

Healthy Families Thrive

Why Community Health Matters in the Journey to Self-Reliance

Advancing Partners & Communities
Final Report | December 2019



USAID
FROM THE AMERICAN PEOPLE



ADVANCING PARTNERS
& COMMUNITIES



JSI RESEARCH & TRAINING INSTITUTE, INC.



THE SCIENCE OF IMPROVING LIVES



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Advancing Partners & Communities (APC) was a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID/OAA-A-12-00047, beginning October 1, 2012. APC was implemented by JSI Research & Training Institute, Inc., (JSI) in collaboration with FHI 360. The project focused on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provided global leadership for community-based programming, executed and managed small- and medium-size sub-awards, supported procurement reform by preparing awards for execution by USAID, and built technical capacity of organizations to implement effective programs.

Recommended Citation

Advancing Partners & Communities. 2019. Healthy Families Thrive, Why Community Health Matters in the Journey to Self-Reliance. Advancing Partners & Communities Final Report. Arlington, VA: Advancing Partners & Communities.

Cover photo: Kristen Devlin/JSI

Photos in this report are courtesy of APC unless otherwise noted.

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ACRONYMS

APC	Advancing Partners & Communities	HCD	human-centered design
AHC	Angkor Hospital for Children	HIDN	Office of Health, Infectious Disease, and Nutrition
ART	antiretroviral therapy	HtW	Health through Walls
ARV	antiretroviral	IMC	International Medical Corps
CBFP	community-based family planning	IPC	infection prevention and control
CBO	community-based organization	JSI	JSI Research & Training Institute, Inc.
CCIH	Christian Connections in International Health	KP	key population
CECA	Center on Children in Adversity	LCI	Local Capacity Initiative
CHIS	community health information system	LWVF	Leahy War Victims Fund
CHS	community health system	M&E	monitoring and evaluation
CHW	community health worker	MOH	Ministry of Health
CSO	civil society organization	MSM	men who have sex with men
CYP	couple years of protection	NCC	National Coordination Coalition
DCHA	Bureau for Democracy, Conflict, and Humanitarian Assistance	NGO	nongovernmental organization
DCOF	Displaced Children and Orphans Fund	OHA	Office of HIV/AIDS
DMPA-SC	depot medroxyprogesterone acetate – subcutaneous	PERHS	Post-Ebola Rebuilding Health Services
DR	Dominican Republic	PHE	population, health, and environment
E3	Bureau for Economic Growth, Education, and Environment	PLHIV	people living with HIV
ECP	emergency contraceptive pill	PMP	performance monitoring plan
ETP&SS	Ebola Transmission Prevention & Survivor Services	PNG	Papua New Guinea
EVD	Ebola virus disease	PRH	Office of Population and Reproductive Health
FBO	faith-based organization	QI	quality improvement
GBV	gender-based violence	RHIS	routine health information system
GH	Bureau for Global Health	RMNCH	reproductive, maternal, newborn, and child health
GHET	Global Health Ebola Team	USG	United States Government
		VOT	Victims of Torture Fund
		WASH	water, sanitation, and hygiene
		WHO	World Health Organization



FROM THE DIRECTOR

As APC comes to a close after seven years, we look back on how the project has improved the health and lives of countless people in thousands of communities in more than 40 countries.

More women and couples, especially those living in more conservative and hard-to-reach places, can now access a wide range of voluntary family planning methods. More patients know their HIV status and are getting the treatment they need. More survivors of Ebola virus disease are leading healthier lives with less stigma. More people who are vulnerable due to disability or live in challenging places now have access to rehabilitation, counseling, and health care.

APC's legacy of change goes beyond clients to improvements in health systems and local organizations. The foundation APC leaves behind enables communities and countries to continue progress toward their health goals, moving the global community closer to meeting the Sustainable Development Goals.

APC would like to thank the dedicated and talented staff from JSI and FHI 360, USAID, and the numerous government ministries and agencies, organizations, and communities that we have worked with since 2012 for their efforts to advance community health. We have done a lot together. As an African proverb says, "If you want to go fast, go alone. If you want to go far, go together."

Thank you!

Elizabeth Creel, Project Director, APC



DOMINICAN REPUBLIC

"Through collaboration with IDEV and REDOVIT, we are able to escort newly diagnosed HIV patients to get chest X-rays, which lets us rule out tuberculosis and get them on ART faster."

— Yuderkys Sánchez, Psychologist, Lotes y Servicios Primary Health Care Center

COLOMBIA

"The TEAM project has been a great help to Vanessa. She has made remarkable progress in her rehabilitation and as a family, we are so pleased."

— Family member of disabled child



WITH SUPPORT FROM APC, INDIVIDUALS AND FAMILIES IN THOUSANDS OF COMMUNITIES ARE ABLE TO LIVE **HEALTHIER AND HAPPIER LIVES.**

SIERRA LEONE



"...with all the capacity building that USAID is providing to SLAES, I am looking forward to a future where Ebola survivors are part of the decision making process of this country."

— Glenna Beckley, Finance Officer, SLAES

ETHIOPIA



"Above getting money and skill, I am feeling better when I see my community is provided quality services with the help of Health Net."

— Tefera Tadesse, participant in a small business enterprise program

LAOS

"I only knew about physical therapy before the training. ...I now understand why occupational therapy is also essential for rehabilitation."

— Wongkham Seepanya, Pediatric Physical Therapist

GUYANA

"To watch people not wanting to come to an NGO because they are fearful someone might think they are HIV positive to now watching people coming to get tested and bringing their partners and not being fearful... to me that is a great achievement."

— Desiree Edghill, Executive Officer, Artistes in Direct Support

BENIN

"Every day... we save lives and that is important. Today, mothers are happy, children are healthy, and the mortality rate has dropped."

— Rancar Kohonou, Community Health Worker



Community health affects the stability of nations and the prosperity of families. Access to health services and voluntary family planning allows women and men to take control of their health, which has far-reaching benefits. When families can choose to delay pregnancies, mothers are healthier and children thrive.

WHERE WE WORKED





EXECUTIVE SUMMARY

Why Community Health Matters in the Journey to Self-Reliance

Family planning is not an option for many people who live far from a health facility and lack access to affordable transportation. Yet family planning is critical to community health and prosperity. When families can choose to delay pregnancies, mothers are healthier and children thrive.

Community-based family planning (CBFP) services can link families to health facilities. When community health workers (CHWs) provide basic health services, including voluntary family planning, to their neighbors, they connect a country's health system and individual families in places where health services are not always easy to access.

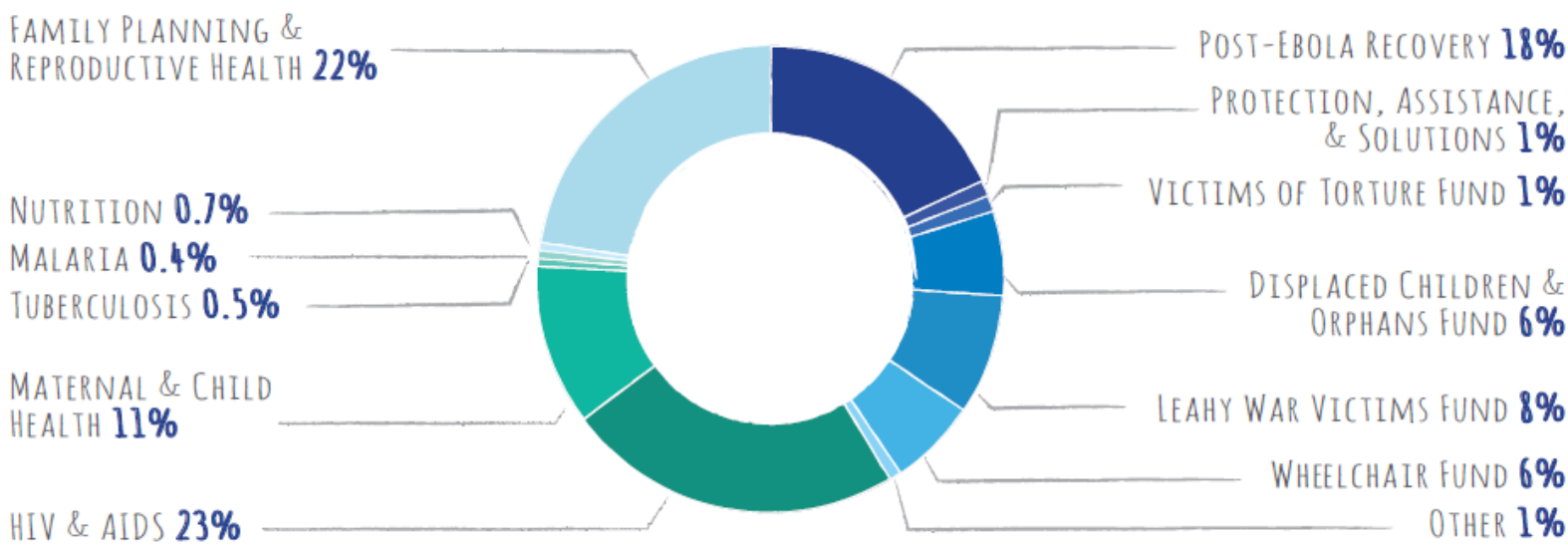
The fabric of community health is woven from the strands of families, volunteers, faith-based organizations (FBOs), nongovernmental organizations (NGOs), and government institutions. Strengthening local organizations formed by and for the people they support builds local leadership and fuels the innovation and learning that lead to self-reliance.

From October 1, 2012 to September 30, 2019, the Advancing Partners & Communities (APC) project worked in more than 40 countries to improve the overall health of communities, with an emphasis on voluntary family planning. The project was implemented by JSI Research & Training Institute, Inc. (JSI) in collaboration with FHI 360.

Over the past seven years, APC expanded from its initial focus on voluntary family planning to a broad array of community-based programs in four main health areas: **CBFP, HIV and AIDS, post-Ebola recovery, and vulnerable populations**, which include children in adversity, people with disabilities, and victims of war. This broadening of APC's scope was made possible through the project's flexible design, which afforded numerous USAID bureaus, offices, and missions the opportunity to use APC to advance their diverse programmatic priorities.

