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E2A EVIDENCE TO ACTION
for Strengthened Reproductive Health

Evidence to Action for Strengthened Reproductive Health for Women and Girls

Performance Monitoring Report
Cooperative Agreement #AID-OAA-A-11-00024

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EXPANDNET

INTRHEALTH
INTERNATIONAL



**EVIDENCE TO ACTION (E2A) FOR STRENGTHENED FAMILY PLANNING AND
REPRODUCTIVE HEALTH (FP/RH) SERVICES FOR WOMEN AND GIRLS
Performance Monitoring Report**

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Acronyms

ABBEF	L'Association Burkinabé pour le Bien-Être Familial (Burkina Faso)
ACHAP	African Christian Health Associations Platform
APHRC	African Population and Health Research Center
AMU	Abdou Moumouni University
ARO	Africa Regional Office (of the International Planned Parenthood Federation)
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BEmONC	Basic Emergency Obstetric and Newborn Care
BOP 8	Bureau Operating Procedure Number 8
BP	Best Practice
CBD	Community Based Distributors
CBO	Community Based Organization
CDR	Regional Distribution Center (DRC)
CHAK	Christian Health Association of Kenya
CHEW	Community Health Extension Worker
CHW	Community Health Worker
CEmONC	Comprehensive Emergency Obstetrics and Newborn Care
COP	Community of Practice
CODESA	Comité de Développement Sanitaire (DRC)
CRS	Cross River State (Nigeria)
DD	Demographic Dividend
DFH	Division of Family Health (Togo)
DPS	Provincial Health Division (DRC)
E2A	Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls
EECMY	Ethiopian Evangelical Church Mekane Yesus
ECSA	East, Central, and Southern African Health Community
ECZS	Health Zone Management Team (DRC)
OF	Obstetric Fistula
FP	Family Planning
FPI	Family Planning Initiative (Mozambique)
FTP	First-time Parents
GHI	Global Health Initiative
HC	Health Center
HEW	Health Extension Worker
HFE	Hamlin Fistula Ethiopia
HFG	Health Financing and Governance Project
HHOJ	Healing Hands of Joy
HIP	High Impact Practices
HIV	Human Immunodeficiency Virus
HoPE-LVB	The Health of People and Environment in the Lake Victoria Basin
HP	Health Post
HTSP	Healthy Timing and Spacing of Pregnancy
IBP	Implementing Best Practices
ICFP	International Conference on Family Planning
IFHP	Integrated Family Health Program
IPPF	International Planned Parenthood Federation
IRB	Institutional Review Board
KM	Knowledge Management
LARC	Long-acting Reversible Contraception

LGA	Local Government Area (Nigeria)
M&E	Monitoring and Evaluation
MCDMCH	Ministry Community Development Maternal and Child Health
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
MPH	Ministry of Public Health
MSH	Management Sciences for Health
MSI	Management Systems International
NGO	Nongovernmental Organization
PAC	Postabortion Care
PHE	Population, Health, and Environment
PM	Permanent Method
PMTCT	Prevention of Mother To Child Transmission of HIV/AIDS
PMT	Project Management Team
PPD	Partners in Population and Development
PPAZ	Planned Parenthood Association of Zambia
QI	Quality Improvement
R4D	Results for Development
RENATA	Réseau National des Associations des Tantines
RH	Reproductive Health
RT	Resource Team (Community of Practice on Scaling Up)
SDM	Standard Days Method
SMS	Short Message Service
SRH	Sexual and Reproductive Health
TA	Technical Assistance
TRP	Training Resource Package
TRPPF	Training Resource Package on Family Planning
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UPMB	Uganda Protestant Medical Bureau
USAID	United States Agency for International Development
WAHO	West African Health Organization
WHO	World Health Organization
YFS	Youth-friendly Services
ZS	Health Zone (DRC)

Section 1: Overview

Background

Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) is USAID's global flagship project for strengthening quality family planning/reproductive health (FP/RH) service delivery. The project is designed to reduce unmet need by scaling-up proven best practices to ensure that women and girls receive – and use – quality services through all stages of the reproductive life cycle. To accomplish its mission, E2A increases global support, expands the knowledge base, and scales-up FP/RH best practices that strengthen service delivery. By promoting healthy FP/RH behaviors, gender equality, and compelling evidence around best practices, E2A directly supports the principles of the United States Government Global Health Initiative. A five-year Cooperative Agreement awarded on September 30, 2011, this project is led by Pathfinder International in partnership with the African Population and Health Research Center (APHRC), ExpandNet, IntraHealth International, Management Sciences for Health (MSH), and PATH.

This is the project's sixteenth performance monitoring report, covering the period January 1– March 31, 2015.

Section 2: Management

- The Service Delivery Strengthening “plus” team continues to facilitate internal work planning, coordination and collaboration across E2A's technical and M&E teams. The team meets biweekly is led by the Director of SDS.
- E2A increased project visibility through several platforms including:
 - technical exchanges and webinars (see activity 1, 12)
 - The disbursement of E2A's Newsletter to 1,800 subscribers, an increase of social media Twitter followers by 39% and Facebook by 145%.
- The project continues to evaluate and position itself strategically toward achieving objectives in strengthening quality FP/RH service delivery globally. To that end, the team worked closely with consortium partners, field offices and staff as well as USAID to finalize the Year 5 workplan, and draft a proposed extension year 6 workplan.
- A compliance task team of two team members continues to streamline US government family planning compliance activities as well as USAID environmental compliance across all E2A activities. The task team coordinates with activity managers and in some cases works directly with country compliance focal persons to facilitate compliance activities at the field level.
- The Project Director continued to represent E2A at Pathfinder's Extended Leadership Team (ELT), the Advance Family Planning leadership group meetings, the task force for IBP and hosted the USAID SDI CAs Meeting,
- E2A continued to coordinate with USAID, Pathfinder, and PATH to complete bridging activities in support of ProVIC in the DRC and with USAID, Pathfinder and MSH/PROSANI also in the DRC.
- Regular meetings continued and have helped to move activities forward and ensure comprehensive team and partnership communications. Staff and technical team meetings, and meetings with the USAID Project Management Team (PMT), rounded out the series of regular meetings.

Section 3: Core Funded Activities

Activity 1: Lead a community of practice on science and practice of scaling up

Background

This ongoing, multiyear activity entails leading a Community of Practice (CoP) on scaling up FP/RH BPs through increased utilization of systematic scaling-up approaches. The COP addresses E2A's mandate of improved FP/RH service delivery by building synergies with partners and disseminating systematic approaches for scale-up.

Activities Planned for this Quarter

- Conduct a resource team meeting that will include exchange of experiences and learning from scale-up of non-health programs from Management Systems International (MSI)/Results for Development (R4D).
- Plan for a webinar to share experiences on application scale-up from Tupange and any demand creation programs. The Resource Team will explore conducting the webinar from one of the resource team members' field offices in order to increase participation from the field.
- Plan for technical consultation meetings, this will include exploring opportunities for partnership with organizations that have planned regional or country meetings.
- Continue to work on updating the bibliography.

Accomplishments

- Held a resource team meeting in February. The meeting included exchanges about the communities of practice for scaling up hosted by E2A and MSI/R4D, discussed areas of common interest and explored future collaboration. Also the resource team members shared field experiences on two technical topics; *navigating between the fidelity of innovations and the need for adaptation* as well as *addressing resistance from the field to implementing model projects that are more sustainable and scalable*.
- Plans for a webinar are underway; the webinar on scaling-up of PHE programs the Tupange project experience was to have been conducted from the HOPE-LVB office in Kenya.
- Opportunities for partnerships were explored with MSI/R4D and Brookings Institute who have a scaling-up community of practice. Johannes Linn, Senior Adviser, Results for Development Institute (R4D), attended the CoP resource team meeting; a meeting was conducted between E2A and MSI/R4D. Ms. Mugore attended the MSI/R4D, CoP meeting and learnt about the work of the 4 sub-groups, Monitoring and Evaluation, Fragile States, Education and Agriculture and gave an overview about the CoP, FP/RH Best Practices.
- Work on updating the bibliography is ongoing. In addition to the bibliography E2A is documenting the process of establishing a community of practice and lessons learnt this is intended to serve as a reference for any other groups that might wish to establish a similar community of practice.

Activities Planned for this Quarter

- Conduct a resource team meeting that will include exchange of experiences on scaling up approaches and their application at macro level in non-health programs from MSI/R4D.
- Organize a meeting or webinar for the CoP to share field experience of scaling up PHE programs, the experience of Tupange project, HOPE-LVB Kenya and Uganda.
- Finalize updating the bibliography and disseminate to resource team members and post on the CoP Knowledge gateway.
- Finalize the program brief on the process of establishing the Community of practice for FP/RH, successes and lessons learnt and share for review by the resource team members.

Activity 2: Support global meetings, including the WAHO-led Best Practices Forum in West Africa and IBP working groups at global and country levels

Background

This ongoing, multiyear activity aligns with E2A's mandate of improving FP/RH service delivery by building synergies with partners and advocating for BPs.

Activities Planned for this Quarter

- Participate in ICFP- and co-facilitate selected IBP Track Sessions and pre-formed and individual sessions at ICFP.
- E2A will continue participating in technical working group meetings to prepare the WHO Global Consultative Meeting that will be held in April of 2016. The two main objectives of the meeting are:
 - identify lessons learned from low and middle income countries that have scaled up ASRH programs
 - discuss possible options for disseminating the conclusions and recommendations of the meeting.

Accomplishments

The E2A Project Director, Director for Field Support, Communication Director and Senior Advisors for Youth and Performance Improvement attended the ICFP conference in Nasu Dua. E2A staff from the US and field as well as partner representatives showed global leadership and contributed to global learning on implementation of FP/RH best practices through E2A's preformed panel, oral and poster presentations on a wide range of E2A's technical priority areas as follows:

- Co-facilitated the following IBP Track Sessions:
 - Design a family planning and reproductive health (FP/RH) Training: The Training Resource Package
 - How can we scale up effective approaches for increasing FP access to underserved populations Key Issues in Scaling Up – What works in Family Planning?
 - Reaching Young People with Contraceptive Information. Strategic Planning Tools for Adolescents and Youth Sexual and Reproductive Health.
- Poster, preformed panel and oral presentations:
 - **Youth:**
 - Family Planning needs among marginalized populations: sex workers, youth, HIV+, victims of violence, Implementers' perspective – a Decision Making Tool on Youth Friendly Services,
 - Addressing the needs of first time parents
 - Dispelling Myths and Misperceptions for LARCs Among Youth: an Intervention Trial in Amhara and Tigray, Ethiopia,
 - Strengthening Youth Leadership to Improve SHRH in Niger; : strengthening youth leadership to improve sexual reproductive health and rights (SRHR) in Niger,
 - Improving Youth's Sexual and Reproductive Health Knowledge, Attitudes, and Self-Efficacy Related to Contraception through Short Message Services (SMS) Education: Evidence from Mozambique.
 - **Integration and Service delivery strengthening:**
 - Improving Access and Quality of Postabortion Family Planning Services,
 - Use of Family Planning in Cameroon with Emphasis on Immediate Post-partum Intra-Uterine Devices and Immediate Post-Partum Implants
 - Implementing multi-pronged strategies to improve access to family planning (FP), method choice and new acceptors among underserved communities in Burundi
 - **Scaling-Up:**

- Transitioning from Pilot to Scale Challenges and Successes of ‘Beginning with the End in Mind,
 - Faith Based Health Leadership to improving Family Planning and Reproductive Health;
 - Beginning with the End in Mind: Fostering Greater Government Ownership, Accountability for Sustainable Scale Up,
 - Preparing postpartum family planning for scale: connecting community- and facility-based health workforce with stakeholder support.
- E2A conducted a press conference to launch the LARCs and Youth Consensus statement and co-facilitated a satellite session to Celebrate Young People’s full rights to choice.
 - E2A continued to participate in technical working group meetings to prepare for the WHO Global Consultation on Lessons Learned from the First Generation of Scaled-up ASRH Programs to be held in April, 2016. E2A will be represented.
 - Submitted abstracts for the International Confederation of Midwives conference, (ICM) 2017 to be held in Toronto.

