expedite calling for an urgent stakeholders meeting. The meeting will comprise of the Ministry of Health and Child Welfare, NAMAS, MCAZ, doctors, pharmacists and nurses in the private sector.

2. The coming in of the Futures Group on board will assist greatly as they are the people dedicated only to advocacy. The Futures Group will also assist in the lobbying for Independent nurses' license and NAMAS number.
3. Opportunity of marketing Emergency Contraception is high as Postinor 2 is already registered with the MCAZ.

THREATS

1. Most commercial sex workers in the mines and estates have no funds to purchase care, but the demand is high.
2. Sales figures for the month of February were lower than those for January and March 2002. This was due to the fact that the Senior Field Support Specialist resigned at the end of January. The situation was set to improve now that the Senior FSS has been replaced by an internal promotion of a Bulawayo FSS who has also since been replaced. Another contributing factor to low sales was that one of the Bulawayo FSS was on leave and went off sick during the months of January and February respectively.
3. Support and follow up visit figures for February 2002 were also low due to reasons reiterated in number 2.
4. No trainings were scheduled for the month of March 2002 because of the Presidential Elections.
5. Out of Harare trips for Field Support Specialists and Training Officers were suspended in March and resumed after the Presidential Elections, hence affecting the project's day to day field activities.
6. The cost of packaging ProFam products keep escalating due to inflation which might pose a threat to our commodity budget.

AIDSCORP

Strengths

1. A lot of interest in institutional training was shown by Carnaud Metalbox, Mobil, Makro and ZUPCO.
2. Managed to penetrate the police force starting in Harare, but will be covering the whole region in the coming quarter. Awaiting for permission from Police Headquarters.

Opportunities

1. To penetrate the mines and estates to reach commercial sex workers
2. Reach the police force nationwide as some of them fall under the high risk groups

TABLE 1: Trainings Conducted – January – March 2002

Date	Venue	Name of Course	No of Pax Trained During Qrt	No. Of Pax Trained as at August 1 2001 (i.e. Start Of Phase II)	No. of Pax Trained During Life of Activity (Cumulative)
20 th Feb 2002	ZNFPC Mutare	OTC VCT Orientation and IPC Skills	20	38	451
-	New Ambassador Harare	Nurse Aides VCT Orientation and IPC Skills	-	30	107
-	New Ambassador Harare	Nurses HIV Counseling and STI Management Refresher	-	58	249
-	-	Doctors IRH Comprehensive	-	-	178
-	-	Doctors IRH Practical	-	22	149
-	-	Doctors IRH Refresher	-	11	85
-	-	Pharmacist IRH Comprehensive	-	18	171
-	-	Pharmacists IRH Refresher	-	-	65
11 - 15 Feb 02 18 – 22 Feb 02	Holiday Inn Harare Bulawayo Rainbow	Youth Friendly Training	43	-	43