Across all its programs, APC managed 55 funding streams, mostly through centrally funded USAID programs and missions. The majority of the project's work was conducted under an APC-managed sub-award program

FUNDING AREAS



FUNDING STREAMS

USAID BUREAU OF GLOBAL HEALTH	OTHER USAID BUREAUS	USAID MISSIONS	
Global Health Ebola Team	Bureau for Africa	Benin	India
Office of Health, Infectious Diseases and Nutrition	Bureau for Asia	Botswana	Madagascar
Office of Maternal and Child Health and Nutrition	Bureau for Democracy, Conflict, and Humanitarian Assistance	Caribbean Regional	Malawi
Office of HIV/AIDS	Bureau for Economic Growth, Education, and Environment	Dominican Republic	Nepal
Office of Health Systems		East Africa Regional	Senegal
Office of Population and Reproductive Health		Ethiopia	Tanzania
		Ghana	Uganda
		Guyana	
		Haiti	

This list is not comprehensive but represents the major funding streams for APC.

with more than 110 local and international grantees that received funding and technical assistance to conduct community-based programs.

In partnership with NGOs, FBOs, the private sector, academic institutions, ministries of health, local governments, and communities, APC improved the delivery of critical health services, especially in CBFP and infectious disease prevention, in more than 40 countries. To accomplish this, APC provided global leadership for community-based programming and built local organizations' capacity to conduct effective health programs. APC programs spanned the breadth of health systems, from advocacy and policy change at the highest levels of government to CHW training sessions that enabled people to obtain basic health services, including contraceptives, in their communities.

In 22 countries, APC strengthened voluntary family planning by training health workers, building local NGO capacity, advocating for policy change, and introducing new methods. The project provided contraception to women and men equal to almost 839,000 couple-years of protection, and reached more than 276,000 new family planning users.

APC reached over 2.7 million people with information about a wide range of family planning methods including injectables, fertility awareness, oral contraceptives, condoms, and intrauterine devices. To help ensure that clients were fully informed about all methods, APC trained more than 17,000 health workers and CHWs to deliver high-quality counseling on contraceptives and family planning.

The project also strengthened the organizational and/or technical capacity of 23 NGOs, five of them faith-based, to provide voluntary family planning. In nine countries, APC provided assistance to advance policies that support CBFP. APC helped field programs, countries, and partners identify, improve, and scale up evidence-based CBFP initiatives to support the Family Planning 2020 (FP2020) goal of reaching 120 million new family planning users, which can only be achieved by extending family planning beyond health facilities.

APC reached out to key demographic groups, including youth, hard-to-reach populations, and the most vulnerable—those who are disabled or extremely poor. Using innovative approaches such as behavioral economics and human-centered design, the project engaged in family planning dialogues with men, faith leaders, and representatives of religious institutions to gain their trust and support as advocates for contraceptive choice.

APC expanded CBFP by bringing CHWs into the health system—one of several proven high-impact practices in family planning—to increase access to a wide range of contraceptive methods. Other approaches

included scaling up community-based initiatives, using private-sector channels, and integrating family planning into existing programs to reach more clients. The project also strengthened referral systems and linkages to clinical services that provide other long-acting reversible contraceptives and permanent methods. APC helped ministries of health and NGOs revise and implement CHW policies and enhance data systems and other tools that provide information for decision-making and health advocacy efforts.

In three countries, APC supported more than 40 NGOs and public health facilities to expand testing and treatment of HIV in an effort to reach PEPFAR's 90-90-90 goals—diagnosing 90 percent of all HIV-positive persons, providing antiretroviral therapy (ART) for 90 percent of those diagnosed, and achieving viral suppression for 90 percent of those treated by 2020. APC programs provided services that helped more than 351,000 people get tested for HIV, 4 percent of whom tested positive. APC programs also found and re-enrolled more than 3,400 people who had left treatment.

Through the Local Capacity Initiative (LCI) funded by CDC, PEPFAR, and USAID, APC supported HIV policy advocacy by providing capacity-building support to NGOs in 10 countries and regions. This brought the concerns of key populations (KPs)—men who have sex with men, female sex workers, and transgender persons—to the attention of local government officials. KPs consist of the groups most at risk of acquiring and transmitting HIV in concentrated epidemics. Programs to support social contracting, which allow government funds to flow directly to NGOs to implement specific activities, helped NGOs in two countries qualify for domestic government funding to continue HIV work.

In three West African countries, APC built capacity within NGOs, FBOs, ministries of health, and other local organizations to improve health services for Ebola survivors and strengthen health systems to manage future outbreaks. APC rehabilitated and/or provided medical equipment to 342 health facilities and trained more than 8,600 health workers to deliver better health services.

The project trained or mentored almost 1,300 clinicians in sub-specialty care that included ophthalmology, rheumatology, neurology, and mental health. Project-supported health facilities had more than 3 million patient visits, more than 8,000 of which were by Ebola survivors. Almost 3,000 patients were referred to higher-level treatment. APC also supported three national Ebola survivor organizations and 33 local chapters that continue to help survivors advocate for themselves.

Through a variety of programs, APC provided funding for small, local organizations that support orphans, children, and adults who have men-

tal or physical handicaps or severe trauma from war or violence. In 12 countries, APC helped more than 260,000 of the world’s most vulnerable people, who previously had little access to rehabilitation, counseling, or health care.

More than 58,000 children in adversity received support, and more than 11,000 people living with disabilities received assistive devices, including wheelchairs. APC trained more than 50,000 people to provide rehabilitative services or to support vulnerable populations. Victims of war received more than 70,000 primary health consultations. APC trained more than 11,000 health workers on primary eye care. These workers helped screen more than 73,000 children for blindness and other sight-related problems. APC provided almost 7,000 pairs of eye glasses to underserved children and adults, and almost 3,000 children benefited from eye surgeries funded through APC.

The project generated and disseminated nearly 700 tools, information, and guidance documents that countries and international partners are using to advance health programs. APC also contributed to international learning and dialogue by participating in key events and coordinating with donors and partners.

Increasing local capacity to help countries on the journey to self-reliance was a central focus of APC. Through funding and technical assistance, APC prepared local and international NGOs to mobilize funding, manage projects with more accountability, and implement activities to sustain countries’ health systems.

Based on the project’s experiences and learning, APC outlines 10 recommendations for future development work to make health systems more resilient:

- Continue to promote and strengthen harmonization of community health programs within the health system.
- Improve community health services through sustained policy advocacy at multiple levels.
- Strengthen referral networks and supervision structures.
- Enable greater use of community-led support for health facilities.
- Continue to invest in data systems, human capacity, and experimentation with new methods for data collection, analysis, and use.
- Put more emphasis on changing social, cultural, and gender norms.
- Boost commitment to self-care at the global and country levels.
- Prioritize adolescents, youth, and vulnerable populations.
- Give more weight to traditionally under-used partners.
- Consider the next generation of grant-making and financing.

Website Resources

Additional resources from APC’s website are listed throughout this report. Look for banners like this for samples of our work.

PUBLICATION TYPE

[Name of Resource](#)



CROSS-CUTTING THEMES

In each of its four main health areas (CBFP, HIV and AIDS, post-Ebola recovery, and vulnerable populations), APC applied best practices, evidence-based learning, and approaches from six cross-cutting areas that supported its goals and objectives. An overarching theme of APC's work was to build local capacity to help countries become more self-reliant. Policy and advocacy were part of many programs and led some country governments to institute health policy changes. APC also incorporated principles and strategies for empowering women and youth into its programs.

Strong grants management and technical support helped programs in all four main health areas succeed. Monitoring and evaluation and learning and dissemination activities ensured that results were measured and communicated to the larger global health community. Six cross-cutting themes guided program design and reinforced APC activities, improving results and preparing countries to implement sustainable health programs. Each is discussed below.





Local Capacity Building Empowering Communities

COLLECTION



[Capacity Building Tools: An Online Collection](#)

Through more than 110 sub-grants, APC leveraged the capacities of existing NGOs, FBOs, communities, and academic institutions. Sub-grantees provided hundreds of smaller and less mature NGOs with capacity-building assistance to strengthen basic administrative, financial, communications, human resource, and monitoring and evaluation (M&E) functions, and skills to comply with USAID grant requirements. APC also helped NGOs establish consortia that helped them flourish and mobilize their own resources, making them more effective, efficient, and sustainable.

In Guinea, Liberia, and Sierra Leone, APC provided organizational capacity building to national and local Ebola survivor associations, which helped survivors advocate for their needs, reintegrate into their commu-

nities, and access health services. In Guyana, APC support to the National Coordination Coalition (NCC) allowed HIV-related NGOs to share resources and support each other. In Benin, NGOs learned to manage funds and built technical capacity to roll out CHW provision of injectable contraceptives. In Kyrgyzstan and Guyana, APC helped establish social contracting mechanisms that allowed NGOs to provide health services.

APC grants included technical capacity building for programs that centered on one or more of APC's main health areas and improved grantees' ability to provide high-quality services and expanded their reach to clients and patients.

In addition to traditional training programs, organizational and technical assistance included an array of capacity-building models, such as south-to-south learning, twinning programs, human-centered design (HCD), use of tools and guides, and application of social media and other digital platforms. In some countries, APC partnered with local colleges and other educational institutions to establish or strengthen ongoing training programs.

Capacity-building efforts often made their way into countries' public health systems as NGOs trained health workers and CHWs and partnered with health facilities to improve linkages with government institutions. APC interventions were designed to complement ministry of health (MOH) priorities to ensure sustainability.

Local community members also benefited from APC's capacity-building efforts. In some communities, APC programs created savings and loan groups to generate economic resilience, and recruited people as advocates and peer educators to advance community health outcomes.



Policy & Advocacy

Engaging Thought Leaders for Change

LEARNING PACKAGE



[Workshop Curriculum: Developing Policy Advocacy Strategies](#)

In each of the main health areas supported by APC, the project collaborated with local NGOs and governments to generate evidence, advocate policy change, and in some cases, implement those changes. In Benin, Kenya, Nepal, Senegal, Tanzania, Uganda, and Zambia, APC programs advanced family planning through support for policy changes like task-sharing that enabled lay providers, including CHWs, to administer CBFP services.

In support of global advocacy for community health systems (CHS), APC developed resources that provide data, best practices, and approaches for countries and public health program implementers. The project's portfolio of [CHS tools](#) and resources continues to be used widely in research and program implementation.

Through the PEPFAR-funded LCI, APC increased advocacy capacity at NGOs that prevent and treat HIV in 10 of the initiative's 14 countries or regions—Asia, Botswana, Cameroon, Dominican Republic, Ghana, Guyana, India, Papua New Guinea, Uganda, and Zimbabwe. APC's technical assistance helped these NGOs design and implement local solutions to policy barriers that impede their work.