Challenges during the quarter

- The rescheduling of the ICFP resulted in E2A reducing the number of staff that could attend and participate in sessions, this might have reduced E2A’s opportunities for wider participation and learning from other participants’ sessions.

Activities Planned for this Quarter

- Participate in the WHO Global Consultation on Lessons Learned from the First Generation of Scaled-up ASRH Programs

Activity 5: Application of small grants methodology to introduce and scale up family planning and reproductive health best practices among African Christian Health Associations Platform members

Background

This is an ongoing multi-country activity that started in Year 2 under the title, “Promote and scale-up FP/RH best practices to strengthen service delivery by linking existing advocacy initiatives to program implementation.” The objective of this activity is to develop approaches to scale up family planning and reproductive health (FP/RH) best practices among faith-based and community-based organizations. The objective is expected to be achieved through small grants, technical assistance to build capacity of the network, and strong monitoring, evaluation and documentation of approaches. It is anticipated that the interventions will strengthen: (i) FP/RH counseling and services; (ii) referral, monitoring, and supervision systems; and (iii) quality and use of data at community and facility levels. With the departure of Salwa Bitar in September 2015, Anjala Kanesathasan, E2A Senior Gender Advisor took over the management of the ACHAP grants.

Activities Planned for This Quarter

- Continue to provide virtual and on-the-ground TA to EECMY, UPMB and CHAK to build capacity and monitor progress, with a focus on FP compliance.
- Make presentations on E2A ACHAP activity at ICFP.
- Complete grant modifications for CHAK.
- Finalize UPMB program brief and begin drafting the CHAK program brief.

Accomplishments

- The three grantees delivered the following FP results:
 - 122,285 community members participated in sessions led by religious and community leaders;
 - 45,936 men and women were counseled by community health workers;
 - 25,181 new family planning acceptors were served, including 4,454 who chose LARCs.
- E2A staff continued to provide virtual TA to EECMY, UPMB and CHAK to build capacity and monitor progress. With each grant now in full implementation mode, particular focus was placed on data collection, quality and use.
- ACHAP grantee, UPMB, presented at ICFP.
- Completed grant modifications for two grantees, EECMY and UPMB, to continue their activity for the January-June 2016 time period and revised plans with CHAK to conclude their activities in March 2016.
- Finalized UPMB program brief, which will be disseminated during the next quarter. With CHAK ending activities next quarter, E2A will include CHAK activities and results as part of a broader dissemination of the ACHAP activity through the project newsletter.

Challenges

- Given E2A's available budget for Year 5, the grant modification process provided an important opportunity to prioritize activities and adjust timelines with each grantee. Discussions with CHAK led to a mutually-acceptable decision to conclude implementation in March 2016.

Activities Planned for Next Quarter

- Continue to provide virtual and on-the-ground TA to EECMY and UPMB and CHAK to build capacity and monitor progress, with a focus on FP compliance.
- Disseminate UPMB program brief and plan for article of overall ACHAP activity for E2A newsletter.

Activity 7: Support implementation of systematic scale-up strategies to strengthen PAC in at least two countries

Background

This is an ongoing activity that started in Project Year 3, under the title, "*Application of the ExpandNet Methodology to scale-up and strengthen postabortion care-family planning integration in two or more countries in the West Africa Region.*" This multi-year activity builds on the postabortion care – family planning (PAC-FP) assessment conducted in four Francophone countries: Senegal, Guinea, Togo, and Burkina Faso and the regional PAC-FP meeting conducted in Saly, Senegal in 2013 where countries developed Road Maps to strengthen PAC-FP. The activity aims to use the findings of the PAC-FP assessment and support implementation of the country Road Maps in Togo and Burkina Faso to improve quality of PAC and/or introduce a systematic scale-up of PAC-FP, a USAID high impact practice. Implementation of activities started in the last quarter.

Activities Planned for this Quarter

- **Togo**
 - Finalize adaptation of the Youth Friendly PAC training materials to train providers in Togo
 - Conduct training on youth friendly PAC-FP for providers from the 5 health facilities. The training will be implemented in collaboration with EngenderHealth – AGIR-PF project.
 - Support Division of Family Health to conduct a one day meeting for service providers from the 5 health facilities to review their actions plans updated during the review workshop in September, 2015.

- Finalize the draft article for peer review journal publication.
- **Burkina Faso**
 - Conduct a visit to Burkina Faso to work with the Division of Family Health and Regional Health Management teams:
 - Select health facilities and finalize plans for E2A support for implementation of the national PAC guidelines that include use of Misoprostol for treatment of incomplete abortion.
 - Conduct site visits to the selected health facilities, collect baseline data and develop facility plans improve access to quality FP counseling and provision of contraceptives among PAC clients in collaboration with maternity and family planning service delivery managers.
 - Conduct a one day meeting with Division of Family Health and key PAC and FP stakeholders such as UNFPA, Department of Obstetrics and Gynecology, Yalgado Ouedraogo University Hospital who provided technical assistance to the development of the guidelines, MSI, EngenderHealth to discuss gaps in PAC guidelines, identify opportunities for collaboration and initiate documentation of the processes to strengthen PAC-FP.

Accomplishments

- **Togo**
 - The Adolescent Friendly PAC Training Guide was adapted from the PAC Consortium, *Youth Friendly Post Abortion Care Supplemental Module: Trainers Manual, 2012* and translated into French.
 - Plans for the AFPAC workshop continued. E2A developed a concept note for the three day training in partnership with AGIR-PF; the Concept note was shared with the Division of Family Health, Togo. Plans for the
 - Planned for the one day meeting for service providers from the 5 health facilities to review their actions plans updated during the review workshop in September, 2015. A program was developed and shared with the Division of Family Health.
 - The third draft article for peer review journal publication was developed and reviewed.
- **Burkina Faso**
 - A visit to Burkina Faso was conducted by an E2A team of Senior Advisor for Performance Improvement and Clinical Trainer, IntraHealth. The E2A team worked with the Division of Family Health and Regional Health Management teams from Plateau and East to accomplish the following:
 - Selected health facilities and finalize plans for E2A support for implementation of the national PAC guidelines that include use of Misoprostol for treatment of incomplete abortion and developed plans and budgets for training.
 - Conducted site visits to the selected health facilities in the two regions, interviewed providers and conducted review of records and facility observation, client flow, documented baseline information on elements of service delivery and developed plans for training of providers.
 - Conducted one on one meetings with the Division of Family Health and key PAC and FP stakeholders such as UNFPA, Department of Obstetrics and Gynecology, Yalgado Ouedraogo University Hospital who provided technical assistance to the development of the guidelines, MSI, EngenderHealth and Jhpiego to discuss gaps in PAC guidelines, identify opportunities for collaboration and initiate documentation of the processes to strengthen PAC-FP.

Challenges

- Scheduling conflicts and emerging priorities for Year 6 planning necessitated the postponement of the Adolescent Friendly PAC training and the one day progress review meeting for the Quality Improvement teams from the five E2A supported facilities in Togo. These back to back activities have been rescheduled to the next quarter.
- It was not possible to collect quantitative baseline service delivery data from all the selected facilities; it was not feasible to visit all facilities due to distance, and time. Available at district and regional levels was incomplete.

Activities Planned for next Quarter

- **Togo**
 - Implement the Adolescent Friendly PAC training materials developed in the last quarter partnership with EngenderHealth – AGIR-PF project to train Division of Family Health FP/RH trainers, 14 providers from E2A supported health facilities and 14 from AGIR-PF.
 - Support Division of Family Health to conduct a one day meeting for service providers from the 5 health facilities to review their actions plans updated during the review workshop in September, 2015.
 - Finalize the draft article for peer review journal publication.
- **Burkina**
 - Support the Division of Family Health to conduct training for 60 service providers from selected health facilities and district FP/RH managers.
 - Compile baseline data for each facility
 - Plan for Quality Improvement activities with Division of Family Health.
- **Global**
 - Participate in review of the Global PAC Training Materials with a focus on introductory section and modules on Family Planning Counseling and provision, STI evaluation and treatment and HIV counseling/and/or testing and Infection prevention as requested by EngenderHealth who are leading the review process.

Activity 9: Nigeria: Implementation of Community-Based Access to Injectable contraceptives (CBA2I) in Akwa Ibom State in support of national policy in Nigeria

Background

This 15-month activity is intended to support to the 2014 federal policy that approved the provision of all FP methods except surgical methods by Community Health Extension Workers (CHEWs). The activity aims to support the operationalization of the policy as a means of demonstrating its impact on increasing uptake and utilization of FP services, especially injectables and implant contraceptives in supported facilities. The activity also aims to advance E2A's mandate around evidence-based approaches of reaching young people (First Time Parents, FTP) with information and services.

The activity contributes to the USAID's technical priority areas of method choice, family planning workforce, and youth. It will also strengthen service delivery through increased access to methods, strengthened referral systems, improved quality of care, better organization of services and efficiencies through task sharing as well as tools development as needed.

This 15-month activity is implemented in 10 health facilities in two local government areas (Ikot Abasi and Eket) of Akwa Ibom state in Nigeria. The objective of the activity is to strengthen the capacity of CHEWs to deliver injectables and as feasible, implants at the community level in Nigeria with a view to increasing community members' access to a wider range of modern methods, including injectables and

implants. E2A, through the Pathfinder office in Nigeria, will provide TA to build the capacity of CHEWs to provide counseling and FP services, including injectables and implants, in both facilities and community-based settings. Clients choosing IUDs or permanent methods will be referred to other providers at facilities in designated referral sites. Over time, it is expected that there would be an increase in FP uptake and a reduction in unmet need for FP in communities where injectables and implants are offered and greater interest of government and partners to replicate and expand this best practice. There will be strong emphasis on documentation, which will contribute to the ongoing evidence generation and policy debate on task shifting in Nigeria.

The following are the three intended results of the project:

- Strengthen the capacity of CHEWs to provide injectables, and implants at the facility and community level.
- Contribute to increased FP uptake by increasing access to more contraceptive methods within their catchment communities' level
- Support the efforts of government in putting the new task-sharing policy into action.

Activities Planned for this Quarter (January - March 2016)

- Conduct post-skill assessment of CHEWs to ensure competent service provision and certify those who demonstrate sufficient competencies for the provision of injectables and implants.
- Hold review meeting with CHEWs, facility heads and representatives from SMOH
- CHEWs will work closely with CBOs and health facility staff to conduct outreach and demand creation activities emphasizing healthy timing and spacing of pregnancy, counseling on all methods and referral to services during outreach or at supported facilities
- CHEWs will provide FP services at supported facilities and through mobile outreach activities
- Finalize and start to implement the FTP strategy document:
 - Create and support new young mothers' peer groups to conduct demand generation activities and link young clients to additional YFS services
 - Hold sensitization meeting for integrating the first time parents component of activity into the project
- Strengthen referrals for IUD and surgical methods between the supported facilities and other private and public facilities within the catchment area of the supported facilities
- Institute joint quarterly supportive supervision visits in collaboration with relevant health authorities leveraging existing opportunities including the field support project
- Develop a detailed process documentation strategy for the activity

Accomplishments

- Supported Master Trainers and representatives of the State Ministry of Health to conduct post-training skill assessment of CHEWs
- Held review meetings with CHEWs
- Supported CHEWs to carryout Demand Creation activities
- CHEWs provided FP services at supported facilities
- Achieved start-up of FTP implementation:
 - Held advocacy meeting with LGA focal persons
 - Identified and met with eligible small peer group leaders among FTPs in Eket and Ikot Abasi LGAs
 - Conducted the training of 23 FTP Peer group leaders in Eket (11) and Ikot Abasi (12) LGAs.
- Provided TA and conducted compliance monitoring visit to all CBA2i-supported facilities in Eket and Ikot Abasi LGAs.
- NCO FP Program Manager carried out FP Compliance Monitoring visits to AKS field office and some CBA2i-supported facilities in Eket and Ikot Abasi LGAs.