HIV/AIDS PREVENTION INSTITUTIONAL TRAINING AS AT AUG 2001 TO MARCH 2002							
DATE	VENUE	TYPE OF INSTITUTION		# of people reached during Quarter	# of people reached as of Aug 2001	# of people reached during life of activity	sessions done
		COLLEGE	COMPANY	(cumulative)	(i.e. start of phase II)	(cumulative)	
Aug-01	Marondera		Surrey Farm	602	120	120	1st session
	Harare		Stanbic Bank		34	154	1st session
Sep-01	Harare		First Mutual Life		120	274	1st session
	Harare	Danhiko College			250	524	2nd session
Oct-01	Bulawayo		United Bottlers Bulawayo		33	557	1st session
	Harare	Danhiko College			45	602	1st session
Nov-01	Harare		First Mutual Life		37	639	1st session
	Harare		Southampton		250	889	1st session
	Harare		Eversharp		80	969	3rd session
	Bulawayo		Paint and Allied Service		56	1025	1st session
	Harare	Trust Academy			35	1060	1st session
	Bulawayo		Stanbic Bank		15	1075	1st session
	Mutare		Stanbic Bank		12	1087	1st session
Dec-01	Harare		Stanbic Bank		40	1127	1st session
	Harare		Southampton	775	250	1377	1st session
Jan-02	Shamva	Frontline Institute		200	1577	1st session	
	Harare	Morgan Zintec		380	1957	1st session	
	Chitungwiza	Seke Teachers		100	2057	1st session	
	Harare	Morgan Zintec		550	2607	2nd session	
	Chitungwiza	Seke Teachers		460	3067	2nd session	
	Bulawayo		United Bottlers	67	3134	1st session	
Feb-02	Harare		Pioneer Trucking	40	3174	1st session	
	Harare		Livestock Trucking	20	3194	1st session	
	Bulawayo	United College of Education		25	3219	1st session	
	Harare	Danhiko College		340	3559	1st session	
Mar-02	Harare	Morgan Zintec		45	3604	1st session	
	Shamva	Frontline Institute		260	3864	2nd session	
	Chitungwiza	Seke Teachers		550	4414	2nd session	
	Gweru	Gweru Technical		187	4601	1st session	
	Mutare	Africa University		30	4631	1st session	
	Harare	Belvedere Teachers		3814	560	5191	1st session
			TOTAL		5191		5191

TABLE 3: Sales and Sales Targets per Quarter January – March 2002

PRODUCT	SALES IN QRT	TARGET THIS QRT	CUM. SALES (PHASE II)	CUM. CYPs PHASE II	CUM SALES (Life of Activity)	CUMULATIVE CYPs (Life of Activity)
Marvelon	96 780	75 000 cycles	247 650	19 050	881 940	67 842
Duofem	88 990	90 000 cycles	168 520	12 963	179 760	13 828
Exluton	53 920	45 000 cycles	130 770	10 059	445 250	34 250
Depo Provera	7 910	15 000 cycles	25 065	6 266	45 378	11 344
Multiloal	0	0	54	270	968	4 840
TOTAL	N/A	N/A	N/A	48 608	N/A	132 104

TABLE 4: January – March 2002 Visits Done By Field Support Specialists

Region	Visited	No Visited During II Qrt	No Visited as at August 2001
Northern Region	Doctors	56	188
	Nurses	23	54
	Pharmacists	72	188
Southern Region	Doctors	66	217
	Nurses	45	165
	Pharmacists	59	174
Manicaland Region	Doctors	28	52
	Nurses	21	53
	Pharmacists	22	32

• **Numbers visited during the Life of Activity**

Doctor	=	2 009
Pharmacists	=	2 323
Nurses	=	1 184
TOTAL	=	5 516

111: IPMS and AIDSCORP Goals for following quarter

1. Trainings

Conduct the following trainings

- Experience Sharing workshops - May 2002 (date to be advised)
- Pharmacist Reproductive Health Course Harare – 18th – 19th May 2002
- Nurses' HIV Counseling and STI Management Refresher Course Bulawayo – 21st – 24th May 2002
- Experience Sharing workshop Bulawayo and Gweru - June 2002 (date to be advised)
- Family Planning Clinical Course for Independent nurses Harare - June 2002 (date to be advised)
- Doctors' Reproductive Health Course Kadoma – 20th – 23rd June 2002

2. ProFam Expansion

- Sensitize MOHCW's Deputy Minister and Permanent Secretary on Emergency Contraception.
- Follow up Independent nurses' issue on dispensing license and NAMAS number with the Futures Group.
- Discuss with ZNFPC on the possibility of a ProFam mobile clinic in rural areas they do not serve.

2. Provider Relations

- Hold a Quarterly Review meeting with ZNFPC on 16th May 2002.
- Hold a Project Coordinating Committee meeting on 27th June 2002.
- Produce a quarterly newsletter for ProFam providers.

Research Monitoring and Evaluation

- Conduct mystery client exercise to evaluate quality of service offered by trained service providers.