In Guinea, Sierra Leone, and Liberia, where many Ebola survivors struggled with ongoing virus-related health problems and were often marginalized because of lingering fear, APC helped strengthen networks that continue to advocate for survivor needs. Through healing dialogues and community sensitization campaigns, APC and its local partners reduced

stigma and created platforms for Ebola survivors to help and support each other.

Working through local NGOs and government partners, APC shaped community health policies and engaged civil society and communities in the process. Organizations and individuals learned to apply advocacy tools and knowledge that they continue to use.



Youth & Gender

Inspiring the Next Generation

TOOLKIT



[Integrating Gender-Based Violence Screening Into HIV Services Provided by Non-governmental Organizations in Guyana](#)

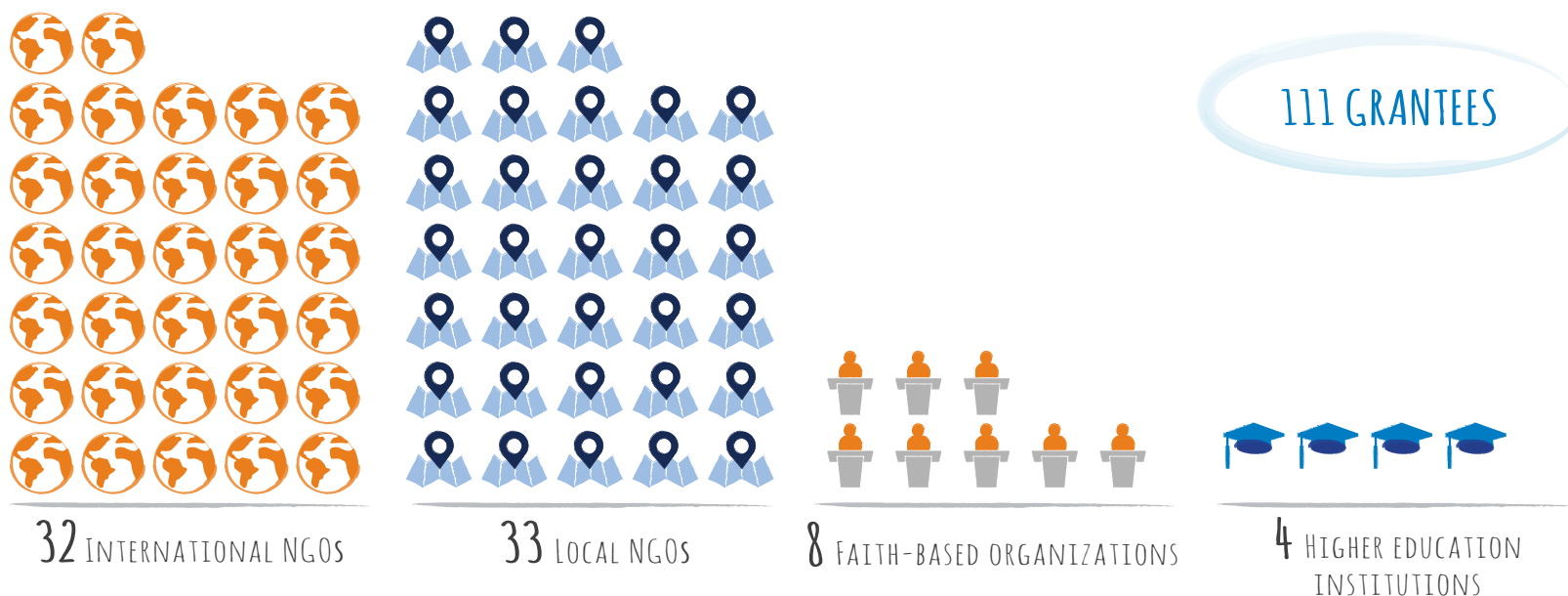
Across its grants and programs, APC integrated youth and gender into key aspects of community-based programming and promoted gender equality in health programs. Increased access to contraceptives, as well as introduction of new family planning methods and the engagement of men as supporters of family planning, opened the door for better health outcomes and women's economic empowerment.

APC reinforced gender equality to help women access facility-based care and family planning methods to decide timing and spacing of pregnancies, which affect women's ability to pursue education and economic opportunities. Provision of CBFP is especially important in low-resource, remote communities where family planning is limited. In countries where APC conducted CBFP programs, women gained increased access to family planning through CHW services and information.

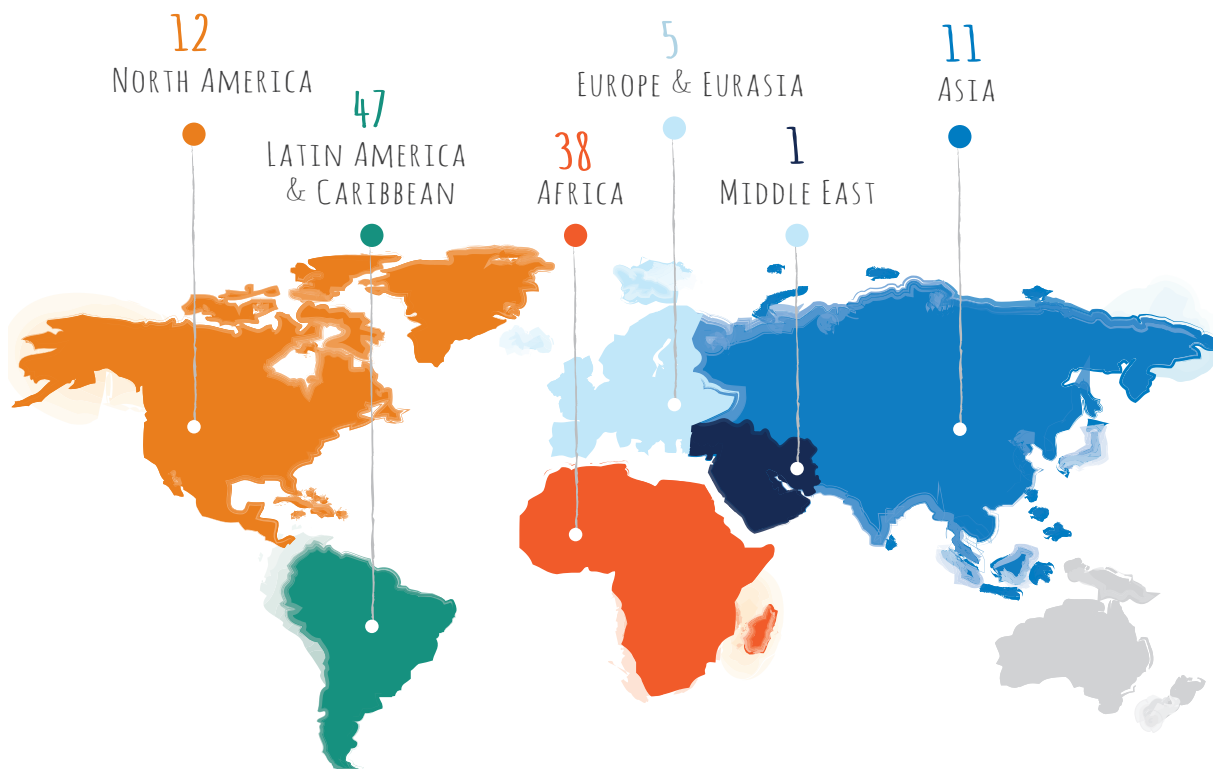
In Ethiopia, Kenya, and Uganda, APC worked with community leaders to encourage men to support their partners' family planning decisions and work toward equality within families and communities. In Kenya and Uganda, APC engaged faith communities and men as family planning advocates, which increased the uptake of family planning. APC-sponsored community dialogues and radio talk shows in these countries encouraged men to become champions of family planning and support their partners' family planning use. These communications helped change men's attitudes toward gender norms and family planning.

APC supported community health programs that screen women and girls for gender-based violence (GBV) and refer them to services for support. These activities were integrated with programs focusing on family plan-

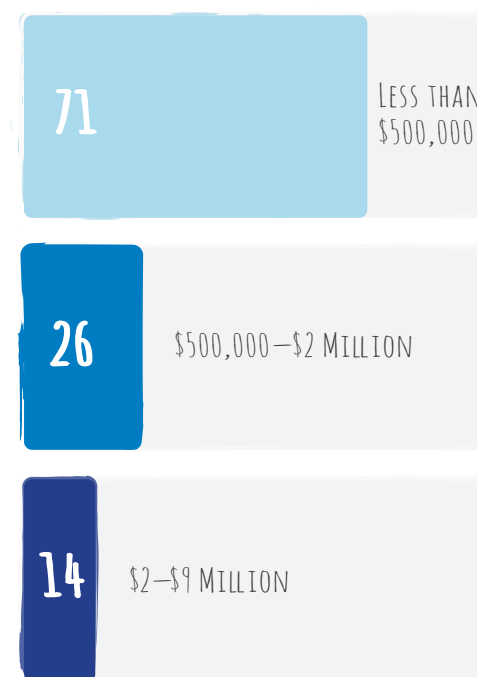
NUMBER OF GRANTEES BY TYPE OF ORGANIZATION



NUMBER OF GRANTS BY REGION



NUMBER OF GRANTS BY FUNDING AMOUNT



Several organizations received multiple grants.
Some grantees worked in more than one region.
APC issued 20 additional grants through FHI 360.



ning and HIV, as well as in fragile settings such as Iraq. In Guyana, APC integrated GBV prevention and response into existing HIV-prevention, care, and treatment programs and supported development of national guidelines that culminated in a [GBV toolkit](#).

APC also participated in global initiatives to advance knowledge and best practices to reduce GBV. Collaborating with the Interagency Gender Working Group's GBV Task Force, APC supported eight events on GBV-related themes, including child and early forced marriage, use of technology to combat GBV, how FBOs are involved in GBV prevention, and ways to translate GBV policies and guidelines into practice.

Through a grant to the University of Nairobi in Kenya, APC supported the founding of the African Coordination Centre for Female Genital Mutilation/Cutting Abandonment, which creates partnerships with grassroots organizations and trains community leaders as agents of change to reduce the practice in East Africa.

It is essential to include reproductive health needs of young people—especially those who are orphaned, out of school, or HIV positive—in community health programs. APC helped local partners build capacity in youth reproductive health, train peer educators, mentor boys and girls,

and reach more young people with family planning and HIV-prevention messaging, including messages on delaying sexual debut.

APC also worked with USAID regional bureaus and missions to understand key challenges, determine priorities, and create local expertise in youth reproductive health. This included development of a [dashboard](#) that provides at-a-glance views of indicators related to the reproductive health of people ages 10 to 24 years living in 17 USAID priority countries in Asia and the Middle East.



