PRIME II: Target Achievement on Key Indicators through Project Year 5 (July 2004)

KEY PMP Indicator	Target	Results to Date
#1 Number of providers providing FP/RH services to national standards	The targets for this indicator require that at least 75% of the total number of providers targeted by the project perform to standard by the end of each project.	***Of the 10 projects that reported on this indicator, all showed progress in maximizing provider performance to the relevant standards:*** Asia • **India ANM** – 92% of Auxiliary Nurse Midwives trained under SIFPSA were PTS when followed-up at their worksite (n=6190/6728) • **India TBA** – 86% of Traditional Birth Attendants trained in safe delivery practices PTS when followed-up in their villages (n=6006/6948) • **India ISM** – 96.1% of traditional medical providers targeted for improved FP delivery skills (n=5197/5405) EE • **Kyrgyzstan PAFP**—100% of providers conducting postabortion family planning counseling according to new MOH standard (n=30/30) • **Armenia**—69% of midwives conducting prenatal and postpartum care in accordance with national MOH approved training protocols (n=41/60) ESA • **Kenya PAC Phase II** – 100% of private midwives trained in PAC (of number followed up twice after training) (n=85/85) LAC • **DR *Bateyes*** – *Promotora* performance improved from 38.5% at baseline to 70% at EOP (n=27/27) (not PTS) • **El Salvador** – 100% of providers trained in FP/RH service delivery under the SALSA project (n=385/385) • **Nicaragua EOC –** Providers trained in EOC scored an average of 82% at follow-up (n=69/69) (not PTS) • **Paraguay** QP– Providers followed-up after training scored an average of 73% (n=19/19) (not PTS) WCA • **Ghana SDL** – 72.1% of midwives' knowledge and skills augmented through the use of self-directed learning modules (n=39/54) • **Mali PPH** – 100% of physicians and midwives trained and supported in AMTSL (n=107/107)

KEY PMP Indicator	Target	Results to Date
		• **Mali FGC II** – 93.5% of Community Based Services providers trained and supported in behavior change communication in FGC (n=187/200) • **Senegal PAC** – All health post nurses trained in PAC/FP are now using their knowledge and skills to take care of clients who need PAC/FP services (stabilization, counseling, digital curage, FP, or reference for MVA). 86% are performing to standard (n=12/14). The nurse at the district health center is now performing MVA. Matrons in 75% of health huts execute their new tasks in FP/PAC (recognition of signs of abortion related complications for quick referrals, communication activities in the community, provision of condoms and re-supply of pills). 100% are able to recognize the danger signs (n=14/14) • **Benin PPH** – 100% of providers (physicians, midwives) trained and/or supervised in PPH provide services according to standards (121 trained in June 2003 and 77 in April 2004) • **Rwanda**: 95% of nurses in the 7 PRIME II-supported districts trained in FP during a two-week IST. (n=96/111) • **Rwanda**: 100% of nurses trained in PMTCT in 7 PRIME II-supported health facilities (n=42/42)
IR 1: Strengthened Pre-service Education, In-service Training & Continuing Education Systems		
#2 Number of institutions with capacity to develop and evaluate FP/RH curricula	PY 1: 1 institution in 2 countries strengthens its curriculum development capacity PY4: ≥ 1 pre-service training, 1 in-service training in 6 countries with curriculum development capabilities	***PRIME II helped training institutions in 9 countries to strengthen their curriculum development capacity:*** Asia • **Bangladesh HPSP** – PRIME II assisted the Institute of Child and Maternal Health (ICNH), National Institute of Population Research and Training (NIPORT), Maternal and Child Health Training Institute (MCHTI), and Population Services Training Center (PSTC) to develop and evaluate curricula (in-service) • **India** – TBA training organization Prerana Population Research Center (PPRC) increased its capacity to design, conduct and evaluate TBA training (in-service) • **India PLM/CMW** – (pre-service) PRIME II assisted in strengthening the curricula development and evaluation capacity of several MOH training organizations for Community Midwives (CMWs) EE • **Armenia –** PRIME II supported the development of an RH clinical training curriculum by a team of pre-service family medicine faculty from the State Medical University (undergraduate) and National Institutes of Health (postgraduate) • **Uzbekistan –** PRIME II developed the capacity of a group of training organizations including: Samarkand Medical Institute, Samarkand Medical College (Nursing), First Tashkent State Medical Institute, Second Tashkent State Medical Institute, National