Marketing

- Develop the ProFam VCT referral form for the service providers.
- Run small referral competitions for the service providers.
- Continue flying the ProFam adverts on television and radio.

Male and Female Condom Social Marketing (M/FCSMP)

Male and Female Condom Social Marketing (M/FCSMP)

I. Sales Highlights

Protector Plus (PP) sales by outlet type

Outlet type	Qter 4 2001	Qter 1 2002	Change (%)
LQ – Liquor	497,880	627,940	26
SU - Supermarket	770,310	913,050	19
TU – Tuck-shop	20,700	35,460	71
SE - Service Station	192,510	298,730	55
HE - Health Care	211,440	761,890	260
HO - Hotel	38,970	57,150	47
OR - Organization	39,600	175,140	342
WH - Wholesale	1,638,790	1,852,320	13
OT - Other	13,770	11,520	-16
IN - Individual	7,030	7,50	187
SA - Samples	10,900	18,720	72
No name type	3,150	0	-100
TOTAL	3,445,050	4,772,070	39

Care sales by outlet type

Outlet type	Qter 4 2001	Qter 1 2002	Change (%)
LQ - Liquor	840	1,560	86
SU - Supermarket	98,720	3,500	-96
TU – Tuck-shop	120	0	-100
SE - Service Station	440	80	-82
HE - Health Care	2,200	21,360	100+
HO - Hotel	100	200	100
OR - Organization	42,020	26,420	-37
WH - Wholesale	7,500	8,100	8
OT - Other	240	10,160	100+
IN - Individual	40	1,500	100+
SA - Samples	800	1,220	53
No name type	13,420	0	-100
Total	166,440	74,100	-55

PP and Care sales against target, Quarter 1 2002

Product	Sales	Target	% variance
PP	4,772,070	3,899,991	22
care	74,100	59,940	24
Total condoms	4,846,170	3,959,931	22

II. Highlights of the Quarter

- a. A *CARE* sales promotion in Hair salons started in Mutare (region 3) in February and in Harare (5) & Chitungwiza (6) in late March. Hair dressers in participating salons received a one-day *CARE* product-knowledge training and introduce the product to their clients while doing their hair.
- b. PP sales increased over those of the previous quarter by 39%.
- c. Less *CARE* was sold than the previous quarter because of stock-outs during the last half of the quarter.
- d. Held a Quarterly sales meeting on the 8th April 2002 to review sales performance for the quarter.
- e. PSI/Zimbabwe's own PP/*CARE* warehouse in Gweru started operating in March.

Strengths

1. Protector Plus now well established brand on the market
2. Affordable price (Z\$6.00 for three) compared to other commercially available brands (roughly Z\$800.00 for three).
3. Extensive distribution coverage in the urban/peri-urban areas.
4. Strong advertising support.

Opportunities

1. Distribution partnership with Coke (Central Africa) finalized and scheduled to start in quarter II.
2. Design work in progress for new packaging for PP and care

Weaknesses

1. Care perceived as not user-friendly.
2. Packaging for PP and care tired and non-appealing.

Threats

1. Political tension/disturbances impact negatively on distribution. Some rural areas became unreachable up to the time of the national Presidential elections because of political violence and intimidation of outsiders by political party youths and war veterans.
2. Low stocks of PP coupled with delayed arrival of imported consignment could result in stock-outs during April.

III. Goals for following quarter

Sales targets for 1st Quarter 2002

Product	Apr	May	Jun	Total
PP	1,299,997	1,299,997	1,299,997	3,899,991
CARE	27,360	29,160	32,400	88,920
Total	1,319,977	1,319,977	1,319,977	3,988,991

Targeted Communications Initiative (TCI)

Executive Summary

- a. **Generic Communications** - A drama series that tackles behavioral change problems affecting the youths is being developed. A storyline for the drama, highlighting issues of trust and appearances has already been created.
- b. **Hair Salon Promotion** – A Care promotion targeting women who visit hair salons was launched in Mutare. The promotion utilizes hairdressers trained on Care to talk about care to their clients. The promotion has been a success as shown by the increase in care sales through the saloons.
- c. **Home meetings** – Home meetings targeting women have been started. Home meetings are conducted in private homes. During the meetings, women discuss issues pertaining to Care and New Start in a relaxed and friendly environment

I. Goals for this quarter and progress against those goals

- To launch a Care promotion for the hair salons in Harare and Mutare. The promotion aims to utilize hair - dressers to disseminate information on the Care female condom as well as HIV prevention strategies to their clients.