Grants Management Growing Local Initiatives

COLLECTION



[Grantee Guidance Package](#)

APC awarded more than 110 grants to local and international organizations in countries across Africa, Asia, Europe and Eurasia, Latin America

APC WEBSITE ACTIVITY AND OUTREACH 2014-2019

67,514

NEW
USERS



268,011 PAGE VIEWS



VISITORS FROM
209 COUNTRIES

60% ORIGINATED
OUTSIDE THE U.S.



29,930
PDF DOWNLOADS

SOCIAL MEDIA

752



TWITTER
FOLLOWERS



1,721 LIKES

3,197
TWEETS



437



FACEBOOK
FOLLOWERS



392 LIKES

ENEWSLETTER



1,594

SUBSCRIBERS



THE WORLD POPULATION
DAY 2017 NEWSLETTER WAS
THE MOST POPULAR WITH



32%

OPEN RATE

AND

17%



CLICK THROUGH RATE.

and the Caribbean, and North America. The grants were funded by USAID bureaus and missions and covered APC's four main health care areas.

APC administered this extensive portfolio by managing each grantee to ensure financial accountability and providing oversight to make sure each reached its goals. This included monitoring progress and expenditures, compliance with USAID requirements, financial data, technical reporting, and tracking deliverables.

APC's pre-award questionnaire helped determine grantees' capacity to manage U.S. Government (USG)-funded projects and identified areas where extra capacity building was needed and where special provisions should be included in the grants. Many local NGOs had highly competent technical staff, but lacked financial and/or administrative capabilities, including robust financial systems.

Some organizations received USG funds for the first time and needed APC's support to fulfill grant requirements. Some organizations were ready to sign a grant agreement without fully understanding the requirements. APC helped them review the terms and provided substantial capacity-building assistance during the grant period.

As a direct result of the experience and knowledge gained from receiving grants and capacity-building services from APC, several grantees went on to receive direct funding from USAID or other donors.



Monitoring & Evaluation

Documenting the Evidence

INFOGRAPHIC



[Strengthening Community Health Systems in Benin](#)

APC conducted M&E for all its programs, which formed the basis for assessing progress and results. For family planning programs funded by USAID's Office for Population and Reproductive Health (PRH), M&E was guided by the project's goal of advancing and supporting community health with a focus on family planning, which is part of the PRH results framework. Based on this, APC developed a logic model to inform a performance monitoring plan (PMP) that focused on the core family planning technical areas.

For these family planning programs, APC followed a standard M&E process in which each grantee prepared a PMP with indicators such as

health workers trained and people reached with family planning messages. A subset of these programs collected data on service indicators, such as new users of modern contraceptive methods and contraceptive methods distributed. Grantees conducted routine data collection and reporting throughout the project.

In addition to the family planning grants, the project had an extensive portfolio of grantees and diverse programming that were implemented at different times over the project's seven years. This complexity necessitated a targeted approach for each program, and grantees developed PMPs to align with specific program areas and country context. This included tracking and reporting of the PEPFAR indicators for HIV programs, and an extensive set of indicators specific to post-Ebola recovery activities. In some cases, results were captured through qualitative reporting. See Annex 2 for reporting on the project's indicators.



Learning & Dissemination

Sharing the Knowledge



APC facilitated project learning and routinely disseminated results and lessons in myriad ways. Tools like curricula, templates, and job aids promoted learning in the field, while contributions to publications and participation in conferences conveyed learning to a global audience. Over the course of the project, the [APC website](#) was the project's primary channel for publishing grantee information, project updates, reports, success stories, infographics, videos, photos, technical information, tools, and other resources.

From its launch in 2013 through September 2019, the APC website had more than 268,000 page views generated by 67,514 users, 13 percent of whom visited the site repeatedly. The website contains more than 650 resources, including the [Post-Ebola Recovery Toolkit](#), the [Community Health Systems Catalog](#), [grantee guidance](#), the [Expanding Contraceptive Choice webinar series](#), and much more. During the project period, users downloaded more than 30,000 PDF files from the website. APC also produced more than 25 videos that were viewed over 5,000 times, including the award-winning "[Community Health Policy Matters](#)" video.

The project disseminated tools and resources about its family planning-specific activities—especially related to subcutaneous depot medroxyprogesterone acetate (DMPA-SC) (commonly known as Sayana® Press), emergency contraception, and work with faith-based entities—through global health-related listserves, communities of practice, social media, and knowledge platforms. Other dissemination efforts centered on global awareness days and USAID public health priorities.

APCs e-newsletter reached more than 1,000 subscribers with more than 100 messages over its seven years of publication. Subscribers were a mix of USAID and USG staff, partners, development professionals, academics, and others from across the globe interested in family planning and community health. In addition to content such as blogs and webinars, APC used its email list to promote new research and events. The average open-rate for APC email campaigns was 25 percent, with an average click-through rate of 11 percent, which is above average for these types of campaigns.

In addition to its own dissemination efforts, APC's work was amplified through JSI's and FHI 360's corporate websites and social media presence. Both organizations routinely posted information about APCs progress and results to a large global health audience. JSI posted 23 blogs by APC staff to The Pump; five to Medium; three to Adobe Spark; and two to Exposure. Project benefits to individuals and communities were highlighted in more than 110 success stories and multiple essays for USAID's Exposure platform and Medium blog. APC's work was also presented at international conferences, including a large presence at the International Conference on Family Planning in 2018.

By following, tagging, and messaging influencers, grantees, and partners through APC's Twitter and Facebook accounts using relevant hashtags, the number of social media followers grew steadily during the project. By creating social media toolkits that partners, grantees, and USAID could use during events like World Health Workers Week, APC ensured cohesive messages across platforms and content.

At the Wilson Center in Washington, DC on May 1, 2019, the project presented results and learning through an event called Community Health Matters in the Journey to Self-Reliance, which was attended in-person and online by nearly 200 people. The event featured six TED-style talks by grantees and staff from Benin, Haiti, Kenya, Laos, Liberia, and Uganda, as well as two panel discussions. The event highlighted how collaboration between NGOs, faith communities, government, private-sector partners, and local communities improved delivery of critical health services.

Additional closeout events included a side event at Women Deliver 2019; presentations at the Christian Connections for International Health (CCIH) and CORE Group conferences; a faith-based consultation meeting and a drug-shops meeting; seven presentations at USAID; and four country-office events. Between May and October 2019, APC disseminated information about these events through its website, social media accounts, and e-newsletter list to more than 38,000 people. See Annex 1 for a list of blogs, videos, webinars, and documents produced by the project.



MAIN HEALTH AREAS

APC programs focused mainly on community-based family planning, HIV and AIDS, post-Ebola recovery, and vulnerable populations. In communities, within national health systems, and globally, APC leveraged the capacity of organizations and individuals to create programs that generated mutual learning and inspired local initiative. In each country and setting, APC designed programs tailored to communities and cultivated partnerships to build the capacity of local NGOs and individuals as champions for change.

NUMBER OF PROGRAMS IN APC'S MAIN HEALTH AREAS

COMMUNITY-BASED
FAMILY PLANNING



41

HIV & AIDS



13

VULNERABLE POPULATIONS



9

POST-EBOLA
RECOVERY



7



የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ
የሕክምና ሚኒስቴር
Qajeelfama Fayyaa Maatii



**Gochaaalee lloo
fayyaa maatii gabbisani**

Empower Our Families

Community-Based
Family Planning

Background and Overview

From 2012 to 2019, APC provided technical assistance across 22 countries to expand access to and use of high-quality family planning products and services, particularly in underserved and hard-to-reach communities. APC enhanced local capacity, facilitated multi-sectoral partnerships, and strengthened links across community health systems, and public, private, health, and other social development sectors. By advancing the body of knowledge for CBFP and building tools to benefit partners and countries beyond the project, APC ensured more resilient, harmonized health systems and greater access to family planning.

APC designed and implemented CBFP programs that responded to the most pressing needs in communities. The project advanced harmonization of community health policies, data, and systems; improved access to family planning products and services; expanded contraceptive choice; strengthened human resource and organizational capacity; garnered political commitment for CBFP; and involved clients and communities in policy and program planning.

To strengthen and sustain access to CBFP, the project developed, tested, and applied a variety of new approaches tailored to local contexts. This included introduction of products and new channels, integration of family planning into existing programs in remote communities, and partnering with community and faith groups to enhance commitment to and capacity for family planning.

Harmonizing Community Health Systems

COLLECTION



[Community Health Systems Portfolio](#)

Fragmentation in community health programs has hindered long-standing investments to achieve efficiency and scale in family planning. Countries often lack cohesive policies to harmonize community health programs; sufficient data to guide decision-making; strong coordination mechanisms to align public, private, formal, informal sectors, and local and national levels; and community involvement in program design and planning. APC designed and implemented data-driven tools, approaches, and systems at global and local levels to overcome these challenges.

Harmonizing Data for Decision-making through Global Resources

APC reached a broad and diverse audience with a [portfolio of global community health resources](#) that filled information gaps to advance

WHERE WE WORKED

COMMUNITY-BASED FAMILY PLANNING



advocacy, policy, and program design and implementation. For example, [APC's Community Health Systems Catalog](#) (CHS catalog) was the first of its kind to aggregate and synthesize data on community health and family planning policies and programs across 25 countries. Prior to the catalog, information on community health policy elements (e.g., workforce, scope of practice, information systems, community engagement) was largely unavailable or fragmented.

Over the life of the project, policymakers, program managers, and academics used APC's CHS catalog data and other APC resources to inform and design national and sub-national community health policies, programs, and research. These project resources included country briefs that document how to work with private drug shops and pharmacies to improve access to family planning, as well as lessons from strengthening



Cross-Cutting Theme Learning and Dissemination

COMMUNITY HEALTH SYSTEMS CATALOG

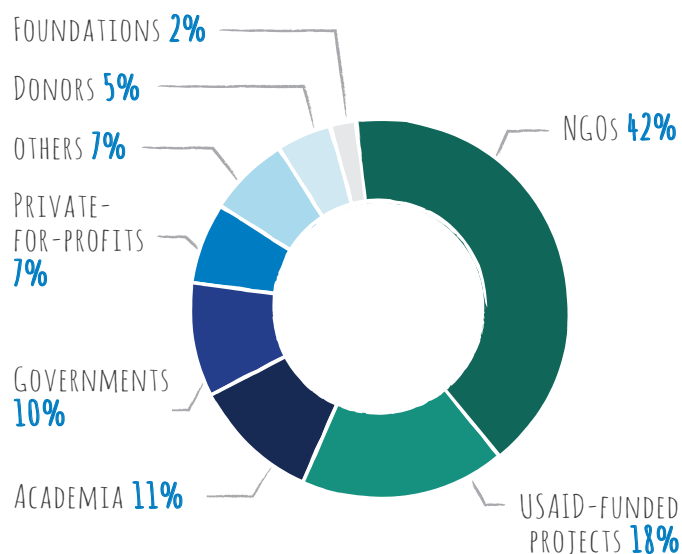
In 2014, APC launched the Community Health Systems Catalog, an online resource that provides information on 131 health interventions, 89 programs, and 60 CHW cadres in 25 countries.