Challenges

- Strengthen referrals for IUCD and surgical methods between the supported facilities and other private and public facilities within the catchment area of the supported facilities
- The detailed process documentation strategy was not developed since the TA trip to start-up the development of the strategy was postponed until May 2016.

Activities Planned for the Next Quarter (April - June 2016)

- Support the conduct of small peer group meetings by trained FTP peer leaders in Eket and Ikot Abasi LGAs
- Support CHEWs to conduct outreaches and demand creation activities in the communities.
- Hold advocacy meeting with SMOH, Ministry of Education, Ministry of Women Affairs and Ministry of Economic Development to create linkages for Income Generating Activities for FTPs.
- Train/familiarize documentation focal persons on the use of group discussion and key informant interview guides for FTP documentation process.
- Carry out regular TA and compliance monitoring visits to CBA2I-supported facilities in Eket and Ikot Abasi.
- Hold review meeting with FTP peer leaders, youth friendly focal persons and FP supervisors.
- Convene review meeting of CHEWs, facility heads, and SMOH representatives.
- Support the E2A Senior Youth Advisor and NCO FP/RH PM to conduct TA visits
- Conduct post-training skills assessment of CHEWs
 - Continue to provide FP services at supported facilities through the CHEWs

Activity 10: Application of systematic approaches to scaling up of Population Health and Environment activities in the Lake Victoria Basin project (HoPE-LVB)

Background

Led by Pathfinder, this population/family planning, health and environmental conservation (PHE) project successfully tested and is scaling up cross-sectoral integrated interventions around the Lake Victoria Basin regions of Uganda and Kenya. This activity advances E2A's global learning agenda to demonstrate emerging practices for integrating family planning into non-health areas, as well as the application of systematic approaches to planning for scaling up. The project has a special focus on youth, applies a gender lens and also addresses several health system strengthening elements. E2A is providing support in year 5 for three technical areas: support to the scaling up process more generally, monitoring and evaluation, and policy advocacy and communications.

In year 5 Jan- March 2016, the major activities conducted were as follows:

Sub-activity 1: Provide technical support to the systematic introduction and scale-up of integrated "population, health and environment" (PHE) interventions in the Lake Victoria regions of Kenya and Uganda

Activities Planned for the Quarter

- Meetings planned for the earlier ICFP dates are rescheduled to the coming quarter
- An accepted HoPE-LVB abstract on the project's scale-up experience will be presented as well as a case study of the HoPE scale up experience during the IBP track session on scale up
- Continue collecting input and drafting the technical brief on scale up in HoPE-LVB
- Plan a further review of the scaling-up process during the third quarter of year 5

Accomplishments

- Two HoPE-ExpandNet/E2A meetings, and a third with Pathfinder HQ colleagues took place during the ICFP meetings in Bali to collect further input for the forthcoming technical brief and strategize for activities with E2A over the coming quarter.
- The ICFP accepted abstract was presented on a scale-up focused panel by the team member from Kenya (not using USAID funding)
- The HoPE-LVB case study was used to illustrate the application of systematic approaches to scale up during the IBP skills workshop during ICFP (not using USAID funding)
- Plans were made to organize a technical and dissemination visit by the HoPE team to the United States in the next quarter
- Drafting was initiated of the technical brief/publication highlighting results of the HoPE-LVB experience with applying a systematic approach to scale up over five years

Challenges during the quarter

No challenges encountered

Activities Planned for Next Quarter

- Undertake visit to Kenya/Uganda to hold high level meetings with donors and decisionmakers with HoPE team to discuss resource mobilization for a next phase of scaling up PHE in East Africa
- Support the technical/dissemination visit by the HoPE-LVB team to Washington DC and Boston to plan the final year of the Phase II project
- Finish first draft of manuscript/technical brief and circulate to HoPE-LVB team for review

Sub-activity 2: Support monitoring and evaluation for the HoPE-LVB Project

Activities planned for the Quarter

- Share/disseminate with different stakeholders the Rapid Assessment report.
- Refresher training of community group members in M&E and data collection in the new and old sites.
- Routine monitoring and verification of data and project activities.
- Continuous monitoring for FP compliance at Health Facilities.
- Orientation of new scale up/replication CBOs on monitoring plan, log frame and theory of change.
- Conduct an assessment/audit of scale up partners in Siaya and Homabay on implementation of the HoPE LVB model.
- Orientation of Ministry officials/Government of Kenya partners on HoPE LVB model (KALRO, NEMA, KEFRI, GREENBELT, and KEMFRI).

Accomplishments

- In Kenya, sharing and dissemination of Rapid Assessment Executive Summary at different forums, Steering committees, stake holder meetings and conventions held in the quarter. Also shared electronically with different stakeholders and groups.
- New/existing CBO's working in conservation in expansion sites requested to use HOPELVB rapid assessment results as baseline information for their activities, i.e tree nurseries, energy saving stoves, and County Government of Siaya using the report to inform interventions with BMU's in current work plans.
- In Kenya, refresher training of community group members in M&E and data collection in the new and old sites were conducted.

- Orientation of community groups in new sites on M&E data collection tools, (BMUs, MHH, and Youth groups in Bondo and farmers groups in new Rachuonyo and Ndhiwa sub counties) Refreshers conducted at 1 old/existing site, Rachuonyo north.
- All community groups have been trained in M&E and data collection in both the new and old sites. i.e. Jaguzi, Bwondha, Bussi and Zinga
- Meetings on monitoring the scale up process with GO/NGOs/CBOs were held in with community groups in Siaya and in Homa Bay (Ndhiwa Sub County), Kenya.
- Ongoing routine monitoring of progress and verification of data collection, monthly data review and cleaning with program officers in Homabay and Siaya prior to submission.
- Continuous monitoring for FP compliance at Health Facilities
- Orientation of three new scale up/replication CBOs (in Uganda) and nine new CBOs in Kenya on monitoring plan, log frame and theory of change.
- Conduct an assessment/audit of scale up partners in Siaya and Homabay on implementation of the HoPE LVB model.

Challenges during the quarter

- The political environment in Uganda hindered most activities especially those that were to be implemented in meetings including dissemination of rapid assessment report and quarterly district planning/feedback meetings with the PHE coordination teams

Activities Planned for Next Quarter

- Share/disseminate with different stakeholders the Rapid Assessment report in Uganda.
- Orientation of new scale up/replication CBOs on monitoring, log frame and theory of change. There are 2 organizations in Uganda to be trained in the quarter and in Kenya new CBO's identified in Homabay and Siaya counties will need to go through the same process.
- Continue routine monitoring and data verification in both countries.
- Continuous monitoring for FP compliance at Health Facilities.
- Orientation of Ministry officials/Government of Kenya and other partners on HoPE LVB model (KALRO, NEMA, KEFRI, GREENBELT, and KEMFRI).
- Routine Data quality assessments at sub counties
- Documentation and monitoring of scale up in both new and existing sites
 - This is a process of taking record on each step in the scale up sites, the implementation progress, and the challenges faced. This is done by all program staff and M&E visiting various groups for support and monitoring.
- Conduct an assessment/audit/follow up of scale up partners on implementation of the HoPE LVB model.
- Refreshers on data collection tools targeting new individuals and groups in Kisumu sites
- Model villages' verification and documentation of success/ challenges. This is the part of continuous monitoring, model villages are verified and assessed on progress from time to time. It does not require a new tool to monitor.

Sub-Activity 3: Policy advocacy and communications activities

Activities planned for the Quarter

- Develop advocacy success story
- Train partners/CBOs/NGOs in advocacy to increase the number of champions advocating for policy changes to accommodate PHE.

- Continue district level engagement to raise awareness of existing by-laws and help communities start/continue to enforce PHE-related by-laws at the community level
- Facilitate quarterly planning and feedback meetings of PHE district coordination committees to further institutionalize PHE
- Share the scale up plans and orient interested organizations to replicate HoPE-LVB model
- Support District initiatives to start up model PHE activities/villages as replica for HoPE-LVB

Accomplishments

- Began development of advocacy success story
- Trained 29 total partners/CBOs/NGOs in advocacy to increase the number of voices for policy change to accommodate PHE.
- District efforts in Mayuge District, Uganda were supported through community meetings, planning for trainings and support to model HHs in agriculture; and linkages with health facilities and community were clarified.
- In Siaya County, Usigu community groups are finalizing bylaws on tree planting on each homestead, and management and keeping of free range domestic animals.
- County level quarterly steering committee meeting for Siaya County, Kenya was organized.
- Scale-up plans were shared by all organizations on the PHE working group platform electronically and also with those organizations that had expressed interest in PHE replication.
- Exchange visits for members of the steering committee for Siaya; study tour by Pambazuko and SHAPE-LVB projects and their supported CBOs to learn about PHE and the HoPE-LVB model.
- In Uganda, Several meetings were held with different organizations interested in scale up, where different organizations were subjected to an assessment which informed selection of five organizations to be trained in replication of the HoPE model.

Challenges during the quarter

- District PHE coordination committee members (Uganda) were busy with electoral campaign processes making their involvement difficult.

Activities Planned for Next Quarter (April-June 2016)

- Continue with development of success stories to showcase project achievements
- Train additional partners/CBOs/NGOs in advocacy to increase the voices asking for policy change to accommodate PHE.
- Continue district level engagement to raise awareness of existing by-laws.
- Facilitate quarterly planning and feedback meetings of PHE district coordination committees to further institutionalize PHE.
- Orient interested organizations to replicate HoPE-LVB model.
- Provide technical support to county and sub-county initiatives to initiate model PHE projects that replicate for HoPE-LVB.

Activity II: Integrate and support scale-up of mobile services and expanded method choice (CBA2I, LARCs) in Burundi

Background

This activity builds on lessons learned from the technical assistance provided by E2A to the USAID supported Burundi MCH Project – **for *Systematic introduction and scale up of contraceptive implants in Muyinga and Kayanza provinces***. This multiyear activity supports Pathfinder- UNFPA-,

and UNICEF-funded programs to increase access to a broad range of family planning at community level. E2A supports integration of community-based FP into an ongoing community nutrition program (UNICEF), including community-based access to injectable contraceptives (CBA2i) and access to community based family planning as well as access to LARCs (UNFPA) at community and facility levels in Gitega province and one district each in Rutana and Makamba provinces.

Activities planned for this Quarter

This activity has been discontinued due to the unstable security situation in Burundi.

Activity 12: Advancing a comprehensive model for access to RH/FP/MNCH services by young women with children (first-time parents)

Background

This is an ongoing activity that started in Year 2 under the title, “Test program approaches for effecting youth HTSP-related outcomes”, and in Y3 had the title “Reaching first time parents with healthy timing and spacing of pregnancy messages and FP Services in Guinea”. The activity builds on the experiences of Pathfinder International programs in Guinea, Burkina Faso and Niger that address the unique sexual and RH needs of childbearing, young women and girls in a region with early childbearing and high risk of poor maternal and child health outcomes. The approach, which includes YFHS as well as behavior change activities, aims to improve HTSP among young women, ages 10 to 24, including first time parents (FTP). It also builds social networks and cohesion among young childbearing women, addresses social norms and gender inequality. In previous years, E2A collaborated with Pathfinder to strengthen the monitoring and evaluation component of this work, in order to ultimately document the approach and its outcomes. In Year 4, E2A documented the implementation process of an FTP model in Burkina Faso, having the focus on young married women, their partners and key influencers; and convened an expert consultation meeting on FTP to obtain inputs for the development of an FTP framework.