KEY PMP Indicator	Target	Results to Date
		Refresher Training Institute and Andizhan State Medical Institute, through the development and piloting of a competency based learning package (in-service) ESA • **Uganda** – PRIME II collaborated with the Regional Center for Quality of Health Care (RCQHC) to organize a new one-week PI Regional Training Course, strengthening the capacity of the organization (in-service) LAC • **El Salvador SALSA** – (pre-service) WCA • **Ghana SDL**– Ghana Registered Midwives Association (GRMA) improved its capacity through its work with PRIME II on modules for the Self-Directed Learning project (in-service) • **Mali NIST** – Supported the creation of a National Training Unit within the MOH's Reproductive Health Division to coordinate training at national, regional and district levels. Established Regional IST management units that prepared annual in-service training plans for each of 6 regions. Created standardized training of trainers materials in training methodology, management and supportive supervision. Prepared 60 national and regional trainers to plan and implement quality RH training programs. • **Senegal PAC/FP** – With technical assistance from PRIME II, training materials for nurses/midwives, matrons and health workers/mobile community health workers in PAC/FP developed by team from the Ministry of Health
#3 Number of training sites and centers performing to quality standards	PY 2: 1 training site/center revises its standards in each region PY4: At least 10 sites/centers perform to quality standards in selected countries	***Many PRIME II activities strengthened the quality of training in a variety of sites and centers:*** Asia • **Bangladesh HPSP –** All 6 lead training organizations and 173 (88%) out of 196 assessed *upazilla* training sites in PRIME II-HPSP Project performed to quality standards • **India ANM -** 59 training sites strengthened to improve the quality of ANM training by the Regional Health and Family Welfare Training Centers (RHFWTCs) • **India CMW** – Four Auxiliary Nurse Midwives' Training Centers (ANTMC) strengthened to improve the quality of 18-month CMW training) • **India ISM** – Shramik Bharti (NGO) strengthened as a nodal agency to implement revised ISM training strategy. • **India PLM/CMW** – Training quality was improved in several CMW sites through the application of the PLM tools EE **Armenia –** Training quality improved in three training institutions (National Institutes of Health, State Medical University, National STI Center) and 6 clinical practicum sites established and accepting clinical trainees

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		ESA • **Uganda** – Regional Center for Quality of Health Care improved its standards for quality training in implementing PI short course trainings • **Tanzania QIRI** – Training capacity and quality of Zonal Training Centers increased LAC • **El Salvador** – Training quality improved at San Miguel Hospital, the lead training hospital for the SALSA project, which is training personnel in other local hospitals WCA • **Benin EONC** – Training quality in Maranville/Karimama health zone was reinforced • **Ghana SM** – The MOH Regional Resource Teams greatly increased their capacity to train and supervise providers within the integrated Safe Motherhood program • **Mali FGC –** 4 institutions received technical assistance from PRIME II to improve the quality of their training sites and centers • **Mali NIST** – 8 Regional IST management units received technical assistance from PRIME II to improve the quality of their training sites and centers. • **Mali PPH** – Established and equipped 5 clinical training sites for the practice of PPH prevention in Bamako. Developed, with MOH technical resource persons, a PPH prevention training guide for the active management of the third stage of labor. Trained a pool of 13 national trainer/supervisors in PPH prevention and training methodology and established 3 clinical training sites for the practice of PPH prevention in Bamako
#4 Demonstrated linkages among pre-service institutions, in-service institutions, associations and service sites	PY 2: Preliminary linkages created in 3 institutions PY4: Fully-functioning linkages in 6 institutions	***Linkages between training institutions and other stakeholders were promoted in many of PRIME II's projects:*** Asia • **Bangladesh HPSP–** Technical Training Unit (TTU) of Directorate General of Health Services linked with 6 lead training organizations, 64 District Training Coordination Committees, 460 Upazila Training Teams, 20 Regional Training Centres and 12 Family Welfare Visitor Training Institutes. TTU also established a pre-service linkage with an undergraduate medical college through Medical Education for Essential Health Services Project of DFID and provided inputs to develop ESP curricula to train doctors in 5 constituent upazila health complexes • **India CMW –** Established linkages between ANMTC (ANM training centers where CMW training is ongoing) and District Women's Hospitals for clinical practice of ANMTC trainers and CMW trainees • **India ANM** – Established linkages between trained ANM service sites and RHFWTCs (Regional Health and Family Welfare Training Centers) to follow-up and assess the performance of trained ANMs at their worksite