MORE THAN 21,755 UNIQUE PAGE VIEWS FROM MORE THAN 150 COUNTRIES SINCE 2014.

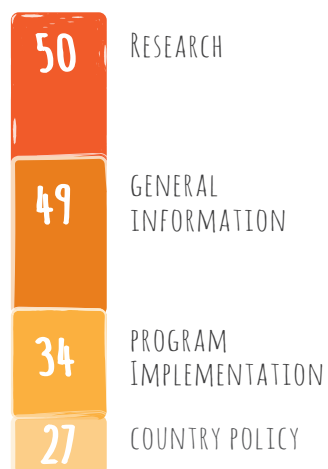
USER SURVEY – 142 SURVEY RESPONDENTS

WHO USES THE CATALOG?



HOW IS CATALOG DATA USED?

NUMBER OF SURVEY USERS:



WHAT ARE USERS INTERESTED IN?



CITED IN AT LEAST 25 PUBLICATIONS



USED TO INFORM POLICY IN AT LEAST 2 COUNTRIES





Cross-Cutting Theme Policy & Advocacy



Engaging Communities to Shape Health Policy

When Sierra Leone set out to develop guidance for its national community health program, it had no formal approach for involving communities and subnational actors. Using HCD, APC included end-users of community health policies in the design process, engaging over 100 individuals across the health system, including CHWs, community and faith leaders, district health officials, and national policymakers to identify problems and develop joint solutions.

// I learned a lot from the community people, I learned a lot from the methodology, it's like using yourself to be creative, to solve problems... This is not a teaching, it's like critically thinking about how to find solutions and identify problems."

— Local staff participating in the HCD process

and scaling up CHS in [Malawi](#), [Nepal](#), and [Senegal](#). A [dashboard](#) on youth and reproductive health in 19 countries in Asia and the Middle East compiled data from more than 25 sources.

Improving National Policies through Community Engagement

Global momentum to reach underserved and hard-to-reach people with health services has led countries to redesign their community health strategies. APC supported these efforts, in particular, by exploring ways to incorporate community input into ongoing programmatic decision-making.

In Tanzania, Sierra Leone, and Zambia, APC used HCD to involve a range of health system parties, including family planning clients, health care providers, community members, and policymakers, in national-level policy and plan design. HCD emphasizes mutual understanding, brainstorming, and collaborative problem solving. These efforts resulted in national guidelines to harmonize facility management committees in Sierra Leone; inclusion of family planning in Tanzania's national community health plan; and integration of the private sector in DMPA-SC scale-up plans in Zambia.

Strengthening Community-based Health Information Systems through Technology

High-quality, community-level data help countries assess performance to guide family planning investments, especially in the hardest-to-reach regions. However, community health information systems often suffer due to poorly integrated programs, unstandardized indicators, weak data supervision and quality, difficulties disaggregating community and facility-based data, and lack of interoperability with national health information systems. APC developed digital solutions to help countries align and strengthen their community health information systems (CHISs). These included improvements in Ethiopia's health information system and tools to accelerate development of digital applications.

Beginning in 2014, APC and Ethiopia's Federal Ministry of Health (FMOH) strengthened and scaled up the country's routine health information system (RHIS). The project developed and implemented data systems, built the capacity of the health workforce to use and maintain data, and brought health facilities online by training small, local businesses to install and maintain networking equipment. APC developed an online [RHIS e-Learning curriculum](#) to make the training course accessible to a larger audience and reduce the need for time spent in workshops. The RHIS e-Learning curriculum covers the basics of RHIS through a series of short online classes.



By improving Ethiopia's health information systems at all levels, it was possible to digitize the country's CHIS and enable health extension workers to record and analyze family-centered services using tablets. The electronic CHIS improves on the paper-based system, helping health extension workers collect, manage, and visualize data; improves performance by guiding them through family planning counseling and other protocols using decision logic algorithms and sending appointment reminders to their mobile phones; and facilitates timely dissemination of updates to medical protocols. The FMOH has deployed the electronic CHIS in 1,000 community health posts in four regions and plans to scale it up nationally providing community-level data to inform decisions at the national level.

APC also developed global resources to help MOH and their partners design family planning tools and systems. In collaboration with the World Health Organization (WHO) and the United Nations Population Fund, the project produced a digital family planning accelerator kit and a community-focused companion guide. The kit contains the minimum content for designing a digital family planning system and data collection tools to facilitate aggregation, alignment of indicators with the larger health management information system, and incorporation of data checks and decision logic to support accurate reporting.

Integrating Family Planning to Expand Access

TECHNICAL BRIEF



[The Added Value of Integrating Family Planning into Community-based Services: Learning from Implementation](#)

In nine countries, APC grantees supported the integration of family planning into existing community health programs in many areas, including reproductive, maternal, newborn, and child health (RMNCH); water, sanitation, and hygiene (WASH); HIV; population, health, and environment (PHE); and savings and revenue-generation programs. APC-supported integration programs increased access to family planning in remote, low-resource areas characterized by extreme poverty, malnutrition, low contraceptive prevalence and high fertility rates, and conservative social norms. Areas of intervention included Northern Kenya, Uganda, and Tanzania, the biodiverse coastal wetlands of western Ghana, the Lake Victoria Basin, and marine and terrestrial parts of Madagascar. These

COUNTRY SPOTLIGHT

MADAGASCAR

Linking Population, Health, and Environment to Improve Health Outcomes in Remote Communities

In Madagascar, APC supported PHE integration under Mahefa Miaraka, USAID's Community Capacity for Health Program, to meet health and environment needs by encouraging cross-sector collaboration and inspiring national interest in integrated PHE work. The program supported the government and partner NGOs in 4,855 villages in the northern and western parts of the country, an area with 6.1 million people. APC also worked with NGOs and the government to harmonize PHE program indicators, reducing them from more than 200 indicators used by different NGOs to a set of about 20 that can be used as a model for other PHE programs.

APC worked closely with Madagascar's 40-member PHE network and an inter-ministerial PHE working group of four agencies to share best practices and results, and strengthen and prepare innovative PHE models for replication at new sites. As a result of this support, 5,605 community health volunteers were trained in family planning service delivery in the target biodiversity areas. Nearly 5 million people were reached with messages about PHE; 29 percent of them through community health volunteers. This type of coordination across NGOs and communities sets a powerful example.



Mahefa Miaraka Tana

programs were efficient and popular because they built on services that were already well-accepted by the communities.

Building Family Planning Capacity in Existing Organizations

APC grantees provided family planning capacity building and training, mostly on counseling and services to CHWs but also to facility-based health care providers and administrators who supervise CHWs. An important strategy in designing and implementing integrated programs was to take advantage of multiple opportunities, entry points, and types of people who interact in communities to reinforce social norm change and positive messages. Entry points for introducing family planning included women's economic development cooperatives, RMNCH clinic visits, household visits, and community outreach for HIV prevention. The combination of training and deploying CHWs, themselves community members, reinforcing established government health clinics, and mobilizing women's groups, religious leaders, men, and youth, generated support for family planning across communities.

Integrated programs facilitated access to new information and services for their communities. Grantees created messages that emphasized the benefits of family planning in relation to local values and needs, as well as other aspects of integrated services. For example, in Nepal, APC grantee Adventist Development and Relief Agency weaved messages that highlighted the economic benefits of family planning into its entrepreneurial education curriculum, using the phrase, "A managed family is a prosperous family." APC engaged various community-based groups and providers, including youth groups and mobile clinics, in campaigns to reinforce family planning messages.

Population, Health, and Environment-focused Family Planning Integration Programs

APC conducted a number of integrated family planning programs through organizations focused on PHE in Ethiopia, Ghana, Kenya, and Madagascar. In Kenya's Lake Victoria Basin, APC funded the Nyanza Reproductive Health Society to integrate contraceptive distribution services into four small NGOs that were already providing other health and environment services. The program trained 24 trainers and 240 farmers to create awareness of the links between climate change, food security, livelihoods, and family planning. No recurrent costs were provided, and two years after the end of APC funding, three of the four NGOs continued to promote family planning.

In Western Ghana, APC grantee [Hen Mpoano](#) piloted an 11-month initiative that integrated CBFP and health activities into existing environmental conservation and sustainable fisheries management programs. Hen Mpoano conducted 34 training sessions with local conservation committees, savings and loans groups, and fishery management committees in 10 communities, educating them on key health messages and practices. The people trained served as family planning resources for their communities and referred 226 people to health facilities for family planning services. Hen Mpoano engaged the district health directorate to foster long-term support for PHE programming and identified areas where the health system could be strengthened, specifically related to family planning. This project also used materials from other PHE programs in Madagascar and elsewhere.

Impact and Sustainability

Most programs continued to promote family planning after their APC grants ended. This took various forms, such as including full integration into ongoing NGO-funded programs, sourcing other outside funding, and tapping into government resources, especially for contraceptive supplies. Integration increased acceptability as well as community and provider commitment to family planning, which enhanced sustainability. A key challenge that emerged in nearly all programs was ensuring continuous contraceptive supplies and supportive supervision.

These integration programs generated family planning service delivery, counseling, education, and information-sharing results that would otherwise not have been achieved. Excluding male and female condoms, APC grantees reached more than 44,000 family planning acceptors new to modern contraception, 74 percent of whom sought long-acting reversible contraceptive methods. An additional 9,100 referrals were made for family planning methods that could not be provided at program sites. Overall, the grantees provided 111,625 couple-years of protection.