The Care promotion was successfully launched in Mutare. Hairdressers from fifteen saloons were trained on how to use Care and the product benefits.

- To develop a communications brief for the generic communications campaign.
A drama series focusing on youth behavior change issues such as trust and appearances is being developed. A story line for the series has already been created.

- Develop and pre test new mass media campaign for PP targeting the youth.
New materials for PP have been developed and are waiting to be pre-tested in the following quarter.

- Incorporate pre test findings in the Care mass media campaign
The pretest findings have been implemented.

II. Highlights of work-in-progress; key strengths, weaknesses, opportunities and threats; and overall status of program.

Results Reporting

- Hair dressers in Harare and Mutare were trained on the use of Care to enable them to disseminate information to their clients. The Care promotion was successfully launched in Mutare in February 2002. Fifteen hair saloons are participating.
- Home meetings focusing women and aimed at discussing issues pertaining to Care and New Start in a home environment were started.
- New materials for the Corridors of Hope outdoor communication were developed and pre tested. The pre-test results have since been incorporated into the new designs.

Goals for the following quarter (April –June 2002)

- Launch the Hair saloon promotion in Harare.
- Train the participating hair dressers on New Start so that they can refer their clients to VCT.
- Continue with the home meetings.
- Erect Corridors of Hope (COH) billboards for Victoria Falls and Hwange.
- Produce an STI brochure for the COH programme.

Appendix I: Benchmarks

The Program Benchmarks represent key milestones or activities on the way to achieving the broader program objectives established in the logframes. These benchmarks are not necessarily contractual requirements but they help track progress against key activities represented in the workplans. Benchmarks that have been completed remain in the quarterly report as a permanent record of the activities of the overall program.

Key Benchmarks for Program Implementation	Target Completion Date	Status at time of report (C or %C)	Reason for Incomplete Status (if applicable)
<u>New Start VCT</u>			
Open Third Direct Site	Q3 2002		
Operating Agreements with Indirect Sites Revised	Q2 2002		
Redesign/reopen Hwange Site	Q3 2002		
Redesign/reopen Bindura Site	Q3 2002		
Integrate FP/STI services into 2 New Start Direct Sites	Q2 2002		
Integrate New Start VCT services into ZNFPC FP clinic	Q2 2002		
Launch New Start VCT outreach integrated with ProFam services	Q3 2002		
Launch New Start advertising campaign	Q4 2002	70%	Revising campaign materials to incorporate pre test research results.
Establish ELISA testing capacity at NAH	Q3 2002		
Launch TV mini-series to address benefits of VCT	Q4 2002	60%	Storyline has been developed in conjunction with the broadcasting authority. Budgets and scripts to follow in next quarter.
<u>IPMS</u>			
Integrate ProFam services into New Start Outreach	Q3 2002	0%	Integration will start with 3 rd NSC direct site by August 2002 in Chitungwiza. Success of the integration at the 3 rd site will lead into integrating STI/FP services into the mobile VCT.
Launch redesigned communications	Q3 2002	100%	Decision made to continue flighting the old TV & radio adverts as