KEY PMP Indicator	Target	Results to Date
		EE • **Armenia –** Linkages among pre-service, in-service and service sites established through creation of working groups representing all sectors to design, implement and evaluate updated training programs. These groups include faculty, trainers, service providers from nursing schools, medical schools, regional health managers and providers. • **Armenia** - Linkages established between national and regional nursing schools to train FAP nurses ESA • **ECSACON** – 14 MOHs linked through their national nursing associations to assist in harmonizing practice standards (fully-functioning) • **Zambia –** The General Nursing Association of Zambia linked with the lead training institutions in Lusaka to help integrate ICP into national practice standards (functioning) LAC • **Dominican Republic** – Linkage between *Maternidad Nuestra Senora de la Altagracia* to improve in-service training and quality of care (functioning) WCA • **Benin** – 3 tutors from 2 midwifery schools (Cotonou and Parakou) were trained in PPH. This began a process to integrate PPH in pre-service training. • **Mali FGC –** Linkage established between the Reproductive Health Division of the MOH and the Secondary Health School to update the school's library of training and resource materials and to conduct training of RH providers • **Mali NIST–** PRIME II and DELIVER provided technical assistance to the RH division of MOH to test contraceptive logistics and management module in nurse-midwives' schools • **Mali NIST–** PRIME II provided technical assistance to the RH division of MOH to update FP curricula in nurse-midwives' schools • **Rwanda –** The *Centre Hospitalier de Kigali* provides training to students at the Kigali Health Institute through this linkage (fully-functioning) • **Rwanda –** Division of Management and Development of Human Resources (DMDHR) of the Ministry of Health linked with the Ministry of Education to improve the quality of training programs (fully-functioning) • **Senegal PAC/FP** – The Ministry of Health in Sokone District linked with the *Centre d'Expansion Rurale Polyvalent (CERP)* to encourage community action for addressing obstetrical emergencies (fully-functioning)

KEY PMP Indicator	Target	Results to Date
IR 2: Improved Management Support Systems		
#5 Number of institutions (public and private) using a supportive supervision system linked to other performance support systems	PY 2: Supervision system is revised/updated in 4 institutions PY4: 8 institutions with a supportive supervision system linked with other performance support systems	***More than 25 institutions/divisions created or began improving supportive supervision systems that are linked with other performance support systems:*** Asia • **Bangladesh–** 460 DUTTs (District *Upazilla* Training Teams) who had been reoriented on supportive supervision system implemented supportive supervision of field service providers (Health Assistants and Family Welfare Assistants) as an extension of basic ESP training course. • **India ANM** – Lady Health Visitors implemented supportive supervision of Auxiliary Nurse Midwives as part of IFPS EE • **Armenia M&L** – 55 supervisors received training in supportive supervision and were introduced to government-approved supervisory guidelines. Of those, 38 received ongoing support to implement supportive supervision through use of self-assessments, action-planning to solve problems and support providers. • **Kyrgyzstan M&I** - Supervisors from 28 facilities in Bishkek were trained in supportive supervision techniques ESA • **Kenya PAC (II and III)–** District Public Health Nurses of MOH trained to provide supportive supervision of private nurse-midwives in PAC LAC • **Honduras** – The MOH in Health Region 7 instituted a supportive supervision system to support the improvement of FP/RH services in the context of health sector reform WCA • **Ghana CHPS** – 50 supervisors at sub-district level health facilities in Western, Central, Greater Accra and Eastern provinces conduct OJT during supervision of CHOs. • **Ghana SM** - Regional Resource Team (RRT) members provide facilitative supervision in 3 northern regions (Upper West, Upper East and Northern RRTs) • **Mali FGC** – Supportive supervision systems updated in three health districts (Bamako Commune I, Koulikoro, and Bougouni) and 20 CSCOMs use internal supervision. • **Mali FGC II** – Bougouni Reference center instituted a supportive supervision system to support the performance of Community Based Services providers who were trained in behavior change communication in FGC • **Mali PPH** - Supportive supervision systems updated in 8 pilot clinics (CHU Gabriel Touré, Bamako Commune I and V reference centers, 4 CSCOMs, and Lac Télé private clinic) • **Rwanda –** Supportive supervision systems established in seven health districts of Rwanda (Kibuye, Byumba, Mugonero, Bugesera, Kabgayi, Gitwe and Kabutare).