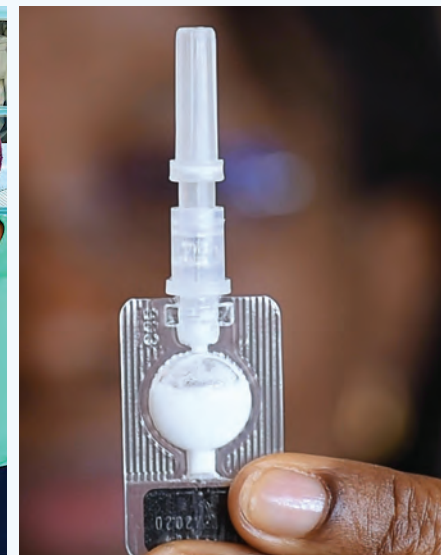
Nearly 11,000 CHWs, providers working in health facilities, peer educators, and community-based distributors received training in family planning, and reached more than 1.6 million people with family planning messages. An additional 365,000 new acceptors of male and female condoms were reached through an integrated HIV-prevention program in Uganda. These numbers reflect data from core-funded grants and a core-funded activity that was added to a USAID bilateral project.

COUNTRY SPOTLIGHT

ZAMBIA

// For me, [injecting at home] is a time-saving thing. I am a widow and a single mother. In the time I would go to the clinic, I could sell five bags of charcoal. Now I don't have to worry about this."

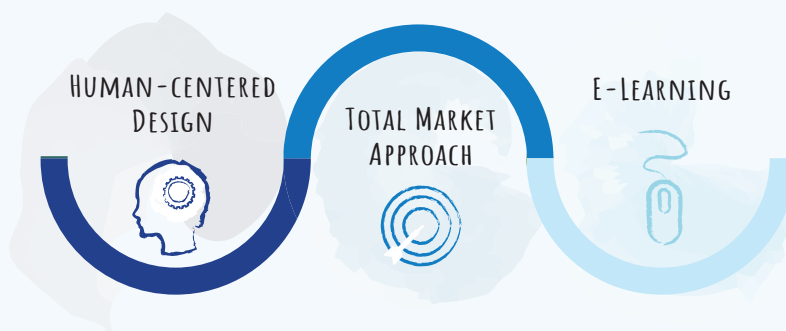
—DMPA-SC self-injection user



Applying New Tools and Approaches to Introduce DMPA-SC Self-Injection through Private Providers in Zambia

APC trained private-sector clients in DMPA-SC self-injection using an adaptive training approach that included an e-learning [video](#) to reduce the overall training time compared to more traditional approaches. Over a seven-month period, more than 900 women, including 70 first-time family planning users, were trained on DMPA-SC self-injection.

Results showed that a shorter DMPA-SC training format that included an e-learning video was effective for providers and clients, and that most women who self-injected DMPA-SC were willing to pay the equivalent of 1 US dollar or more per unit if sold at a nearby pharmacy. The MOH adopted the approach and tools as part of its national scale-up efforts.



IN 7 MONTHS, MORE THAN 900 WOMEN TRAINED TO SELF-ADMINISTER DMPA

Expanding Contraceptive Access and Choice through New Product Channels

TECHNICAL BRIEF



DRUG SHOPS & PHARMACIES: An important source for family planning and health services, but what do we know about the clients they serve?

APC introduced new contraceptive products and service delivery channels in five countries to expand women's family planning access and options. APC helped align policies and improve service delivery capacity to broaden the range of family planning methods—namely intramuscular depot medroxyprogesterone acetate, DMPA-SC, and emergency contraceptive pills (ECPs)—offered at various levels of the health system.

APC generated and advanced the global evidence base for introducing DMPA-SC through different service delivery models and developed adaptable tools and approaches. Through these efforts, APC built commitment and capacity to scale up emergency contraception and DMPA through new service delivery channels.

APC conducted multiple studies related to contraceptive use, including a field study in Ethiopia that examined causes of contraceptive discontinuation by applying behavioral economics to design strategies that change behavior and decision-making. The study, which showed that a behavioral economics intervention could reduce discontinuation, was conducted through the Last Ten Kilometers project with funding from the William and Flora Hewlett Foundation.

Generating Global Evidence for DMPA-SC Self-Injection

Generically known as DMPA-SC, Sayana® Press is a new-generation injectable contraceptive that can be self-administered. In 2017, a global price reduction paved the way for DMPA-SC programs in developing countries. To demonstrate the opportunities for self-injection of DMPA-SC, APC generated evidence from operational research and pilot introductions in Malawi, Uganda, and Zambia.

The findings from these activities advanced global and country-level knowledge and informed decision-making on policy and program design in countries that lacked policies and protocols to guide operational aspects of scale-up. As part of these efforts, APC supported advocacy and policy efforts to garner commitment for new ways of delivering injectable contraceptives.





Cross-Cutting Theme Learning and Dissemination



Family Planning Resources and Tools

APC developed tools and resources to strengthen family planning programs, some of which were adapted to different settings and specific needs. Some complemented existing resources, such as the WHO High Impact Practices materials, or filled specific gaps.

Resources for CHWs

- [Community Health Worker Counseling Tool for Family Planning](#)
- [Family planning checklist to help program managers determine if their CHW counseling tools meet global standards](#)
- [Job aid for DMPA-SC self-injection \(adapted for Zambia\)](#)
- [Job aid and fact sheet for CHWs to provide ECPs \(adapted for Uganda\)](#)

Technical Briefs

- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy](#)
- [Guidance for Integrating the Provision of Injectable Contraceptives by Community Health Workers into Family Planning/Sexual and Reproductive Health Policy](#)

e-Learning

- [Online CBFP course provided through the Global Health eLearning Center](#)

Many of these resources are available through the [Knowledge Success Community-based Access to Injectables Toolkit](#).

Wellshare International, an APC grantee in Uganda, conducted several important studies that contributed to the global evidence-base for community-based provision of ECPs and DMPA-SC self-injection. One of the studies found that community members, CHWs, and clinic-based providers supported CHW provision of ECP.

In Malawi, APC's research established that CHWs can safely train women to self-inject DMPA-SC; self-injection in low-resource, community settings is safe and feasible; and self-injection can lead to much higher rates of contraceptive continuation compared to doses administered by a health care provider. This study resulted in four peer-reviewed publications and an MOH endorsement to scale up DMPA-SC self-injection nationally through the public and private sectors.

Enabling Task-shifting to Expand Access to High-quality Family Planning

The project worked across policy, service delivery, and community levels to overcome barriers to family planning access and use through task-shifting and quality improvement. APC generated evidence and supported advocacy efforts that built political commitment for task-shifting family planning services to other health cadres. In Benin, Kenya, Malawi, Uganda, and Zambia, APC strengthened policies that allowed new health cadres, including CHWs and drug shopkeepers, to provide contraceptives.

In Benin, Kenya, Malawi, and Zambia, APC's efforts enabled CHWs to provide injectables. In Uganda, APC partnered with the USAID bilateral program to garner commitment from the MOH and the National Drug Authority to make a policy change to allow 115 drug shops in 20 districts to provide injectable contraceptives, expanding family planning access through new service delivery channels. Simultaneously, APC supported advocacy efforts to allow provision of ECPs through CHWs.

To improve the quality of voluntary family planning services, APC built the capacity of local NGOs, CHWs, and health workers to provide a diverse range of contraceptives. In Benin, Uganda, and Zambia, APC trained public-sector health workers on family planning, including how to administer DMPA-SC and intramuscular DMPA. The project used a cascade training model to increase efficiency and rapport between facility- and community-level health workers and decrease overall training costs. Across these countries, APC trained 4,023 CHWs to deliver CBFP and oriented 626 facility-level providers on how to monitor and support CHWs, as well as provide DMPA-SC. APC developed a variety of family planning capacity-building tools and resources to support these efforts (see page 28).

In Benin, APC demonstrated that it was feasible and acceptable for CHWs to give women injectable contraceptives in village settings, prompting national approval to scale up community-based provision of the method, which is popular in Benin but was previously rarely accessible in rural areas.

Partnering with Community and Faith-based Groups to Build Commitment for Family Planning

TECHNICAL BRIEF

[Faith Matters: A Christian Approach to Engaging Youth in Family Planning](#)

As trusted institutions within their communities, FBOs are well positioned to promote and provide family planning services. Religious leaders can be important advocates for family planning because they are trusted members of their communities and connect with community members regularly. FBOs can be especially effective at promoting healthy behaviors, strengthening community-based health systems, and talking about sensitive health topics, such as reproductive health. Past initiatives to expand family planning access through FBOs have increased its use in Ghana, Ethiopia, Liberia, Rwanda, Uganda, and other African countries.

APC partnered with FBOs and national and global faith structures to improve CBFP and health. APC's partners included five main FBOs of different faiths in Benin, Kenya, Uganda, and Nepal. APC also worked with 23 faith- and community-based groups and leaders to increase access, knowledge, and use of high-quality family planning services. These groups frequently offer health services in their communities, including in remote areas, where access to health services is limited.

Global Leadership and Commitment to Family Planning

APC provided global leadership by supporting CCIH, a membership organization representing more than 100 Christian Connections for International Health groups and associations. With APC's support, CCIH improved its members' capacity to document and share lessons in family planning. CCIH and Uganda Protestant Medical Bureau (UPMB)—the technical arm of the Anglican Church of Uganda—participated in global conferences by hosting workshops and side events. CCIH worked with religious leaders to create six written stories, seven videos, eight peer-reviewed articles, and a webinar, and with support from APC, a Christian peer-reviewed journal

COUNTRY SPOTLIGHT

BENIN

// Since the training, I've been able to convince other men in my village of the benefits of family planning. That's why I would like to thank...USAID, for helping me solve my problems and restoring my will to live."

— Dangou Inoussa, CHW

Bringing Family Planning to the Community

Dangou Inoussa is 50 years old, married to four wives, and father of 22 children. His fourth wife is pregnant with his 23rd child. He had a hard time providing for his large family and even considered suicide because of his worries. In 2015, APC trained Inoussa to become a CHW. During training, he learned of the many ways to space births, depending on a couple's choice. Inoussa and each of his wives decided to adopt a family planning method.



Benin is a country with high maternal and child mortality, low modern contraceptive use, and a critical shortage of skilled health workers. APC worked with the MOH and civil society organizations to raise awareness about family planning and strengthen service delivery in communities and primary health care facilities. In 10 USAID-priority districts, APC helped introduce DMPA-SC at the community and facility levels. The MOH committed to nationally scaling up the method in the public sector, introducing it in the private sector, and piloting its self-injection by women.

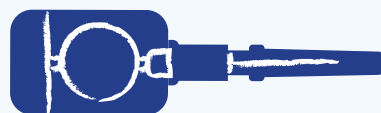


Joshua Yospyn/ISI

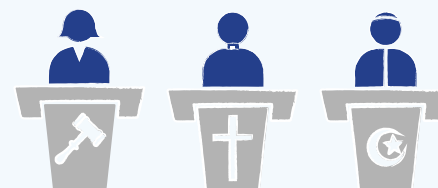
1,164 CHWS RECEIVED TRAINING
TO DELIVER DMPA-SC



7,997 WOMEN ADOPTED
DMPA-SC



1,402 COMMUNITY MEMBERS
ENGAGED TO RAISE AWARENESS



COUNTRY SPOTLIGHT

UGANDA

// The church provides family planning because we think about spiritual health and the health of the body. They both are important to take care of the whole person."