campaign			they had not been exposed to the public for a long period because of budgetary constraints.
Add two new products/services to ProFam basket (e.g.) 1. EC	Q4 2002	0%	Still working out workplan which involves <ul style="list-style-type: none"> - sensitizing the Ministry of Health and Child Welfare - Identifying pharmaceutical manufacturing company - Register product under PSI/Z with the (MCAZ) Medicines Control Authority Zimbabwe - Identify distributing pharmaceutical company in Zimbabwe - Launch product by 4th quarter
2. Pap Smears		100%	Theory has been included since 2001 trainings. Practicals using acetic acid to start in August 2002
3. PTKs		0%	It was agreed that PTKs will not be ideal for the private sector
Register Dr. Reddy's Female Condom with MCAZ	Q3 2002	0%	Need to get samples to send to MCAZ for registration.
Targeted Communications and Condom Social Marketing			
Launch new Protector Plus brand packaging	Q4 2002	50%	New square condoms to arrive in December 2002. Meanwhile to use new design on the rectangular pack.
Launch new PP ad campaign	Q4 2002	70%	Campaign still being developed. To launch in Q4
Launch new <i>care</i> brand packaging	Q3 2002	80%	New packaging still being developed.
Launch new <i>care</i> ad campaign	Q3 2002	80%	Campaign still being developed.
Generic BC Campaign launched	Q3 2002	50%	Campaign still being developed
Evaluate PP ad campaign	Q3 2002	50%	Campaign still being developed
Evaluate <i>care</i> ad campaign	Q3 2002	50%	Campaign still being developed
Evaluate BC campaign	Q4 2002	50%	Campaign still being developed
Sustainability and other Core Objectives			
Revise Strategic Sustainability Plan	Q3 2002		
Management Retreat	Q2 2002		

Appendix II: Logframes

The logical framework submitted to DFID in late 2001 differed from that submitted to USAID earlier in the same year. Consequently, there are two logframes that govern essentially the same activity. The reason for this is that the logframe submitted to USAID did not benefit from the research conducted by PSI/Z in mid-2001. Consequently, some targets were set too low, others too high. The logframe submitted to DFID contained the baseline figures and therefore more realistic targets. Furthermore, the logframe submitted to DFID consolidated or changed some indicators and is therefore more streamlined than the current USAID logframe.

In the interest of working against a single logframe over the life of our activity, PSI/Z will convene a meeting in the near future between PSI/Z, USAID and DFID to get consensus on a consolidated logframe and submit that to the respective contracts officers for approval. Both DFIDCA and USAID/H are supportive of such a meeting but until the changes can be agreed upon, the below logframes identify indicators and targets specific to the particular contract. This accounts for the appearance of different targets against the same indicator in some places or indeed for contract-specific indicators.

Program Indicators (2001 – 2005)

New Start Voluntary Counseling and Testing Services

<u>Indicators</u>	<u>Date of Completion</u>	<u>Progress to Date</u>	<u>Comments</u>
1. 150,000 clients counseled at New Start centers.	1. July 2005	1. 9,400 clients seen during quarter; 24,260 seen during phase II; 57,438 clients seen during life-of-activity.	
2. 86% (DFID), 50% (USAID) of New Start clients are LSM 1-6	2. July 2005	2. 53% KAP 2001	
3. Recurrent (DFID) Cost-per-client decreases to \$36 in final year of project.	3. July 2005	3. TBD	
1.1 Increase from 10% to 70 % of target group who can cite at least one place where s/he could obtain VCT services (USAID only).	1.1 – 4.1 July 2005	1.1 92.7% in KAP 2001	