In Year 5, E2A will: (i) disseminate an integrated program framework to address FTP health needs, consolidating knowledge in this field; (ii) Adapt and validate training and implementation tools and outreach activities to foster changes in norms and behaviors related to contraceptive use for HTSP, while meeting the broader FP/MNCH needs of FTP; (iii) test and document FTP approaches in different contexts/countries that address the multiple health information and service needs of young mothers, including FTP, while building the capacity of local partners to implement programs that effectively reach young women, their partners and other household and community gatekeepers. Nigeria, Tanzania and potentially Niger are selected countries (See activities 9 and 20).

Activities Planned for This Quarter

- Provide technical assistance to initiate the FTP documentation process in Tanzania.
- Prepare final draft and start the implementation of the detailed FTP documentation strategy in Nigeria, after field team review.
- Send draft IFTPF for internal reviewers and partners.

Accomplishments

- Submitted Documentation of E2A’s Expanding Method Choice within a community based family planning program to first time parents (FTP) in Shinyanga District Council of Tanzania protocol to the Research Ethics Committee (REC) for review;
- Worked with the Tanzania local consultant to plan FTP documentation process in Shinyanga District.

- Developed the tools to be used in the Documentation of the E2A's Expanding Method Choice within a community based family planning program to first time parents (FTP) in Shinyanga District Council of Tanzania.
- Conducted technical field visit to supervise peer small group facilitators training. Two groups comprising a total of 40 young-mother facilitators and 25 CHW were trained.
- Completed an FTP strategy for the *Implementation of injectable contraceptives (CBA2I) at the community level in support of the national policy in Nigeria* activity (Activity 9), including a documentation strategy

Challenges

- Competing priorities delayed the preparation of a new draft of the Integrated FTP framework.
- The TA trip that was planned to Nigeria for FTP documentation was postponed to next quarter due to limited availability of in-country team.

Activities Planned for Next Quarter

- Start the Documentation of the E2A's Expanding Method Choice within a community based family planning program to first time parents (FTP) in Shinyanga District Council of Tanzania: first round of FGD with CHW, with Health Providers and with Peer young mothers; interviews with the Regional Health Director of Shinyanga Region, Health Director of Shinyanga District, and the Reproductive Health Coordinator of Shinyanga District.
- Conduct a TA trip to Nigeria to support the Akwa Ibom team start-up the documentation process for the FTP sub-component of the CBA2I activity (Activity 9).

Activity 14: Introduce provision of long-acting reversible contraceptives in youth- friendly clinics, Ethiopia (Year 4 Workplan title)

Background

This is an ongoing activity that started in Project Year 2 under the title, "Test program approaches for provision of long-acting family planning (LAFP) methods within university-based health services". It is a multi-year activity aimed at contributing to E2A's efforts to strengthen service delivery and sustainable scale-up approaches, particularly in trying to reach university students. It is anticipated that the intervention, tailored to the needs of the student population, will contribute to: i) increased family planning uptake with an emphasis on adding or expanding the choice of long-acting reversible methods; ii) reduced number of unintended pregnancies and unsafe abortions among students; and iii) strengthened health service delivery system. Based on expressed interest from IFHP, this activity has evolved into one that will examine and document trends in the uptake of family planning methods among youth in Ethiopia following the training of youth friendly service (YFS) providers in the provision of long-acting reversible contraceptives (LARCs) and refresher trainings for peer educators to counsel and refer youth to designated IFHP YFS facilities on LARCs.

Activities Planned for This Quarter

- Finalize monitoring data from FP registers and peer educator for the May – December, 2015 period
- Provide virtual technical assistance to the M&E focal persons
- Finalize Technical Report - Phase One
- Draft manuscript
- Dissemination - ICFP2015 presentations (poster and panel session)

Accomplishments

- Finalized FP registers and peer educators data sets for the May, 2015 – December, 2015 period (Phase Two – scaling up); data entered in excel spreadsheet; data discrepancies reviewed and feedback provided
- Draft technical report completed January, 2015; feedback awaited
- Preparation of manuscript - in process
- Scaling-up to other YFS sites in Amhara, Tigray, Oromia and SNNP: YFS service providers trained; data extraction from IFHP+ M&E database for YFS sites on a quarterly basis commenced
- Provided virtual technical assistance to the M&E focal persons (January, 2016)
- ICFP2016 poster and panel presentations
- Global Consensus Statement - Celebratory event hosted at ICFP2016

Challenges

- Delay in finalizing technical report - awaiting feedback

Activities Planned for Next Quarter

- Data extraction from IFHP+ M&E database - continue
- Finalize Technical Report - Phase One
- Draft manuscript
- Participate in webinar on LARCs and Youth

Activity 15: Strengthen comprehensive AYSRH service delivery introduction and sustainable scale-up in Francophone West Africa

Background

This is an ongoing activity that started in Project Year 2 under the title, “Establish initial contacts and generate plans for partnerships with global, regional, and in-country organizations and donors that will promote and scale up FP/RH best practices to strengthen service delivery”, and that in Y3 received the title “Strengthen comprehensive adolescent and youth sexual and reproductive health service delivery introduction and sustainable scale-up in francophone West Africa”. It is a multi-year activity aimed at contributing to E2A’s efforts to support existing or new country priorities for scaling up adolescent and youth sexual and reproductive health (AYSRH) best practices. In Y3 E2A co-sponsored a West Africa Youth Regional Meeting on AYSRH Best Practices in Dakar, Senegal with Pathfinder International and IPPF. In Year 4, E2A produced, piloted and disseminated a new youth-friendly service decision-making tool, [Thinking Outside the Separate Space](#); Organized and co-facilitated a two-day national AYSHR meeting in partnership with the Niger MoH; Organized and co-facilitated a two-day national AYSHR meeting in partnership with the Togo MoH and AgirPF.

In Year 5, E2A plans to: (i) Support the Ministry of Health in Niger, to develop a new national strategic plan for Adolescent and Youth; (ii) Provide technical support to the Ministry of Togo to implement follow-up actions based on recommendations from the national AYSRH meeting held in September 2015; (iii) Organize national AYSRH meetings in partnership with AgirPF and national governments in up to two francophone West African countries, using the *Thinking Outside the Separate Space* tool; (iv) Support the roll-out of the West Africa Health Organization’s new guide for developing national adolescent and youth health plans; (v) Participate in the Ouagadougou Partnership Annual meeting to share evidence on AYSRH good practices with regional stakeholders and contribute to efforts for regional collaboration around advancing FP

Activities Planned for this Quarter

- Continue to support the Niger MoH to develop their new national AYSRH strategic plan (including technical review of the evaluation results and the zero draft of the strategy, and supporting a technical validation workshop).
- Plan for a national AYSRH meeting in Burkina Faso or Cote d'Ivoire in partnership with AgirPF/EngenderHealth. The meeting will take place in Q3, but planning will start in Q2.
- Provide technical support to WAHO to finalize the report from the regional AYSRH situational analysis and develop their new guide on AYSRH national strategies.

Accomplishments

- Continued to support the Niger MoH to develop their new national AYSRH strategic plan: E2A's Senior Youth Advisor met with a representative from the WHO Niger country office in February to discuss a WHO evaluation of Niger's adolescent health program, which will feed into the process of developing the new strategic plan. The MoH did not convene any official meetings to plan the development of the strategic plan.
- Started preliminary discussions with AgirPF to plan national AYSRH meetings in Burkina Faso and/or Cote d'Ivoire.
- Provided technical support to the West African Health Organization (WAHO) to develop a new guide on AYSRH national strategies. The guide will be validated in May 2016 in Dakar.
- Participated in WAHO's Annual Review Meeting for RH/MNCH programs in Dakar in February, 2016.
- Met with the Ouagadougou Partnership Coordination Unit and PAI to discuss the creation of a "Youth Partners' Group" that would support the Partnership to mobilize partners to operationalize the youth-related recommendations that were made during the December 2015 Annual Partners' Meeting. Further discussions will continue next quarter.
- Exchanged with a World Bank consultant who supported the governments of Niger and Cote d'Ivoire to develop their proposals for the [Sahel Women's Empowerment and Demographic Dividend](#) project. The consultant used E2A's *Thinking Outside the Separate Space* tool for proposal development in both countries.
- PSI and MSH expressed using the *Thinking Outside the Separate Space* tool in francophone African countries, including Mali and Madagascar.

Challenges

- The process for developing Niger's new AYSRH strategic plan has continued to experience delays, partly due to limited coordination by the MoH, since the Head of the Adolescent Health Division is on maternity leave.
- Planning the AYSRH meetings with AgirPF in Cote d'Ivoire and/or Burkina Faso did not advance as much as anticipated during this quarter, due to competing priorities from both partners.

Activities Planned for Next Quarter

- Participate in WAHO's validation meeting for the new tool on national AYSRH strategies and support WAHO to develop and launch a West Africa Call to Action for AYSRH.
- Continue to support the Niger MoH to develop their new national AYSRH strategic plan (including technical review of the evaluation results and the zero draft of the strategy, and supporting a technical validation workshop).
- Plan national AYSRH meeting in Burkina Faso or Cote d'Ivoire in partnership with AgirPF/EngenderHealth. The meeting will take place in Q4, but planning will continue throughout Q3.

- Continue discussions and support the Ouagadougou Partnership to create a “Youth Partners’ Group” to help mobilize partners to operationalize the youth-related recommendations that were made during the December 2015 Annual Partners’ Meeting.

Activity 16: Advancing youth, postpartum and community family planning and service delivery in Cameroon

Background

This multiyear activity has dual, complementary goals. The first one is to contribute to a reduction in unmet need for FP and unintended pregnancies, and to prepare young women, with the support of young men and their communities, to make and act on informed decisions about delaying sexual debut, delaying first pregnancy, and spacing and limiting their pregnancies in order to ensure the healthiest outcomes. Healthiest outcomes can be achieved by promoting healthy FP/RH behaviors and gender equality, advancing understanding of the reasons for FP use, and strengthening service delivery. The second goal revolves around strengthening post-partum FP (PPFP) in three high volume health facilities in Yaoundé. The two activities will be linked for greater impact.

Additionally under this activity, E2A is responding to a request for technical assistance from USAID West Africa to strengthen and scale up YFS services in Niger and Cameroon. Specifically, E2A will co-share the cost (with core funds) of two activities to be supported by USAID West Africa (with field support). Note that Niger and Cameroon activities are reported in full under separate quarterly progress reports to USAID West Africa.

Activities planned for this quarter

- PPFP service provision training in the health district of Mbalmayo
- Initiate the planning for project documentation.
- Work with RENATA to finalize a detailed workplan
- Review curriculum, training materials, and IEC materials, and revise as needed.
- Work with RENATA to conduct a TOT training needs assessment for outreach facilitators
- Work with RENATA to conduct training for outreach volunteers

Accomplishments

- Offered long acting methods, including immediate and interval PPIUD, PP implants and all other methods at the four facilities.
 - Results show continued success in offering high quality FP counseling to clients at the four points of contact to address missed opportunities for FP in the postpartum period. Across the fourteen facilities, a total of 2416 women received FP counselling in the various SDPs in the facilities during this quarter, including 282 adolescents aged 15-19 years and 599 youth aged 20-24.
 - Results also show acceptance of immediate PPIUD and Jadelle once these methods were introduced by E2A. 989 women accepted FP methods, including 35 who accepted immediate PPFP.
 - Results show that the program is reaching and serving the youth with PPFP. Out of 599 women who accepted PPFP within 12 months after delivery, 121 women (20%) were between 15-19 years and 152 (25%) were between 20-24 years old.

PPFP service provision training in the health district of Mbalmayo

- During the quarter, providers at the four hospitals continued to roll out services and E2A continued supervision of providers in the facilities. Training for the two new rural districts (ten facilities) of

Bafia and Mbalmayo also was completed, and these facilities began offering services. The team completed both counselling and competency-based training in all facilities with 32 providers in total.