KEY PMP Indicator	Target	Results to Date
		• **Senegal CBD** – A supportive supervision system implemented in Kebemer District by the MOH to support community-based distributors of FP. Skills of the district heath management team and 10 Head Nurses strengthened in facilitative supervision • **Senegal FP/PAC** – Supportive supervision strengthened to support Sokone District's service improvements in FP/PAC
#6 Number of host-country institutions with a system used to produce and implement a PI plan for the primary level RH provider	PY 2: 3 institutions have produced multi-year plans. 2 institutions have implemented multi-year plans PY5: 5 institutions have produced multi-year PI plans 4 institutions have implemented multi-year PI plans	***14 institutions/projects developed and implemented multi-year implementation plans based on comprehensive PNAs:*** Asia • **Bangladesh HPSP** – Implemented EE • **Armenia** - Implemented ESA • **Tanzania QIRI** - MOH/RCHS (implemented) LAC • **Honduras** – Implemented WCA • **Ghana LSS/PAC/SM -** MOH implementation completed. Final evaluation conducted June 2003. Project ended December 2003. • **Ghana CHPS** – MOH implementation completed. Project ended December 2003. • **Benin EONC** - MOH implemented. Final evaluation conducted April 2004. • **Mali FGC** I – MOH implemented. Final evaluation conducted May 2003. Project ended June 2003. • **Mali FGC** II – MOH implemented. Final evaluation conducted June 2003. Project ended December 2003. • **Rwanda** – MOH implemented. Final evaluation conducted May 2004. • **Senegal CBD** - MOH implemented. Final evaluation conducted March 2003. Project ended June 2003 • **Senegal FP/PAC** -– MOH implemented. Final evaluation conducted March 2004. • **Guinea SM** – MOH implemented. Final evaluation conducted March 2003. Project ended June 2003 • **Guinea EPI** – MOH implemented. Final evaluation conducted March 2003. Project ended December 2003

KEY PMP Indicator	Target	Results to Date
IR 3: Improved Policy Environment		
#7 National standards, guidelines and protocols created/updated and applied at facilities post dissemination	PY 1: 5 countries start review process PY5: 65% of SDPs use the created/updated guidelines in countries with comprehensive dissemination activities	***PRIME II contributed to the revision and improvement of national standards, guidelines and protocols in numerous countries and settings:*** Asia • **Bangladesh** – National training standards, guidelines and checklists for in-service training on ESP developed, approved, disseminated and utilized. EE • **Armenia FAP nursing** – training protocols developed, approved and utilized in 60 sites • **Armenia -** STI National STI Integrated Management Guidelines developed, approved and are in practice among primary providers in one Marz • **Armenia VAW** – protocols for recognition and treatment of VAW implemented in one pilot facility • **Uzbekistan** – competency-based learning package for normal delivery set as national training standards for primary providers • **Kyrgyzstan**—postabortion family planning protocols developed and integrated into national RH service delivery protocols. ESA • **Tanzania QIRI** – RCHS revised standards for in-service training in TB, HIV/AIDS and malaria • **ECSACON** – updated regional training and practice standards in order to harmonize curricula • **Zambia ICP** – National nursing standards updated for improved consumer input LAC • **Honduras** – Health Establishments Division of MOH is revising guidelines for licensing of facilities and improving provider performance • **El Salvador** – FP, cervical cancer and maternal care norms disseminated and being utilized as part of the SALSA project • **Nicaragua EOC –** PRIME II participated in the national commission to develop EOC service protocols WCA • **Mali FGC** – Guidelines for providers developed and disseminated through training to help discourage FGC • **Mali PPH** – Developed, with MOH technical resource persons, a PPH prevention training guide and guidelines for the active management of the third stage of labor. Strengthened management and correct use of oxytocic drugs at MOH's Pharmaceutical Division, Gabriel Toure Hospital, Lac Télé private clinic, Pharmacy Populaire of Mali, and 6 other sites in Bamako.