<p>1.2 93% of target group can cite correctly at least one place where s/he could obtain VCT services (DFID only)</p> <p>1.3 Increase from 54% to 65 % (USAID) (46% to 86%- DFID) of target group who report that they are likely to utilize VCT services.</p> <p>1.4 60% of target group who are aware of <i>New Start Centers</i> believe that the centers provide confidential services.</p> <p>1.5 No significant differences in above indicators by LSM in target areas</p> <p>2.1 (10 – USAID) (7 – DFID) <i>New Start</i> integrated VCT centers operational through LOP.</p> <p>2.2 3 <i>New Start</i> direct VCT centers operational by EOP.</p> <p>2.3 80% (USAID) and 85% (DFID) of <i>New Start</i> counselors attend at least 3 refresher training courses during LOP.</p> <p>2.4 75% (USAID) and 85% (DFID) of clients report satisfaction with counseling and testing services.</p> <p>2.5 Rapid Test Kits introduced in all <i>New Start Centers</i>.</p> <p>2.6 60% (USAID) and 86% (DFID) of target group who are aware of <i>New Start Centers</i> believe that the services are affordable.</p> <p>3.1 15% (USAID) and 80% (DFID) of clients are offered information on at</p>		<p>1.2 92.7% in KAP 2001</p> <p>1.3 45.6% in KAP 2001</p> <p>1.4 89.2% in KAP 2001</p> <p>1.5 KAP 2001</p> <p>2.1 Twelve (12) centers currently operational</p> <p>2.2 Two (2) currently in operation</p> <p>2.3 41% (MIS)</p> <p>2.4 89% (Client Exit survey 2001)</p> <p>2.5 10 out of 12 centers have rapid test kits</p> <p>2.6 85.8% in KAP 2001</p> <p>3.1 15%, KAP 2001</p>	
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least one community group to provide follow-up support.			
4.1 Report on population-based data on attitudes and practices related to <i>New Start</i> VCT disseminated		4.1 TBD	

Integrated Private Medical Sector Program (IPMS)

Indicators	Date of Completion	Progress-to-date	Comments
1.1 60% (USAID), 40% (DFID) of <i>ProFam</i> contraceptive users are LSM1- 6. 1.2 Sales of <i>ProFam</i> supported contraceptives provide 160,000 CYPs 1.3 Modern method CPR among LSM1 – 6 remains stable or increases over LOP 1.4 Feasibility of engaging independent nurses in STI treatment assessed.	1.1 – 1.4 July 2005	1.1 27%, KAP 2001 1.2 11 919 CYPs in this quarter; 28 044 CYPs over LOP 1.3 TBD 1.4 37% (KAP 2001)	
1.1 Proportion of LSM 1-6 who can relay the message of at least one <i>ProFam</i> campaign increases from 63% to 83%. 1.2 70% of target population aware of services offered by <i>ProFam</i> members. 1.3 80% of target population currently using contraceptives familiar with at least one <i>ProFam</i> contraceptive method.	1.1 – 1.3 July 2005	1.1 10% (KAP 2001) 1.2 80% (KAP 2001) 1.3 50% (KAP 2001)	
1.4 Proportion of LSM 1-6 reporting	1.5 – 1.5 January 2006	1.4 TBD (DFID only)	

demand for ProFam increased from X% to Y% (DFID only)			
1.5 Proportion of ProFam users from LSM 1-6 increased from X% to Y% (DFID only)		1.5 TBD (DFID only)	
2.1 90% of urban pharmacies offer at least 4 <i>ProFam</i> family planning brands at prices < 2.5% of per capita GDP for one CYP.	2.1 – 3.2 July 2005	2.1 90% (KAP 2001)	
2.2 At least 80% of <i>ProFam</i> trained providers score 80% retention six months after training.		2.2 80% (Training follow up survey 2001)	
3.1 Appropriate referrals to <i>New Start</i> clinics by <i>ProFam</i> providers are made 75% of the time		3.1 TBD	
3.2 Policy change allows Independent Nurses to prescribe and dispense antibiotics.		3.2 TBD	

Note: LSM refers to Living Standard Measures. LSMs provide a state-of-the-art means for categorizing people into groups that describe their net worth in terms of assets and amenities. Surveyed populations are divided evenly between eight (8) LSMs. LSM 1 represents the poorest segment of the population, LSM 8 the wealthiest. X & Y values for these indicators will be determined following a baseline KAP to be conducted during year one of the proposed intervention (see below).

Note: all indicators are to be met by the end of the project unless otherwise specified.