- The newly trained providers received supportive supervision visits for monitoring and evaluation of their performance for their competency certification, ensuring the availability of data collection tools, and collecting data on new service provision (PPIUD, PP implants). The primary objective of this supervision exercise was to supervise providers across the 14 facilities in the E2A program offering services.
- Exactly 60 service providers were supervised during this supervision activity. The results of the supervision exercise will be presented at a series of facility-based feedback sessions over the next quarter.

Initiate the planning for project documentation

- E2A continued to collect data and prepare reports on project activities.
- E2A travelled to Cameroon to collect additional data and to draft a technical report for this activity during the quarter.

Work with RENATA to finalize a detailed workplan

- A working meeting was held with RENATA in February to readjust and finalize the work plan

Review curriculum, training materials, and IEC materials, and revise as needed

- As reported in the previous quarter, various searches of programs and toolkits online revealed that there are few pre-existing IEC materials on immediate PPIUD or PPimplant services, especially for youth. Counselling flip charts and client brochures containing this information are badly needed in all of the facilities. E2A/HQ drafted a number of job aids and client brochures based on existing materials and E2A in Cameroon will be tasked with local production where the cost of printing and distribution is lower.
- Also E2A/DC will support the Cameroon team to develop a leaflet and a booklet that will be used for communication activities in communities. These will be finalized once the national SRH reference document is validated. A flip chart that will be used for demonstration in communities is also being finalized for use in the rural districts and in Yaoundé if appropriate.

Work with RENATA to conduct a TOT training needs assessment for outreach facilitators

- Preparations for training and start-up of HIV and family planning community outreach activities began in January. A working meeting was held with RENATA in February; a total of eight participants from RENATA attended. One of the main results of the orientation training is that all RENATA staff were trained in FP compliance and RENATA's implementation plan was reviewed during the training session.

Work with RENATA and consultants to conduct training for outreach volunteers

- E2A and RENATA also made preparations for training the community outreach volunteers ("aunties") in early April. E2A/MSH reviewed the RENATA training curriculum and offered guidance for changes and additions. Four working sessions were held with RENATA to prepare for the training.
- As RENATA does not have adequate numbers of trained volunteers or the ability to provide oversight in Bafia and Mbalmayo, E2A recruited a consultant to organize demand generation activities in these new rural districts. The consultant recruited, trained, and will supervise community health volunteers who are now conducting mobilization activities and generating demand for family planning in these two districts. In total, 53 community health volunteers were trained; 26 in Mbalmayo and 27 in Bafia. These community health volunteers started their activities and

contributed in the mobilization of clients during support supervision activities. Results on the number of people sensitized will be available in the next quarterly report.

Challenges

- Some service delivery points like immunization have a high work load with at times only one person serving a large number of clients (HGOPY, HCY, and HDBA), which affects their ability to provide the counseling. However, it was reported in rural areas that this is the perfect time to engage mothers in counseling and delivery of services if they are willing to consider using FP.
- Some hospitals still have a restricted maternity room that does not enable the retention of new mothers for the minimum period of 48 hours (HDCV, HDBA), making it difficult to offer family planning methods post-partum. Furthermore, unless they have complicated health issues, most women would not prefer to stay in the hospitals for 48 hours.
- The family planning and maternity units need to have stock available in the unit and a system for managing this stock in order to improve services. This is the current model for rural facilities. One provider mentioned that she uses some of the user fees for family planning to buy consumables in addition to commodities at the end of the month. However, Yaoundé hospitals still are experience challenges with flow of commodities from pharmacy to family planning room.
- Consumables are also a challenge, especially in Yaoundé facilities. Providers report not having enough consumables or money to purchase needed supplies to provide services.
- A large percentage of the providers trained earlier this year have been rotated out of their position and new providers are now in need of training.
- While the RENATA sub-award was finally approved and signed, RENATA only has six months to meet their targets.
- Demand for immediate post-partum family planning services is low among clients who learn about available FP services at the time of delivery, as they have not yet had enough time to consult with husbands and family members to make this decision. In rural areas particularly, women are refusing immediate PFP, saying that they have to consult their husband first. This highlights the need for community mobilization of clients and efforts to engage husbands and male partners in the decision to use FP.

Activities Planned for Next Quarter

- Field visits to Mbalmayo and Bafia to ensure quality of services and collection of data
- Review and produce IEC materials and counselling guides.
- Feedback of support supervision findings to facilities.
- Ensure youth-friendly component of services is taking place in all facilities
- Commence documentation efforts
- Explore partner collaboration in scaling up services
- Contribute to policy development related to community-based distribution of short term FP methods and referral for long-term and permanent methods (as appropriate) and to youth service delivery approaches (work with the FP TWG to finalize adolescent SRH training reference document, eg).
- Work with RENATA to conduct training for outreach volunteers based in Yaoundé and commence community sensitization activities
- Work with the consultant to implement community sensitization activities with appointed community mobilizers in Bafia and Mbalmayo districts
- Strengthen referral processes at antenatal services, vaccinations, and postnatal units in all facilities

Activity 17: Introduction of evidence-based YFS models: University Leadership for Change, Niger

Background

This is an activity that built on Year 2's activity, "Develop guide to design Youth Friendly Services for in and out of school youth, and that in Year 3 was called: "Introduction, system strengthening or planning for expansion of evidence based YFS models, including in Niger and Cameroon." In Year 4, the activity was specifically focused in Niger, under the title "Introduction of evidence-based YFS models: University Leadership for Change, Niger". This is a multiyear activity aims to contribute to a reduction in unmet need for FP and unintended pregnancies, and to prepare young women, with the support of young men and their communities, to make and act on informed decisions about delaying sexual debut, delaying first pregnancy, and spacing and limiting their pregnancies in order to ensure the healthiest outcomes. This core activity leverages field support funds from the USAID West Africa Mission. In Y5, the activity will build on achievements in Y4 and will include an increased focus on sustainability and assessing the scalability of the intervention, in addition to optimizing project results.

Activities Planned for this Quarter

- Recruitment and training of a new cadre of peer educators in Niamey
- Run student-led comprehensive behavior change activities on campus including, but not limited to, the use the Pathways to Change and REACH methodologies based on the two REACH films previously produced by the project (Binta's Dilemma and Whose Norms?)
- Launch the process to develop a 3rd REACH video, which will focus on adolescents in community settings
- Management of the on-campus youth space to provide information and referrals to students
- Strengthen referral mechanisms between the university health center, district level referral health facilities and private health facilities: holding a meeting with District Health Officials and NGO-service delivery partners and organizing regular exchange meetings between students and health providers
- Organize an on-campus health fair in partnership with the MoH, AgirPF, Marie-Stopes International and other partners
- Run a US Government FP compliance workshop for all University Health Center service providers jointly with AgirPF
- Organize a refresher training for UHS providers on youth-friendly services, in conjunction with training university providers from Tahoua, Maradi and Zinder
- Run REACH Action sessions with health providers using the 2nd REACH film "Whose Norms?" with the aim of changing provider behaviors in order to improve the quality of youth-friendly service delivery
- Continue to support for a public system mid-wife to offer SRH/FP services at the AMU health center on a part-time basis Organize FP compliance training for providers at the AMU health center in partnership with AgirPF (Activity 3.11).
- E2A's Program Manager will give an oral & multi-media presentation at first [International Summit on SBCC](#) to share how the ULC project is applying a comprehensive approach to behavior change through the use of the REACH methodology, including the production of the two films. The Summit will take place in Ethiopia in February 2016.
- Convene regular co-management committee meetings and validate the revised ToR for the committee based on the changes discussed during the December 23rd meeting
- Finalize and disseminate the report from the scale-up workshop
- Start the implementation and documentation of the scale-up feasibility testing phase in Tahoua, Maradi and Zinder

Accomplishments

- Recruited and trained of a new cadre of 62 student leaders/peer educators in Niamey
- Ran student-led comprehensive behavior change activities on campus including, 10 REACH methodologies using the two REACH films previously produced by the project (“Binta’s Dilemma” and “Whose Norms?”)
- Distributed 2000 flyers on campus with information about the FP/SRH services offered at the university health center.
- Launched the process to develop a 3rd REACH video, which will focus on adolescents in community settings: organized community-based data collection to inform the scenario and developed the first draft of the script with the local film-makers
- Managed of the on-campus youth space to provide information and referrals to students
- Ran a US Government FP compliance workshop for all University Health Center service providers jointly with AgirPF
- Continued to support for a public system mid-wife to offer SRH/FP services at the AMU health center on a part-time basis
- Organized FP compliance training for providers at the AMU health center in partnership with AgirPF.
- E2A’s Program Manager participated at the first International Summit on SBCC (Feb 2016) and gave an oral presentation to share how the ULC project is applying a comprehensive approach to behavior change through the use of the REACH methodology, including the production of the two films.
- Convened regular co-management committee meetings
- Started the implementation and documentation of the scale-up feasibility testing phase in Tahoua, Maradi and Zinder:
 - Recruited regional coordinators to oversee the regional activities
 - Conducted a start-up visit to all three regions to establish local co-management committees
 - Trained peer educators in all three regions, with support from the MoH and MoHE
- E2A’s Niger Project Coordinator was invited to give a presentation on the ULC project at a meeting of Niger’s National FP Committee
- Received a visit from USAID HQ, USAID West Africa, USAID Sahel Regional Office and USAID Niger in the context of the formative assessment of the RISE initiative.

Challenges

- Several sub-activities were not completed as planned due to competing priorities and limited availability of stakeholders, including:
 - Hosting a meeting with District Health Officials and NGO-service delivery partners to strengthen referral mechanisms between the university health center, district level referral health facilities and private health facilities
 - Organizing an on-campus health fair in partnership with the MoH, AgirPF, Marie-Stopes International and other partners
 - Running REACH Action sessions with health providers using the 2nd REACH film “Whose Norms?” with the aim of changing provider behaviors in order to improve the quality of youth-friendly service delivery
- The finalization and dissemination of the report from the scale-up workshop took longer than anticipated due to review process.

Activities Planned for Next Quarter

- Run student-led comprehensive behavior change activities on campus including, but not limited to, the use of the Pathways to Change and REACH methodologies based on the two REACH films previously produced by the project (Binta's Dilemma and Whose Norms?)
- Finish and launch the 3rd REACH film ("Hadjo's Dreams"), which will focus on adolescents in community settings
- Continued management of the on-campus youth space to provide information and referrals to students
- Hold a meeting with District Health Officials and NGO-service delivery partners and organizing regular exchange meetings between students and health providers to strengthen referral mechanisms between the university health center
- Organize an on-campus health fair in partnership with the MoH, AgirPF, Marie-Stopes International and other partners
- Run REACH Action sessions with health providers using the 2nd REACH film "Whose Norms?" with the aim of changing provider behaviors in order to improve the quality of youth-friendly service delivery
- Continue to support a public system mid-wife to offer SRH/FP services at the AMU health center on a part-time basis Organize FP compliance training for providers at the AMU health center in partnership with AgirPF.
- Convene regular co-management committee meetings
- Finalize and disseminate the report from the scale-up workshop
- Finish the implementation of the scale-up feasibility testing phase in Tahoua, Maradi and Zinder and conduct qualitative data collection to feed into the process documentation of the feasibility testing phase
- Start to plan the in-country dissemination & scale-up strategy development workshop, which will take place in Aug or Sept 2016.

Activity 18: Advancing the field of adolescent and youth sexual and reproductive health through technical exchange

Background

This is a new multi-year activity, designed to promote technical exchanges to advance the field of AYSRH programming and research. It will contribute to filling the gap that has been observed between increased interests in and funding for AYSRH, and opportunities for sharing new evidence in the field. In order to contribute to filling this gap and to advance the field of AYSRH, E2A and the Youth Health and Rights Coalition (YHRC) propose to coordinate a series of technical exchanges, workshops, and dialogues in Washington, DC and at the country and regional level.