— Reverend Charles Irongo, Archdeacon, Kyando Anglican Church of Uganda



Religious Leaders Promote Healthy Timing and Spacing of Pregnancies

Reverend Charles Irongo and his wife Edith are happy to tell couples in their congregation how they used contraception to space their four children. Reverend Irongo's church in rural southeastern Uganda is one of four church-run clinics that saw a sharp increase in family planning visits after faith leaders were trained in family planning promotion.

The religious leaders also received low-literacy books translated into two local languages. As they raised awareness of family planning in their communities and congregations, the books helped them talk about various family planning methods using pictures and minimal text.

published one of the first supplements on family planning. APC published two briefs—one summarizing engagement of youth and the other a compilation of family planning messages from a Christian perspective—based on its work with faith groups.

APC convened a workshop with experienced service providers, forward-thinking managers, and thought leaders from Kenya, Tanzania, and Uganda to gain perspectives from faith- and community-based organizations working on family planning at the grassroots level. Participants represented various faiths (Catholic, Protestant, Muslim, and Sikh), and non-faith community-based organizations (CBOs) working in family planning. The group identified gaps in CBFP (e.g., limited family planning knowledge, poor health worker skills, attitudes, and support) and recommended ways to advance family planning among CBOs and FBOs in remote communities.

Engaging Communities and Building Capacity for Service Delivery

In Benin, Kenya, and Uganda, APC built CHW capacity to deliver family planning counseling and services, and provided family planning messages in local settings. APC often engaged faith and traditional leaders in discussions about healthy timing and spacing of pregnancies and related topics as an important first step in initiating family planning programs. APC and its partners provided training and facilitated dialogue with faith and community leaders, who often became champions for family planning.

APC carefully adapted family planning information, guidance, and tools to ensure they were understood and accepted by their intended audiences, whether CHWs, faith and community leaders, or community members. For example, when working with Muslim communities in northeastern Kenya, where the term "family planning" is taboo, APC grantee World Vision aligned messaging and tools with passages from the Qu'ran related to the importance of birth spacing. In Uganda and Kenya, APC developed faith-based low-literacy resources in local languages.

In Uganda, FBOs are important providers of both clinical and community-based health services. More than 75 percent of private nonprofit health facilities are part of four faith-based umbrella organizations. APC partnered with one of them, UPMB, to increase access to family planning. In 2015, UPMB convened over 40 religious leaders, FBO representatives, and Ugandan government officials for a two-day meeting on the role of faith leaders in promoting healthy families and family planning. This meeting set the stage for expanding family planning through faith-based networks throughout the country.



In 2018, UPMB conducted a cascade training with church leaders, including pastors and leaders of youth and women's groups who are instrumental in changing health-related behaviors and garnering support for family planning. Church leaders gained knowledge and skills in family planning messaging through a Christian perspective and learned how to discuss family planning in sermons and discussion groups. The church leaders also learned to refer congregants to family planning services at associated health facilities, which registered 2.4 times more new family planning client visits six months after the training than before it.

Through grants to two international faith-based NGOs, Adventist Development and Relief Agency in Nepal and Salvation Army in Uganda, APC

integrated family planning services into community programs focusing on women's economic empowerment as well as vulnerable children and their families.

Research shows that faith entities provide a significant level of health services and influence knowledge and attitudes. APC's partnerships with faith structures, and local faith and community groups, advanced acceptance of family planning through churches and faith-based health care providers. It ignited dialogue about concerns in communities that have had limited access to family planning and created champions who can continue to advocate for family planning beyond the end of APC.

POSITIVE PARENTING
Think about it
You can't let your children make a big
mistake in the way they feel about themselves.
Like that and looking
worried to build
self-esteem
Think about it. Act Now



CALLING ALL
YOUTH

We Can Defeat HIV

HIV and Work
with Key Populations

WHERE WE WORKED

HIV AND WORK WITH KEY POPULATIONS



Background and Overview

During the course of the APC project, PEPFAR and the global HIV community adopted new priorities to move HIV-positive populations into treatment and toward the goal of viral suppression. New program policies, like Test and START (also known as Treatment for All), promoted immediate treatment after a positive HIV test result, and strategies like voluntary partner referral increased case findings.

With support from implementing partners like APC, countries expanded and accelerated efforts to reach the 90-90-90 targets by 2020. Through PEPFAR-funded technical assistance and support to grantee organizations, APC built capacity within public and private organizations in 15 countries to provide high-quality HIV prevention, care, and treatment services to HIV-positive individuals in key, priority, and general populations.¹

APC's capacity-building efforts improved the efficacy of outreach activities, created demand for services, improved the quality of clinical HIV services, and built advocacy and policy skills at local organizations. In addition, APC developed NGO capacity in social contracting so the organizations could get country government contracts to provide services to key populations (KPs).

Quality improvement activities strengthened links between the community and health facilities at all stages, from testing and diagnosis to treatment and retention in care. They also revealed gaps that led to advocacy, spurring policies and practices that supported HIV programs for KPs and other priority groups.

Improving Outreach and Provision of High-quality HIV Services

VIDEO



[Public Service Announcement about HIV Testing in Guyana](#)

Reaching HIV-positive individuals who do not know their status and starting them on ART is imperative. APC helped grantees and other NGOs in Botswana, the Dominican Republic, Guyana, Papua New Guinea (PNG), and Thailand implement strategies to reach high-risk, vulnerable populations, such as youth, KPs, and, in the Dominican Republic (DR), migrants of Haitian descent.

¹ Key populations include female sex workers, men who have sex with men, and transgender individuals. Priority populations include clients of sex workers and batey residents in the DR.

COUNTRY SPOTLIGHT

DOMINICAN REPUBLIC

// The person who chatted with me was very professional and I felt a lot of trust...that is why I went and got tested."

— Lioni, 30-year-old MSM referred for HIV testing through social media outreach.

Reaching More HIV-Positive Individuals with Social Media

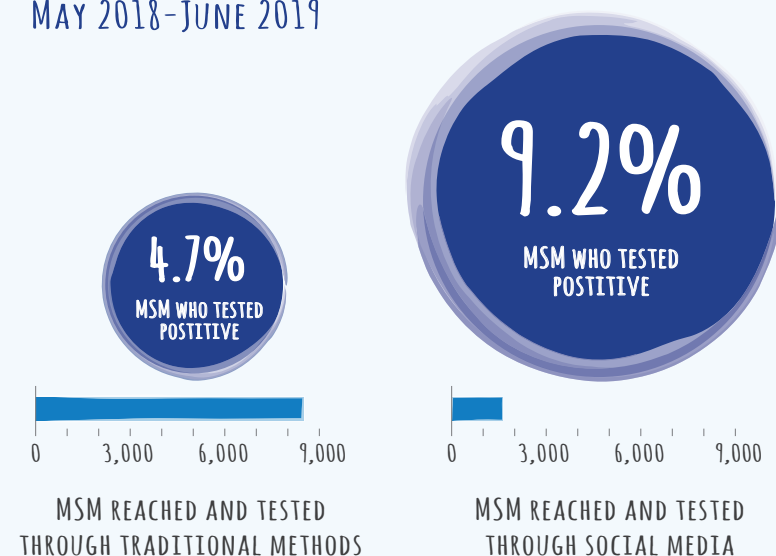
Francis Mejía is a cyber-educator at Centro de Promoción y Solidaridad Humana (CEPROSH), an NGO that raises awareness of HIV and works on prevention in the northern region of the DR. In the beginning, Francis had doubts about reaching KPs through social media.

"I thought it was a stretch to refer MSM and transgender people for an HIV test via a virtual connection on a social media dating app...but experience has shown that through this channel we can reach not only more high-risk individuals, but also those who are more difficult to reach given their low profile in other environments," he says.

In the DR, using a social media outreach strategy greatly increased the amount of people from KPs who were tested and linked to treatment. APC partner organizations including CEPROSH conducted outreach on social media and local dating applications. "Cyber-educators" connected with people who exhibited high-risk behavior online and provided them with HIV and other sexually transmitted infection-prevention messages. They also referred people to APC-supported clinical sites for testing and treatment.



NUMBER OF MSM REACHED AND TESTED THROUGH TRADITIONAL METHODS VS SOCIAL MEDIA STRATEGY, MAY 2018-JUNE 2019



COUNTRY SPOTLIGHT

BOTSWANA

Promoting Integrated Community Health Services for Adolescent Girls and Young Women

In Botswana, APC strengthened local NGO capacity to integrate HIV with other services like non-communicable disease screening and reproductive health. A particular focus was on positively influencing the lives of adolescent girls and young women, who are especially vulnerable to social norms that increase their risk of HIV transmission. Among the integrated services were:

- HIV-prevention behavior change counseling.
- Access to male and female condoms.
- Access to HIV testing and treatment.
- Screening and treatment of sexually transmitted infections.
- Gender norms messages for preventing violence against women.
- Access to post-GBV services, including emergency contraception.
- Safe spaces for adolescent girls and young women.
- Pre- and post-exposure prophylaxis.
- TB screening and directly observed therapy.



HIV & AIDS



162,039

INDIVIDUALS TESTED FOR HIV



7,006

INDIVIDUALS IDENTIFIED HIV POSITIVE
AND SUPPORTED TO START TREATMENT



748,868 MALE & 3,679

FEMALE CONDOMS DISTRIBUTED

TUBERCULOSIS

1,172



INDIVIDUALS SUPPORTED ON COMMUNITY
DIRECTLY OBSERVED THERAPY SHORT COURSE

194



INDIVIDUALS IDENTIFIED WITH TB
THROUGH COMMUNITY SCREENING

GENDER

19,877



INDIVIDUALS REACHED WITH GENDER
NORMS MESSAGES

2,396



PROVIDED WITH POST-GBV SERVICES

In these countries, APC strengthened prevention activities, worked to prevent GBV, introduced and scaled-up index testing and voluntary partner referral, and minimized patients lost to follow-up. APC supported the implementation of Test and START by raising awareness of how it benefits patients and building the capacity of NGO and public clinical sites to implement the new treatment guidelines.