KEY PMP Indicator	Target	Results to Date
		• **Mali PPH, FGC-** Provided technical assistance to MOH to introduce AMTSL, PAC and FGC in national RH norms and protocols • **Rwanda** – The first step to revising the national standards, guidelines and protocols was to have a national reproductive health policy in place. This policy was signed July 22, 2003, and was disseminated nationally on August 1, 2003. The MOH is revising RH guidelines for all six reproductive health components, including new guidelines for adolescent health, sexual violence and STI/HIV/AIDS. With technical assistance from PRIME II, national MOH service delivery standards and protocols were developed and validated on safe motherhood and family planning, in conjunction with training modules on these components • **Benin** – FP/RH Guidelines are being disseminated • **Senegal** – 100% of nurses from 14 health post and the health center of Sokone district oriented on national reproductive health policies, norms and standard are now using the documents supplied by MOH/Division of Reproductive Health
IR 4: Better Informed and Empowered Clients and Communities		
#8 Number of training or service delivery programs that included gender sensitivity and/or partner communication skills	PY 1: 1 service delivery/training program includes gender sensitivity and/or partner communication skills PY3: 4 service delivery/training programs include gender sensitivity and/or partner communication skills PY5: 6 service delivery/training programs include gender sensitivity and/or partner communication skills	***Gender sensitivity was an important concentration of PRIME II performance improvement activities:*** Asia • **Bangladesh** - PRIME II pilot tested Gender Sensitivity Assessment tools for RH curricula for doctors and included gender sensitivity elements in the curricula. • **India ISM** - PRIME II expanded the use of a training curriculum that includes gender sensitivity elements for ISMs. • **India CMW** – Applied Gender Sensitivity Tools while developing and testing CMW curriculum EE • **Armenia** – PRIME II piloted a model whereby RH providers can effectively identify, treat, support and refer women at risk for gender-based violence. • **Kyrgyzstan**—PRIME II conducted focus groups with men to obtain their perspectives on gaps associated with postabortion family planning ESA • **Kenya FGC** • **Ethiopia FGC** WCA • **Rwanda** – Providers integrated pioneering gender self-assessments and developed action plans to improve their sensitivity to gender issues in Kabgayi Health District. PMTCT services in this and other health districts (Byumba, Kibuye, Kigoma, Mugonero, Rubengera, Kinihira) now use an invitation system for partners of prenatal women to encourage them to participate in birth preparedness and HIV testing.

KEY PMP Indicator	Target	Results to Date
		• **Mali FGC** - Gender sensitivity and partner communication skills introduced into the FGC resource package for the training of health personnel. Number of health talks and counseling sessions targeting men and youth greatly increased. • **Mali FGC II** – Gender sensitivity and partner communication skills introduced in CBS providers training in BCC and FGC. • **Mali PPH** – Gender sensitivity issues and partner communication skills introduced into the PPH resource package for the training of health personnel. This aspect is addressed through discussions regarding a birthplan with the husband and the family.
#9 Number of service delivery/training programs incorporating community-based input	PY 1: 1 service delivery/training program includes community-based input PY3: 4 service delivery/training programs include community-based input PY5: 6 service delivery/training programs include community-based input	***PRIME II successfully encouraged varying degrees of inclusion of community input into programming in 14 programs:*** Asia • **Bangladesh** – PRIME II conducted the baseline survey, end-term evaluation and performance assessment of Family Welfare Visitors – all of which included a representative sample of community members who received services from the service delivery points where trained providers are working. • **India EMONC** – (Emergency Obstetric and Neonatal Care) – conducted rapid assessment in a few communities with women, TBAs and RMPs (Rural Medical Practitioners) to improve their understanding of danger signs, what they do in times of emergencies and where they refer; incorporated these inputs in curriculum development EE • **Armenia –** PRIME II supported local NGOs to educate individuals at risk for STI infection and link them with trained primary providers in their communities. • **Armenia** – PRIME II worked in 20 communities to establish community action councils to improve quality and access to RH care through drug funds, renovations, improved relations between community and providers, and health promotion activities. • **Kyrgyzstan –** Focus groups conducted with community to gather perceptions on gaps related to postabortion family planning. Based on these focus groups, radio messages were developed and delivered in the main shopping areas in the geographical areas where PRIME II worked ESA • **Kenya PAC Phase II and III**– The PAC curriculum utilized for the training of private nurse-midwives includes community mobilization/outreach skills training. • **Zambia** – The General Nursing Council incorporated community-based input in its revision of Nursing Service Standards. These standards were revised to include guidance on soliciting community-based input to improve services. LAC • **Dominican Republic** – With assistance from PRIME II, IDAC promoted community assemblies, conducted focus groups and needs assessments to incorporate community