Activities Planned for this Quarter

- Conduct one webinar. Topic TBD.

Accomplishments

- The survey responded by YHRC members indicated the subject (Lessons Learned from the First Generation of AYSRH Programming Scale Up Efforts) and the date (April 19th) for the quarterly webinar.

Challenges

- The webinar was postponed to the next quarter due to the fact that it will discuss the results of a WHO led Global Consultation that will happen in early April.

Activities Planned for Next Quarter

- Conduct one webinar: “**Lessons Learned From First Generation of AYSRH Programming Scale Up Efforts**”. The webinar will recap key takeaways from a Global Consultation that will be held in early April by WHO in partnership with USAID, UNFPA, IBP, Pathfinder and E2A.

Activity 19: Strengthening and scaling up Kenyatta University’s Youth-Friendly Service Program

Background

This activity started in Year 4 although the initial concept was proposed by E2A under the title ‘Strengthening Kenyatta University’s FP/RH Programs’ in 2013. Having received approvals from USAID Nairobi in November 2014, E2A updated the concept note, identified Year 4 funding for the activity, and submitted the updated concept note for review by USAID Washington in February 2015. E2A received formal approval from USAID Washington in May 2015 and moved quickly to start up activities.

E2A’s activity with Kenyatta University (KU) is aimed at strengthening the university’s current Youth Friendly FP/RH Service (YFS) Program and exploring the potential to scale up YFS programs in Nairobi and to other KU campuses across the country. KU has an established YFS program, developed over the past 18 years, and includes a broad range of FP/RH services and related behavior change communications (BCC) interventions. With the rapid increase in student enrollment over the past few years, KU is looking to ensure its YFS program can meet the needs of its diverse and growing student body. KU, a public university, has 63,000 students now enrolled in six campuses nationwide. The main campus in Nairobi has approximately 25,000 students, of whom an estimated 60% live off campus. With changes in the national education system, students are entering university at a younger age and from all parts of the country. Given rapid changes in student intake, the collaboration with E2A supports KU to adapt and build on current YFS efforts.

As a first step, E2A and PI-K will support a rapid assessment of the current YFS program, largely through secondary analyses of existing YFS data, which will give KU a better sense of the achievements and ‘reach’ of its current FP/RH service delivery and BCC efforts. From this, KU, with technical support from E2A and PI-K, will be able to identify opportunities for strengthening YFS programming and consider options for future scale-up.

Activities Planned for this Quarter.

- Finalize KU YFS assessment report.
- Secure KU ERC approval for qualitative research.
- Recruit and train research team.
- Implement data collection in coordination with KU team.
- Prepare data (notes, transcripts/translations) for coding and analysis.
- Coordinate with KU on plans for workshop to share findings and determine opportunities for the YFS program.

Accomplishments

- Completed final analysis of KU YFS assessment data and completed report, which will be shared with KU during a workshop on April 26, along with preliminary findings from the qualitative research.
- Obtained KU ERC review and approval to proceed with planned qualitative research in January 2016.
- Recruited and trained a 14-person research team to conduct interviews and focus groups with KU students and stakeholders.
- Conducted qualitative research as planned (20 focus groups and 44 interviews) on the main KU campus over a five-week timeframe and completed transcriptions; developed data coding and analysis plan.
- Worked with Pathfinder Kenya and KU to plan for a workshop on April 26th to share preliminary findings from the qualitative research and identify specific actions/opportunities for strengthening YFS program and plan for scale up.

Challenges

- There was a delay in the KU ERC review of the research protocol, which pushed data collection back. However, the research team was able to revise plans with KU and complete research implementation within the quarter.

Activities Planned for Next Quarter

- Travel to Kenya to conduct meetings with KU and work with research consultant on compiling research findings.
- Conduct workshop with KU to share research findings and strategize on YSF program.
- Follow up with KU remotely to prioritize YFS improvements and plan for possible scale up.
- Work with consultant to draft qualitative research report.
- Draft E2A brief on KU activities and assessment/research findings.

Activity 20: Merged with Activity 23

Activity 22: Build capacity of ECSA to promote and operationalize the FPTRP in three member countries

Background

This activity was modified from Year 3 Activity 12: *Build capacity of the East, Central, and Southern Africa Health Community to promote and operationalize healthy timing and spacing of pregnancy in pre-service training in three member countries*. The objective of this activity was to build the capacity of ECSA to promote and operationalize the FP TRP in three ECSA member countries. To achieve this objective, E2A proposed to orient ECSACON staff on how to facilitate use of or adapt FPTRP modules for pre-service education and in-service training as needed. An important component to be included in the curriculum of nursing and midwifery trainings institutions is Adolescent and Youth Sexual and Reproductive Health. The *WHO essential competencies framework for adolescent health and development for health workers in primary health care settings* will be used as a quick assessment tool to collect information about training activities implemented by member institutions, and as a guide to incorporate AYSRH into curricula or training activities.

Activities Planned for this Quarter

- Plan for continued support to adaptation of the TRP-FP to develop learning sessions on FP/RH for both Uganda and Tanzania.
- Continue documentation and dissemination of the experience and lessons learnt from application of the TRP in Tanzania and Uganda.
- Lead the IBP concurrent workshop on the TRP at the ICFP in collaboration with WHO/IBP, Family Care International, EngenderHealth and IRH.

Accomplishments

- Continued to work with ECSA to plan for adaptation of the TRP-FP to develop lesson plans for Uganda and Tanzania. Uganda is working towards sanctioning of the revised FP/RH Course Units for nurses and midwives curricula. Discussions are ongoing with Tanzania to develop a scope of work for next steps in adaptation of the TRP-FP.
- Continued documentation and dissemination of capacity building of ECSA and MoH, Tanzania and Uganda to use of the TRP-FP to update the pre-service education curricula for nurses and midwives. Dissemination included a presentation made to TRP-FP technical working group and partners at HRH2030 and to the Society of International Development (SID).
- Led the IBP concurrent workshop on designing training use of the TRP-FP at ICRFP in collaboration with WHO/IBP, Family Care International, EngenderHealth and IRH.
- Plans to support DRC to use the TRP-FP were reactivated after discussions between the Ministries of Health and Education and other stakeholders identified the need to strengthen FP/RH training in pre-service education.

Challenges

There were no challenges noted in this quarter.

Activities Planned for this Quarter

- Plan for continued support to adaptation of the TRP-FP to develop learning sessions on FP/RH for both Uganda and Tanzania. Prepare a scope of work and budget for the support.
- Prepare a scope of work and budget and plan to provide technical assistance for use of the TRP-FP to strengthen PST in DRC.

Activity 23: Support USAID missions to integrate family planning best practices into their existing programs

Background

In order to explore opportunities to support learning and capacity building at the country level, E2A must be responsive to USAID missions and other in-country partners. This activity is an umbrella activity that enables E2A to respond to mission requests for assistance, especially for activities that can leverage field support and tie into E2A's technical focus areas and learning agenda. Last year, E2A responded to a request from USAID Tanzania to strengthen provision of long-acting reversible contraceptives in Shinyanga District with a focus on first-time parents, to complement the field support activity underway in Tanzania that focuses on the introduction of the Standard Days Method. This work continued during the reporting period and will continue during Year 5 of the project.

Activities Planned for This Quarter

- Support Tanzania team to train 20 more facility providers on LARC including training on FTP and USG FP rules and regulations.
- Adapt and translate FTP training module for peer small group facilitators.

- Conduct technical field visit to train 114 peer small group facilitators.
- Start documentation process in collaboration with the consultant

Accomplishments

- FTP training materials were adapted to Tanzania context and translated into Swahili.
- A total of 101 (86% of target) peer small group facilitators were trained during the quarter (Mwakitolyo ward has not been included yet) and a total of 95 (94% of target) groups of first-time mothers have been established until 31st March 2016; A total of 64 CHW were trained in the supervision of young-mother peer-led small group discussions about FTP; Five training reports were submitted.
- Phase I of documentation has started; In close collaboration with the PI/E2A Program Manager in Shinyanga, the consultant has conducted interviews to E2A Regional Manager, and key Regional and District Health Management team key informants. In addition, group discussions were conducted to 12 young-mothers peer small group facilitators, 12 community health workers and 12 facility providers for LARC and FTP. Scaling up assessment based on the ExpandNet Beginning with the end in mind tool was conducted to start the scaling-up plans (see act 12).

Challenges

- Training of 20 more facility providers on LARC services including FTP and USG FP rules and regulations was not possible in the last quarter as facility staffs were engaged in BEmONC training for Mobilizing Maternal Health project and other MOH scheduled trainings.

Activities Planned for Next Quarter

- Train 20 more facility providers on LARC including FTP and USG FP rules and regulations.
- Intensive follow up to the established young –mothers peer-led FTP groups
- Conduct joint supportive supervision with R/CHMT on the provision of LARC and youth friendly services
- Conduct the second phase of documentation: FGDs to the same groups and to new groups that will serve as comparison groups.

Activity 24: Build evidence to support the provision of implants at the community level through task shifting

Background

This multi-year activity, which started in Year 3, was aimed at assessing the effects on contraceptive use (and method mix) of providing implants by Community Health Extension Workers (CHEWs) in Nigeria. This activity, informed by the successful introduction and scale-up of implant provision by Health Extension Workers in Ethiopia, involves bringing E2A's technical assistance to country programs to implement a demonstration project and document a sustainable scale-up process for provision of implants through task sharing/shifting to CHEWs. The activity supports the policy shift to expand CHEWs' current family planning (FP) tasks to include provision of implants. The current Nigerian National Family Planning and Reproductive Health Policy guidelines and standards of practice identify CHEWs as facility-based providers of all FP methods except for surgical methods, implants and intrauterine contraceptive devices.

Activities Planned for This Quarter

- Undertake site visit to Nigeria to: (i) work with the research assistant in Kaduna state on data collection and entry; (ii) observe and document implant service provision procedures by CHEWs.

- The monitoring teams to continue to observe provision of implant services by the CHEWs, using the monitoring tool developed for the monitoring visits.
- E2A staff to continue virtual monitoring of data collection by research assistants.

Accomplishments

- Site visit undertaken by E2A staff (January 22-February 9, 2016). During the visit, the E2A staff:
 - Provided further training on data collection, data entry and data analysis to the new research assistant (RA) in Kaduna State. He and the new RA discussed/explained/reviewed:
 - Data collection tools – the CHEW questionnaire, exit interview, service uptake reporting form, service provision monitoring tool/checklist.
 - Data entry programs and databases.
 - Expected roles in the last four months of the first phase of the study – data collection, data reporting to E2A/Pathfinder and data collection and reporting support to the CHEWs.
 - Observed (together with the local monitoring teams) the provision of implants services by the CHEWs. In both Kaduna and Cross River States, the monitoring teams:
 - Visited all intervention sites and observed provision of family planning services, particularly the insertion of implants, by the trained CHEWs; some comparison sites were also visited. The monitoring teams recorded their observations, using the observation checklist developed for this purpose. The FP services provided by the CHEWs were assessed to be generally good and areas that require improvements were discussed with the CHEWs before leaving the health facilities.
 - Discussed, with the CHEWs, issues related to community mobilization for FP – the monitoring teams felt that the CHEWs, particularly in Kaduna State, needed to do more to mobilize community members for FP. They noted that community mobilization for health services is an important component of the CHEW's roles.
 - Discussed counseling strategies, particularly for LARCs, with the CHEWs – the teams highlighted issues to emphasis, for instance, duration of effectiveness of each method.
 - Investigated why significantly higher percentages of clients still prefer injectables to implants. The CHEWs stated that clients believe that: (i) injectables are much easier to hide from other people (particularly, husbands); (ii) unlike implants, injectables will not keep them away from their major daily activities for several days.
 - Reviewed service data – registers and monthly summary data – compiled by the CHEWs. They were found to be adequately completed
 - Examined program implementation issues/challenges.
 - Followed up on the certification process with Pathfinder International, the local monitoring teams and the States' Ministries of Health. This issue is being handled by Pathfinder International.
- Draft baseline report almost completed.
- Service data collected by the research assistants with E2A staff providing virtual monitoring of data collection activities.
- Exit interviews conducted by the research assistants to determine level of clients' satisfaction with services provided by the CHEWs.