Targeted Communications and Condom Social Marketing

Indicator s	Date of Completion	Progress-to-date	Comments
<p>1. Condom use in last sex act with non-spousal partner increased from:</p> <p>a. 42% to 62% (USAID), 70% (DFID) among urban male youth aged 15-25 and 12% to 30% (USAID), 66% (DFID) among rural male youth aged 15-25</p> <p>b. 29% to 39% (USAID), 72% (DFID) among urban single women aged 15-34</p> <p>c. 72% to 92% among truckers in project areas (USAID only)</p> <p>2 Percent of people having more than one partner in past 12 months decreased from:</p> <p>a. 30% to 15% (USAID), 82% to 50% (DFID) among urban male youth aged 15-25 and 14% to 9% (USAID), 76% to 50% (DFID) among rural male youth aged 15-25</p> <p>b. 31% to 21% (USAID) and 66% to 50% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 79% to 69% among truckers in project areas (USAID only).</p>	<p>1 – 4 July 2005</p>	<p>1.</p> <p>a. 79% among urban and 66% among rural youths (KAP 2001)</p> <p>b. 72% (KAP 2001)</p> <p>c. 75% (KAP 2001)</p> <p>2.</p> <p>a. 82% and 76% among urban and rural youths respectively (KAP 2001)</p> <p>b. 66% (KAP 2001)</p> <p>c. 79% (KAP 2001)</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
<p>3. 50 million <i>Protector Plus</i> condoms sold.</p> <p>4. 700,000 <i>care</i> female condoms sold</p>		<p>3. 3 445 050 condoms sold during this quarter; 7,753,420 sold during Phase II; 40,795,778 sold during LOP.</p> <p>4. 166 440 pieces sold this quarter; 262,614 pieces sold during Phase II; 1,054,194 sold during LOP</p>	
<p>1.1 <i>Protector Plus</i> available in 80% of liquor related and other night outlets</p> <p>1.2 80% of pharmacies stock <i>care</i>.</p> <p>1.3 <i>Care</i> is available in 30% (USAID) and 25% (DFID) of outlets (e.g. Bars/Night clubs and Hotels) in CSW project areas.</p> <p>1.4 Percent of people who know of at least one specific source of <i>care</i> increased from (USAID only):</p> <p>a. 43% to 63% among urban single women aged 15-34</p> <p>b. 40% to 80% among CSWs in project areas.</p> <p>c. 13% to 53% among LSM1-6</p> <p>2.1 <i>Protector Plus</i> perceived as affordable by:</p> <p>a 75% (USAID) and 89% (DFID) urban male youth aged 15-25 and 50% (USAID) and 84% (DFID) rural male youth aged 15-25</p> <p>b 61% (USAID) and 90% (DFID)</p>	<p>1.1 – 3.4 July 2005</p>	<p>1.1 40% (Distribution Survey 2001)</p> <p>1.2 60% (Distribution Survey 2001)</p> <p>1.3 5% (Distribution Survey 2001)</p> <p>1.4</p> <p>a. 16%(KAP 2001)</p> <p>b. 40% (CSW study 2001)</p> <p>c. 13% (KAP 2001)</p> <p>2.1</p> <p>a. 89% and 84% among urban and rural youths respectively (KAP 2001)</p> <p>b. 78% KAP 2001</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
<p>among urban single women aged 15-34 (USAID) and 15-25 (DFID). c. 80% (USAID) and 70% (DFID) among CSWs in project areas. d. 81% among truckers in project areas (DFID only) c. 84% among LSM1-6</p>		<p>c. 40% (CSW study 2001) d. 81% (KAP 2001) e. 84% (KAP 2001)</p>	
<p>2.2 Care perceived as affordable by: a. 73% (USAID) and 50% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID). b. 80% (USAID) and 70% (DFID) among CSWs in project areas. c. X% among LSM1-6</p>		<p>2.2 a. 53% (KAP 2001) b. 60% (KAP 2001) c. 61% (KAP 2001)</p>	
<p>3.1 Agreement with the statement: "I believe condoms are effective against HIV" increased from: a. 63% to 80% (USAID) and 86% (DFID) among urban male youth aged 15-25 and 35% to 60% (USAID) and 86% (DFID) among rural male youth aged 15-25. b. 61% to 80% (USAID) and 83% (DFID) among urban single women aged 15-34 (USAID) and 15-25 (DFID). c. 80% among LSM1-6</p>		<p>3.1 a. 86% for urban and rural (KAP 2001) b. 83% (KAP 2001) c. 80% (KAP 2001)</p>	
<p>3.2 Among those who did not use condoms in the last sex act with a casual partner, % of risk perception</p>		<p>3.2</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
<p>increased from (USAID):</p> <p>a. 35% to 55% among urban male youth aged 15-25 and 14% to 20% among rural male youth aged 15-25.</p> <p>b. 36% to 55% among urban single women aged 15-34.</p> <p>c. 42% to 52% among truckers in project areas.</p> <p>d. X% to Y% among LSM1-6</p> <p>3.3 Percent of people who report that their peers support using a condom increased from:</p> <p>a 31% to 46% (USAID), 33% to 50% (DFID) among urban male youth aged 15-25 and 26% to 31% (USAID), 34% to 50% (DFID) among rural male youth aged 15-25</p> <p>b 46% to 66% (USAID), 22% to 45% (DFID) among urban single women aged 15-34 (USAID), 15-25 (DFID).</p> <p>c. 20% to 50% among LSM1-6</p> <p>3.4 Percent of people who think it is acceptable for a woman to request use of a condom increased from:</p> <p>a 57% to 75% (USAID), 46% to 76% (DFID) among urban males aged 15-25 and 25% to 30% (USAID), 48% to 78% (DFID) among rural males aged 15-25.</p> <p>b 46% to 66% (USAID), 46% to 71% (DFID) among truckers in project</p>		<p>a. 28% and 26% for urban and rural respectively (KAP 2001)</p> <p>b. 37% (KAP 2001)</p> <p>c. 42% (Truckers study 2001)</p> <p>d. 36% (KAP 2001)</p> <p>3.3</p> <p>a. 33% and 34% among urban and rural respectively (KAP 2001)</p> <p>b. 22% (KAP 2001)</p> <p>c. 20% (KA 2001)</p> <p>3.4</p> <p>a. 46% AND 48% among urban and rural youths respectively (KAP 2001)</p> <p>b. 46% (Truckers study 2001)</p>	