<table>
<tr><th>KEY PMP Indicator</th><th>Target</th><th>Results to Date</th></tr>
<tr><td></td><td></td><td>views into its batey RH service project
• Nicaragua ICP – ICP partnership tools designed and pilot-tested to increase use of consumer input
WCA
• Benin FS – Community safe motherhood committees established with input from women's groups, opinion leaders and religious leaders.
• Ghana CHPS– The Community Health Planning and Services project utilizes the input of community leaders, chiefs and elders. Communities also mobilize to construct/renovate health clinics
• Mali FGC – Community health associations and opinion leaders were oriented on the negative health consequences of FGC in three pilot districts. They support providers and associations in their sensitization activities. Partnerships developed among communities, NGOs and the health centers in Bougouni to prevent and treat the negative health consequences of FGC. FGC action plans developed by community health committees in pilot sites.
• Rwanda – The MOH adopted the Partnerships to Improve Quality (PAQ) approach that focuses on creating partnerships between service providers and the communities they serve to identify problems affecting the quality of health care services in the health centers and together develop solutions to these issues. Community members and health care providers serve together on PAQ teams. The approach is expanding and now applied in 22 health centers.
• Senegal FP/PAC – Community outreach expanded to increase awareness of FP/PAC services and obstetric danger signs. Community action plans include creation of emergency funds and emergency transport plans</td></tr>
<tr><td>#10 Number of collaborative agreements reached between PRIME II and other agencies, bilateral and multilateral donors and foundations</td><td>PY 2: 5 agreements reached
PY4: 12 agreements reached and fulfilled</td><td>More than 35 global partnerships were implemented between PRIME II and other organizations at the central level and in the following countries:

Country and Project — Partners
ASIA — WHO Conference with JHPIEGO, JHU/CCP, AVSC and FHI
Nepal
Bangladesh
Health and Population Sector Program (HPSP) — JICA, GTZ, DFID and the World Bank
India
Innovative Family Planning Strategies — EngenderHealth
India
Regional Conference on Neonatal Health — WHO
India — WHO</td></tr>
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KEY PMP Indicator	Target	Results to Date	
		Regional Conference on Maternal Health	
		India	
		HIV update	EngenderHealth
		CENTRAL	
		Maximizing Access and Quality	JHPIEGO
		ESA	
		Tanzania National Reproductive and Child Health Guidelines	JHPIEGO
		Kenya Condom Bias Study	FHI
		LAC	NGO Networks
		Nicaragua Improving community response to obstetric and neonatal emergencies and unmet family planning needs	Project Hope, Project Concern International (PCI), Catholic Relief Services (CRS), Wisconsin-Partners of the Americas
		Honduras Improving provider performance through health sector reform	JICA, PAHO, Partnerships for Health Reform (PHR), IDB
		WCA	
		Ghana SPL	Population Council
		Ghana Community-based Health Planning and Services (CHPS)	JHPIEGO
		Benin	Population Services International (PSI)
		Benin EONC program	URC (PROSAF), GTZ, UNFPA, WHO
		Guinea Improvement of Immunization Agents' Performance	BASICS II
		Senegal Performance Improvement of CBD Supervisors in Kebemer District	Population Council and MSH
		Senegal PAC/FP	EngenderHealth and CERP
		Regional Francophone PAC Initiative	Consortium of CAs including Population Council, EngenderHealth, JHPIEGO, FCI, POLICY, SARA, PRB, WHO, Ipas
		Regional MAQ Initiative	Consortium of CAs including Population Council, EngenderHealth, JHPIEGO, FHI
		Nigeria Performance Factors Special Study	EngenderHealth (VISION Bilateral)
		Rwanda PMTCT Service Delivery	FHI/IMPACT
		Rwanda IEC/BCC Materials Development and Field Dissemination	UNICEF, WHO, UNFPA, GTZ, PSI, FHI/IMPACT
		Rwanda Malaria Prevention in CPN and Mutuelles (Health Insurance Schemes)	World Bank, Belgium Cooperation, UNFPA, WHO. PSI
		Mali FGC Project	Plan International, PATH (PASAF), Population Council, UNFPA/PATH and Save

KEY PMP Indicator	Target	Results to Date	
			the Children
		Mali Support to IST Strategy	JSI/PDY DELIVER
		Mali PPH Initiative	Save the Children, JHPIEGO, MSH/RPM+, Hellen Keller International
		Mali MAQ Initiative	Consortium of CAs including JHU/CCP, Population Council, Care International, Abt Associates, POLICY Project, JHPIEGO, Inter Agency Gender Working Group
		EE	
		Armenia	Formal MOUs with Carelift International, International Relief and Development, Management Scienes for Health, and Save the Children. Partnerships with World Vision, PADCO/Abt Associates, MSF, UNFPA, World Bank
		Kyrgyzstan	UNFPA
			Abt/Zdrav Plus Project
		Uzbekistan	Uzbek Medical and Pedagogical Association (Uzbek NGO)
			ZdravPlus
			New MCH bilateral
			WHO
			UNICEF
			UNFPA