Challenges

- No major challenge this quarter.

Activities Planned for Next Quarter

- Research Assistants to continue collection of service data.
- Research Assistants to administer end-of-phase I CHEW questionnaire.

- E2A staff to continue virtual monitoring of data collection by research assistants.
- Begin analysis of monitoring visits, exit interview and CHEW questionnaire data.

Section 4: Field Support Summary

I. Nigeria: Private Sector PMTCT Plus Project

Background

The Evidence to Action (E2A) for strengthened reproductive health for women and girls project received field support funding from the United States Agency for International Development (USAID) Nigeria Mission to provide a standardized package of Prevention of Mother-To-Child Transmission (PMTCT) of HIV and tuberculosis (TB)/HIV services integrated with quality Reproductive, Maternal, Newborn, Child Health (RMNCH) services in private healthcare facilities by addressing the underlying gender, youth and HIV-induced stigmas that impede access, provision and sustained utilization of these services. The project takes up the challenge to support the Government of Nigeria (GON) in four states: Akwa Ibom, Cross River, Lagos and Rivers. These states were selected for targeted intervention by the United States Government (USG) through a multi-stakeholder supported coordination process led by GON. The rationale for site selection was based on the following four criteria: (1) high population burden of pregnant women in need of prophylaxis of PMTCT services; (2) low human resource capacity of state-level governments to monitor activities of private healthcare facilities; (3) the availability of health services; and (4) the high number of sites without integrated HIV/AIDS services.

The project will also strengthen the capacity of service providers to offer quality family planning (FP) services as an integrated part of RMNCH/PMTCT services. The capacity building focus will adhere to national guidelines and domestic policies in the target states and will address community dynamics on the demand side and the health sector (delivered by private sector) on the supply side.

The following are the three intended results of the project:

- Result 1: Increased services uptake and case follow-up through provision of integrated PMTCT and RMNCH services at private healthcare services.
- Result 2: Improved capacity of health care facilities to provide integrated Reproductive Maternal, Newborn Child Health (RMNCH), HIV/AIDS and TB/HIV services.
- Result 3: Increased GON's capacity to manage and coordinate HIV/AIDS programs implemented by private healthcare facilities

Activities Planned for this Quarter (January - March 2016)

- Conduct monthly visits to supported health facilities for Technical Assistance on data and service delivery
- Conduct monthly data and Combined Report; Requisition, Issue and Receipt Form (CRRIRF) validation meetings
- Carry out Bi-monthly Continuous Quality Improvement (CQI) activity (using the PEPFAR's Site Improvement through Monitoring System [SIMS] tools) at supported Private Health Facilities (PHFs)
- Conduct quarterly internal Data Quality Assurance (DQA) at supported private health facilities (Client folder audit) and CBOs
- Institute and support PHFs to conduct exit interviews for clients (using Pathfinder International-developed/adapted checklist) and analyze and act on the results to improve quality and satisfaction for clients
- Support facilities to attend State/LGA Monthly M&E/data review meetings

- Conduct Joint Supportive Supervisory visits to supported PHFs with States AIDS and Sexually Transmitted Infection Control Program (SASCP)/States Agency for the Control of AIDS (SACA)
- Install CD4 point of care machines at designated hub facilities and conduct hands-on training for laboratory staff of all project sites in the four states.
- Strengthen and support referral network for laboratory services (transportation of blood samples and results for: CD4, EID). Support health facilities client tracking and communication
- Strengthen linkages between facilities and community-based services to ensure continuum of care by engaging mentor mothers. *(This is germane bearing in mind that in at least one large facility in Lagos, in addition to mentor mothers, the PMTCT clients themselves were helping/encouraging each other adhere to ARVs, come to appointments, etc. – this could be the beginning of a self-motivated support group.)*
- Support CBOs to sensitize community structures (pregnant women, marriage peers, TBAs, male care fora) on available services provided by collaborating private health facilities.
- Supervise CBOs in instituting male care fora in communities to encourage male involvement in the priority LGAs
- Facilitate sensitization meetings by facilities for informal/unskilled health care providers on HIV universal precaution, obstetric danger signs, referrals and linkages
- Support the conduct of facility-led PMTCT outreaches in priority LGAs of the four states
- Build capacity of CBOs/existing community structures on demand creation strategies (Society Tackling AIDS through Rights- STAR), follow-up, project management and reporting
- Facilitate monthly meetings between TBAs and facilities to strengthen referral linkages
- Facilitate supportive supervision of CBO-driven demand creation activities
- Select and activate 20 additional health facilities in four priority LGAs of Lagos State to achieve the goals of service saturation.
- Conduct various training/retraining workshops (IMPAC, IPAC, adherence counseling, pharmacy, laboratory, M&E) for new and old project-supported facilities
- Mentor facilities staff on right issues and rights-based approach for quality service
- Provide TA/support to government for quarterly coordination of private sector health facilities to improve their oversight function

Accomplishments

Outside of certain activities (CBO engagement/support and activation of new health facilities in priority LGAs) that that have been on hold pending approval of submitted workplan and budget, the majority of the proposed activities for this quarter have been achieved:

- Continued the monthly data and bi-monthly (CRRIF) collection and review meetings with facility staff from supported facilities.
- Continued Dried Blood Spot (DBS) sample collection, sample logging and issuing out receipts of test results.
- Provided mentoring and technical support for quality service delivery and documentation during regular integrated supportive supervisory and data validation (DQA/client folder audit) visits to health facilities. This included on-site PMTCT trainings in five supported facilities in Lagos State with identified HR capacity gaps because of staff attrition. In addition to these, state-level project teams jointly with the project advisors carried out quarterly supportive supervisory/monitoring visits to selected facilities. These visits provided opportunity to administer the SIMS and DQA tools as well as the TA checklist to ensure sustained quality delivery of services and reporting.
- Deployed and installed CD4 point of care machines in 10 hub sites (three each in Lagos and Cross River, and two each in Akwa Ibom and Rivers). Training on the use of the machines was expanded to include other laboratory scientists/technicians/PMTCT focal persons across the project-supported facilities in the States as part of the capacity building process, and to ensure that facilities appreciate the importance of well-prepared samples. A total of 91 persons were trained (19 in

Akwa Ibom, 20 in Cross River, 35 in Lagos, and 17 in Rivers). The CD4 machines are currently actively in use in all the states.

- Resumed community-based outreaches, with oversight and technical support provided by state project team, in the four states not only to expand the reach of the project but also to ensure that targets are met. The outreaches, with teams composed of counselor-testers, records staff, mentor mothers, community mobilizers and supervisors, will be conducted over the next four months. Orientation meetings were also held to strengthen the capacity of teams to provide high quality HTC services and ensure referrals and linkages to facility-based PMTCT services. As outreaches progress, review meetings would be held in the different project states with all the teams in attendance to discuss the achievements, challenges and share best practices. Akwa Ibom and Lagos States each held one outreach in this quarter.
- Held quarterly review meetings with MDs of supported facilities in Akwa Ibom and Rivers States respectively. The meetings engaged them interactively to share and discuss their successes, challenges and lessons learnt. Stressing on the importance of good returns on investments, the meeting discussed strategies for increasing services uptake including collaborations with the informal private sector (TBA home and faith-based homes). Stakeholders from the Ministry of Health, SACAs, Medical Associations and Network of People Living With HIV and AIDS in Nigeria (NEPHWAN) were also in attendance and this resulted in the MDs recommitting to the project and pledging to work better for increased services delivery and uptake.
- Conducted a review of facilities' performances from initiation of service delivery (June 2015) until December 2015 primarily based on criteria of low ANC clientele (less than 35 new clients – at an average of less than five new clients/month), total numbers for Labor and Delivery, Women Tested (Facility + Community), and Women given ARVs. This resulted in a shortlist of nine (four each in Akwa Ibom and Rivers, and one in Lagos) facilities to be dropped (delisted) from the project, and some others on the 'watch-list' for targeted attention (and participation in outreaches) to improve their data collection.
- Concluded the delisting and replacement of the affected facility in Lagos State with a formal disengagement done and a replacement hospital has been activated (given orientation, on-site trainings, Behavior Change materials, service tools, commodities and consumables supplied). The delisting and possible replacement of affected facilities would be concluded early in the new quarter in Akwa Ibom and Rivers States.
- Held a two-day program peer review meeting in Abuja to assess the E2A project implementation across the four states in the six months of FY16. State Program Managers (SPMs), Service Integration Officers (SIOs) and Monitoring, Evaluation, Research and Learning Officers (MERLOs) from the project states as well as E2A Nigeria staff from Pathfinder Nigeria Country Office (NCO) participated. Major discussions held at the meeting were on: data review (state- and project-wide), sessions on implementation learning, gender and rights, capacity building on SIMS tool 2.0, project work plan and expenditure analysis. A major take-away from the meeting was that the project should be more cost-effective by achieving more results with fewer resources. In addition, strategic next steps were articulated (incorporating gender and rights) with the view of incorporating implementation learning and achieving better results by the end of FY16.
- Brought on board 19 mentor mothers in Lagos State. They had their capacity strengthened and were formally engaged using the rights-based approach to support adherence counseling, uptake of ARVs, clients follow-up and tracking at supported facilities. This has contributed towards an improvement in the retention of mother-infant pairs along the PMTCT continuum in the absence of CBOs. Other project states have been encouraged to learn from this achievement and adapt accordingly.
- Continued to engage with the GON and relevant stakeholders under the platform of project-related meetings and workshops. Meetings were held specifically with Federal and State Ministries of Health, the SACAs other USG implementing partners and technical working groups.

Service Delivery Results

Indicators	Achievements	Comments / Observations
Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services	20811	This number includes pregnant women and breastfeeding mothers counseled, tested and received results (CTTR) in project facilities, and during project facilities-led outreaches.
Percentage of HIV-positive pregnant women who received anti-retrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	90.75 %	
Number of HIV-positive pregnant women who received antiretrovirals for prophylaxis or treatment during pregnancy or during	265	
labor and delivery (L&D)		
Number of HIV-positive pregnant women identified in the reporting period (including known HIV- positive at entry)	292	
Number of new ANC visits	3644	
Number of HIV exposed infants (HEIs) delivered alive	68	
Number of HIV exposed infants who received NVP prophylaxis for PMTCT	107	Several HEIs received NVP in project facilities after being born elsewhere
Number of infants who had a virologic HIV test within 12 months of birth during the reporting period	62	
Number of infants with a positive virologic HIV test within 12 months of birth during the reporting period	0	
Number of infants born to HIV-positive pregnant women started on CTX	50	

prophylaxis within two months of birth within the reporting period		
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Challenges

- The engagement and support of CBOs and activation of new health facilities in priority LGAs are pending approval of submitted workplan and budget
- Due to time constraint the below activities have been delayed to the next quarter:
 - Support PHFs to conduct exit interviews of clients and to analyze data to improve quality
 - Support PHFs to attend State/LGA monthly M&E/data review meetings
 - Facilitate monthly linkage of TBAs and hub facility to strengthen referral
 - Conduct training/refresher training for PHFs on IMPAC, IPAC, adherence counseling, pharmacy, lab and M&E
- Staff attrition in project-supported facilities continues to affect continuity of services and quality of documentation of services. Project state teams have initiated and will continue on-site trainings to minimize the consequences of staff attrition.
- In Rivers State, threats of kidnapping and other security challenges contributed to low ANC attendance at facilities owing to the absence of some MDs from their facilities.
- The absence of CBOs continues to hamper community-level activities. The bringing on-board of mentor mothers is expected to fill the gap caused by the absence of CBOs.
- Continued delay in/inadequate supply of rapid test kits and ARVs from the side of PEPFAR Supply Chain Management System (SCMS) to supported facilities.
- New mothers, despite the counseling they receive, continue to bring in their babies late for CTX and EID Tests. The coming onboard of mentor mothers across project states would help ameliorate the situation.
- Documentation of service delivery continues to be untimely (and at times not done at all). This is due to over-burdened record officers, and the lack of decentralization of roles which typically leaves one person solely responsible for data entry across various registers and service delivery points. The project continues to advocate to and work with facilities to correct this by recruiting or re-distributing workload.
- Despite continuous visits, and hands-on illustrations, facilities typically do not use their own data. Quite a few providers are oblivious of trends in service utilization in their facilities, and the missed opportunity of providing HCT service to first ANC attendees and walk-in ('unbooked') delivery cases, that reviewing/using their data would have revealed. The project continues to advocate to and work with facilities to institute systematic data review and use.