Indicator s	Date of Completion	Progress-to-date	Comments
areas. c 45% to 70% among LSM1-6		c. 45% (KAP 2001)	

Sustainability LogFrame

Indicators	Date of Completion	Progress-to-date	Comments
1. Successful achievement against Purpose-level indicators in above indicators 2. Follow-on funding commensurate with sustained or increased program operations secured	1. – 2. July 2005	1. TBD 2. TBD	
1. Consistent improvements in PRISSM assessments, 2001-2005 2. GoZ health strategies embrace social marketing 3. Donors intend to provide funding sufficient to support planned activities beyond EOA	1. On-going 2. On-going 3. July 2005	1. Positive 2. Positive 3. TBD	
1.1 70% of local PSI/Z staff report they are applying increased skills acquired in previous year 2.1 Key GOZ officials consider PSI/Z critical collaborative partner for achievement of health objectives. 3.1 Continuing collaborative operations considered successful by PSI/Z and NGOs 4.1 Follow-on funding proposals negotiated with donors 4.2 PSI/Z expenditure in line with approved budgets 4.3 Positive reports from annual external audits	1.1 Annual; on-going 2.1 On-going 3.1 On-going 4.1 2004-5 4.2 On-going 4.3 Annually	1.1 See training schedule 2.1 Positive 3.1 Positive 4.1 TBD 4.2 TBD 4.3 TBD	