Activities Planned for the Next Quarter (April - June 2016)

- Conduct monthly visits to supported health facilities for Technical Assistance on data and service delivery
- Conduct monthly data and CRIRRF validation meeting
- Carry out Bi-monthly CQI activity (using the SIMS tools) at supported PHFs
- Conduct quarterly internal DQA and client folder audits at supported facilities
- Hold project review / experience sharing meetings with MDs of supported facilities
- Support the facilities to attend State/LGA Monthly M&E/data review Meetings
- Conduct Joint Supportive Supervisory visits to supported PHFs with SASCP/SACA
- Strengthen linkages between facilities and community-based services to ensure continuum of care by engaging mentor mothers

- Facilitate sensitization meetings by PHFs for informal/unskilled health care providers on HIV universal precaution, obstetric danger signs, referrals and linkages
- Support the conduct of facility-led PMTCT outreaches for facilities in priority LGAs
- Support facilities to conduct quarterly Partner-ANC forum in priority LGAs
- Support facilities to conduct exit interviews of clients and to analyze data to improve quality
- Facilitate monthly meetings between TBAs and hub facilities to strengthen referral linkages
- Conduct a 3-day On-site IMPAC retraining for supported PHFs
- Conduct bi-monthly capacity building events to ensure sustained staff involvement
- Conduct a 5-day residential IPAC training for staff of proposed newly activated facilities in Lagos State
- Conduct a 3-day on-site adherence counseling training for pharmacists, counselor testers and mentor mothers
- Conduct Quarterly Forum for MDs , professional associations and SASCP
- Mentor facility staff on right issues and rights-based approach for quality service
- Provide TA and support to government to conduct quarterly coordination platform with private sector health facilities to improve their oversight function
- Conclude the delisting and possible replacement of affected facilities in Akwa Ibom and Rivers States

2. Nigeria: *Savings Mothers, Giving Life (SMGL)* initiative

Background

The *Saving Mothers, Giving Life (SMGL)* initiative in Nigeria will work to increase the coverage and quality of maternal and neonatal health and HIV services, and improve service delivery outcomes in public and private health facilities (offering delivery services) in 18 Local Government Areas (LGAs) of Cross River State (CRS) from 2014 – 2017. The selection of Cross River State for *Saving Mothers, Giving Life* implementation out of the 36 States in Nigeria entailed the following steps:

- Tier 1 and 2 (top priority) PEPFAR States were identified, given the importance of building on a robust PEPFAR platform. This left eight out of 36 national states, for consideration.
- Of the 8 states, those with a level three security rating (high risk) were then eliminated leaving five options.
- Discussions with key stakeholders about programming realities and a review of epidemiologic context led to the preliminary selection of CRS in South-South Nigeria as the most promising location for SMGL implementation.

By the end of September 30, 2017, the *SMGL* initiative would have contributed to a 15 percent reduction in the maternal mortality ratio and 10 per cent reduction in the neonatal mortality rate from the 2014 baseline values for Cross River State.

The following are the project objectives:

- Increase women's timely utilization of institutional delivery services
- Improve the quality of maternity care and institutional delivery services, including emergency obstetrics and newborn care (EmONC)
- Ensure women and their newborns are provided other key health services in an integrated manner especially PMTCT, TB and postpartum family planning.
- Strengthen community and facility health information systems to capture, evaluate and report on birth outcomes

- Increase use of life-saving innovations-for example: uterine balloon tamponade, manual vacuum aspiration (MVA) for post abortion complications (PAC), antenatal corticosteroids, chlorhexidine infant cord care, kangaroo care and simplified antibiotic regimens for neonatal sepsis.

Activities Planned for this Quarter (January - March 2016)

On the formal take-off of implementation activities in the southern LGAs, the initiative hopes to carry out the following activities:

- Hold high-level follow up meetings with the Commissioner for Health to fast-track the buy-in and commitment of the State in line the Mission's expectations
- Follow up on community emergency transportation services (ETS)
- Conduct a refresher training of trainers (ToT) for tutors in both the College of Health Technology and the School of Midwifery subject to Mission approval
- Conduct training needs assessment in selected facilities
- Collect baseline data in all project-target sites
- Conduct facility activation and trainings for the formal commencement of service delivery under the Initiative
- Collect current HRH distribution, retrospective ANC and delivery data in selected BEmONC sites and assess equipment availability in facilities
- Determine training needs of frontline health care providers
- Kick-off training sessions to meet the identified training needs of providers in supported facilities
- Conduct advocacy visits and hold high-level meetings with government Stakeholders (Local Government Service Commission and Local Government Areas (LGAs) Chairmen) to garner support for better staffing of facilities, infrastructure upgrades and funding for integrated services
- Initiate monthly supportive supervision and monitoring visits to collaborating facilities
- Distribute tools, job aids and SOPs to supported health facilities
- Establish a functional referral system and set up a directory for contacts in BEmONC and CEmONC sites including the activation of facility hotlines
- Conduct data validation in supported sites, and participate in data review meetings at facility and LGA levels
- Select BEmONC and CEmONC sites in Calabar Municipal and Calabar South LGAs
- Negotiate and sign MOUs with private health facilities as applicable
- Leverage on existing Cross River State Broadcasting Corporation health talks to facilitate MCH messages through the mass media (mainly radio and TV)
- Hold orientation and work plan development meeting for CBOs
- Establish/strengthen community-based emergency transportation scheme in conjunction with CBO and local committees
- Participate in coordination meetings for other drugs/commodity supply programs (USG, Global Fund, UN agencies, National Primary Health Care Development Agency etc.)

Accomplishments

- Paid advocacy and sensitization visits to LGA policy makers, Ward Development Committee (WDC) Executives and other relevant community gatekeepers in the host communities of the northern nine LGAs, following up on commitments made at the implementation meeting which included redistribution of HRH, infrastructure, engagement of security guards, provision of water and electricity for facilities.
- Reviewed implementation clusters and target facilities to include Calabar Municipal and Calabar South Cluster, and faith-based facilities. The additions made up a total of 10 clusters consisting of 38 BEmONC and 10 CEmONC public facilities, and two BEmONC and three CEmONC faith-based facilities. In addition, Pathfinder would be working with 20 private-for-profits (PFP) facilities through

funding from Merck for Mothers (MfM), in a total market approach, to make a grand total of 73 facilities.

- Established Emergency Transport Systems in 16 LGAs. The committees were saddled with the responsibility for establishing and coordinating effective community-driven emergency transportation systems to serve pregnant women in need of EmONC services.
- Collected baseline data (January to December 2015) from all the 73 SMGL target sites (Public, faith-based and private for-profit health facilities).
- Sensitized the communities in 14 LGAs on the danger signs in pregnancy, birth preparedness and complication readiness as well as the importance of early ANC registration and health facility delivery. In attendance at the meetings were WDCs, groups/associations representing religious bodies, youth (male and female), pregnant women, artisans, traditional leaders, and LGA staff. The meetings produced resolutions by the different groups represented to cascade down information received to their peers.
- Hosted the MfM team that visited Pathfinder Nigeria Country Office (NCO) and the State to have first-hand knowledge of the PFP facilities and to sensitize as well as advocate for the support of relevant stakeholders in the State. They visited two PFPs, the CRS Ministry of Health as well as International Development Cooperation and the state's branch of the Association of General Private Medical Practitioners of Nigeria (AGPMPN).
- Completed the task of GIS/Travel Distance Mapping of focus facilities and the analysis through a short-term consultant who produced a draft report. The final output can be retrieved at <https://goo.gl/Ymdezn>. The project team proposes to integrate the output with the selected target facilities to publish facility locations, and travel distances/times.

Challenges

- Having received approval late in the quarter, the team will hit the ground running in the new quarter to make up for lost time.

Activities Planned for the Next Quarter (April - June 2016)

- Initiate training and supportive supervision targeted at improving the quality of maternity care and institutional delivery services, including emergency obstetric and newborn care (EmONC).
- Conduct, in collaboration with Project Cure, equipment needs assessments in 23 supported SMGL facilities across the state
- Consolidate and begin to operationalize emergency transportation services for pregnant women
- Continue with demand creation activities to accelerate the uptake of institutional delivery services.
- Continue advocacy visits and hold meetings with government Stakeholders (Local Government Service Commission and LGAs Chairmen) to garner support for improved staffing of facilities, infrastructure upgrades and provision of funding for integrated services
- Distribute tools, job aids and SOPs to supported health facilities
- Establish a functional referral system and set up a directory for contacts in BEmONC and CEmONC sites including the activation of facility hotlines

3. Nigeria: Research Study: Community-Based Provision of Implants Via Task Sharing

Background

E2A is undertaking an operations research in Kaduna and Cross River states to assess the effects of community health extension workers (CHEWs) providing implants on family planning uptake and method mix. Specifically, the study will:

- Identify/assess additional training and follow up required by community health extension workers in order for them to provide implants.
- Document the process, effectiveness and cost effectiveness of involving community health extension workers in the provision of implants.
- Examine how the provision of implants by community health extension workers affects family planning uptake and method mix.
- Examine safety issues related to the provision of implants by community health extension workers and rectify.

In each study state, selected health facilities (and their catchment areas) are divided into two categories: those in which community health extension workers are trained to provide implants (intervention sites) and those in which community health extension workers are not trained to provide implants (comparison sites).

The study aims to support a government-led policy shift that would expand the CHEWs' current family planning tasks to include provision of implants; contribute to increased family planning uptake by increasing access to new methods at community level; and sensitize stakeholders and seek support to improve underserved populations' access to long-acting methods through culturally sensitive approaches. All demonstration activities are documented to guide scale-up.

Activities Planned for this Quarter (January - March 2016)

- Continue service provision in both states
- Embark on joint monitoring visits to study sites

Accomplishments

- A high-level supportive supervision/monitoring exercise, led by the State's reproductive health coordinators, Pathfinder/Nigeria staff and E2A M&E Director, was carried out in January 2016 in the intervention sites in Cross River and Kaduna States. Service delivery was assessed as generally good, with the providers rated as performing well, and issues of concern addressed on the spot. There, however, remained the need for close supervision to address the gaps observed. Counseling strategies were discussed, and service registers were examined for data quality.
- Monthly state-level supportive supervision/monitoring continued in the quarter in a manner similar to the high-level one. After reviewing service flow and documentation, technical assistance was provided as needed.
- USG FP compliance monitoring was also carried out.

Challenges

- The facilities still experienced inconsistent supply of funds for FP consumables. The project team encouraged increased advocacy to State and LGA Stakeholders for its provision.
- Inadequate supervision visits by LGA RH coordinators (due to lack of funds) denied the CHEWs the technical and emotional support needed.
- Inadequate mobilization of community members for FP services.

Activities Planned for the Next Quarter (April - June 2016)

- Continue supportive supervision/monitoring in both states (this will include continuous FP compliance reminders and monitoring)