Outreach and Prevention Services

In addition to averting HIV infection, prevention services can link people to an extensive network of other services, including HIV testing and other community- and clinic-based health services. In the DR and Guyana, prevention services focused on KPs, while interventions in Botswana targeted the general population.

Prevention services involved mobilization and outreach in places where men who have sex with men (MSM), female sex workers, and transgender individuals go to meet sex partners. In these areas, peer educators provided prevention education and referral for HIV testing and counseling.

APC outreach activities were designed to be accessible, friendly, and engaging. Interventions included HIV risk assessments and risk-reduction counseling; referral and escort to HIV counseling and testing; distribution of condoms and lubricants and demonstrations of their correct use; and distribution of information about HIV, including the importance of treatment, the benefits of early ART initiation, and the importance of adherence.

In Guyana, APC produced four public service announcements to generate demand for HIV services that were aired on radio, television, and various social media platforms. Another outreach strategy included street theater in Guyana. In Botswana, APC supported young women with reproductive health information and integrated services through the [Cookie Jar Facebook Group](#).

Gender-based Violence

People living with HIV (PLHIV) are often at high-risk of GBV, and people who are subjected to it are at high-risk of contracting HIV. APC connected HIV initiatives with GBV services in various ways. In Botswana and the DR, APC referred GBV victims to clinical services and increased links between communities and facilities that provide GBV services.

COUNTRY SPOTLIGHT

GUYANA

// I tell them this is not the end of life and living, that there is treatment, and most importantly they will be supported throughout everything by me. I won't leave them to face it all alone."

— Antonio Paul, Client Advocate Associate



Client Advocates Link Patients to Facilities, and Facilities to Communities

Antonio Paul, known as Sir Paul, is one of the few openly gay men in his rural Guyanese community. He founded a PLHIV support group at a national treatment site. As a client advocate associate with APC Guyana, Sir Paul offers one-on-one educational and group support sessions, and seeks to return lost-to-follow-up clients to ART and other HIV-related services. He provides newly diagnosed clients with HIV education and helps them work through common responses of shock, denial, fear, depression, and guilt to acceptance.

APC deployed five other site-based client advocates to find and relink PLHIV to their clinic. Through phone calls, home visits, probing social and sexual networks, searching social media, and contacting support partners, Sir Paul and his colleagues contacted 1,386 people, 663 (48.7 percent) of whom re-enrolled into care and treatment.

CLIENT ADVOCATE SUPPORT FOR LOSS TO FOLLOW-UP, OCTOBER 2017–JUNE 2019



1,386 DEFAULTERS SUPPORTED
WITH COUNSELING AND MONITORING



48% RE-ENGAGED INTO CARE

In Guyana, through a grant to the International Center for Research on Women, APC integrated GBV prevention and response into existing HIV prevention, care, and treatment programs, which included development of national guidelines in partnership with the National AIDS Program and the Ministry of Public Health.

HIV Index Testing through Voluntary Partner Referral

In Botswana and the DR, APC introduced and scaled-up HIV index testing through voluntary partner referral. In Botswana, APC developed national standard operating procedures for partner notification and testing, which the Ministry of Health approved in 2017.

In the DR and Guyana, high potential for GBV among KPs constrained uptake of voluntary partner referral services. Despite these challenges, in 2018, the highest HIV yield of facility-based testing (26.3 percent) in the DR was among sexual partners of newly diagnosed individuals found through voluntary partner referral, compared to 4.1 percent through traditional, non-index testing strategies.

Strengthening Links between Communities and Facilities

Countries used various community cadres to help patients adhere to treatment and re-enroll those lost to follow-up. APC's Botswana program used CHWs working with PLHIV within the general population. DR and Guyana used peer navigators and client advocates to strengthen support and services to KPs and PLHIV. All cadres provided counseling, nutrition advice, and adherence support and linked patients to treatment.

In all three countries, facilities provided lists of patients who had not initiated treatment, had missed appointments, or did not pick up their antiretroviral (ARV) medication as scheduled. Auxiliary providers tracked patients through phone calls, social media, and visits to homes and social gathering places.

In Botswana, CHWs strengthened links between HIV and TB care by facilitating access to HIV services for clients who were on directly observed treatment short-course for TB. In the DR, patient navigators who were native Creole speakers were essential to serving PLHIV of Haitian descent. Support for community-based distribution of ARV medication was key to improved quality of services in Guyana.

Also in Guyana, APC built capacity within CBOs—including adherence support, treatment literacy, and nutritional knowledge—to support a program to meet the psychosocial health needs of orphans and vulnerable children and their caregivers.

Support for HIV Programs at Health Facilities

APC introduced staff at clinical sites to methodologies and tools and provided training to improve management and quality of services. In Botswana and Guyana, hospital staff were trained on case management, and in Guyana and the DR, APC conducted HIV-sensitization sessions to improve care for KPs. APC also helped update national HIV treatment guidelines in Botswana and the DR.

APC also improved the quality and use of patient clinical data, which improved program outcomes and progress on treatment targets. In the DR, APC introduced differentiated models of care, which identify patient risk and allow health facilities to allocate resources where they are most needed. Under the LCI, programs in Guyana, Zimbabwe, and India used the scorecard methodology to identify and monitor health goals over time to improve the quality of care, customizing each scorecard to local needs and collecting data every quarter. In addition to these interventions, APC worked to identify GBV, reduce stigma, introduce pre-exposure prophylaxis, and integrate contraceptive provision and TB care into HIV services.

Strengthening HIV Advocacy and Policy

TOOLKIT



[Community Scorecard Toolkit: Empowering Communities and Health Care Providers to Lead Change](#)

The LCI program focused on advocacy to reduce policy barriers that prevent access to HIV prevention, care, and treatment. In 10 countries and regions, APC held strategy development workshops to introduce more than 50 civil society organizations (CSOs) to policy advocacy. The workshops enabled the CSOs to raise awareness about HIV by developing and promoting key messages, and through consultations with policymakers and community stakeholders. Some CSOs spoke at parliament and helped draft new regulations.

In several countries, improvements at health facilities influenced policy decisions at state and national levels. Results from a scorecard implementation conducted by grantee AIDS Alliance India/Nirantar and presented to state decisionmakers increased resources for KP treatment. Using data visualization developed with support from APC, the CSO in Botswana met with the Parliament Health Committee and the Gaborone

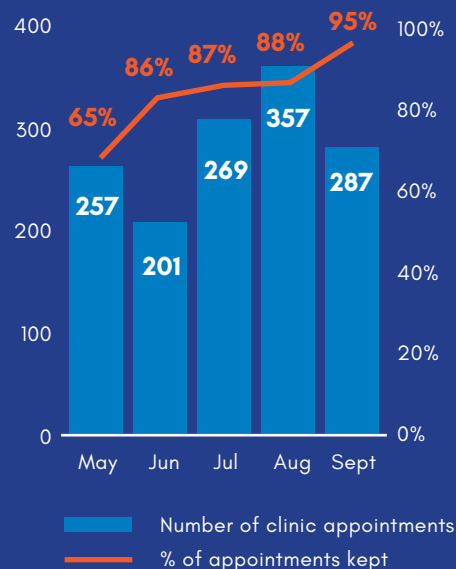


Cross-Cutting Theme Learning and Dissemination



Ruth Taveras, JSI/APC DR

Increased clinic attendance of ART patients through reminder calls and Monitoring daily appointment schedule at Dr. Francisco A. Gonzalvo hospital, May–September 2018



Accelerating Adoption of Best Practices with Collaborative Quality Improvement

Arístides, a 40-year-old migrant from Haiti, receives treatment for HIV at Muñoz Clinic in Puerto Plata province in the northern part of the DR. Keeping the appointments to pick up ARV medication and receive regular check-ups is critical to ensuring effectiveness of his treatment, and Arístides works hard to do this, despite challenges related to his work schedule and getting to the clinic. His peers have a harder time doing this: data indicated that at the end of 2017, 33 percent of Muñoz Clinic's patients did not keep their appointments, and 20 percent had stopped ART altogether.

To overcome the challenges of initiating and retaining people on treatment, APC built the capacity of 14 PEPFAR-supported clinical sites across four provinces to establish quality improvement (QI) collaboratives. The QI collaboratives were incubators for learning and solving problems. Clinic appointment reminders, one of the best practices that emerged from the collaboratives, were scaled up rapidly across PEPFAR-supported clinical sites, and the DR National Health Service adopted the QI collaboratives as a model.

City Full Council to advocate for legislation that takes a human-rights approach to public health service delivery. In Guyana, the GBV screening tool and process developed by APC was endorsed by the MOH.

Capacity Development of Grantees to Work in HIV Prevention and Treatment

PUBLICATION



[“Twinning” Improves HIV Services in the Dominican Republic](#)

As U.S. Government funding transitions to local partners, it is critical to ensure that those partners have the organizational strength and technical skills to provide people with high-quality HIV prevention, care, and treatment. Below are examples of how APC did this.

Improving Organizational Systems and Technical Skills

In Guyana, APC developed the capacity of implementing partners and strengthened their organizational systems to comply with national and PEPFAR standards. This meant ensuring good governance, sound management, and audit-approved financial practices that support project implementation and ultimately help attract a range of funders.

In Cameroon and PNG, APC under LCI conducted training and technical assistance to support CSOs’ ability to develop proposals and communicate their capacity to generate funding to continue their work. In PNG, APC helped 15 organizations obtain DUNS numbers and navigate grants so they could apply for USG funding. Several organizations applied for U.S. Embassy Small Grants and one received funding. Cameroon Baptist Convention Health Board developed advocacy capability statements for various donors. Grantees also benefited from APC’s easy-to-read tip sheets for responding to funding opportunities, intended for organizations with limited experience in proposal development.

Data Collection, Analysis, and Use

Improving understanding of how to collect, process, and use data was an APC focus. Given the importance of data use in HIV programming, APC strived to enhance data analysis and use skills. LCI partners in Botswana, Cameroon, and Thailand participated in APC’s data visualization training sessions to learn to interpret and share analysis to advance their advocacy programs.

In the DR, three local community-based care and support partners were “twinning” with three public health hospital HIV clinics to analyze site-level HIV cascade data. The twinning approach allowed facilities to learn from each other, and joint data-driven problem solving increased reach to key and priority populations for testing, treatment, and retention in care. Through the QI collaboratives, APC created a sustainable culture of high-quality data and best practices in its analysis and use.





Cross-Cutting Theme Policy & Advocacy



Advocating for Policies to Expand HIV Testing in Thailand

With an LCI grant, Raks Thai Foundation led a consortium of CSOs across Thailand, Laos, and Vietnam to support national responses to HIV through advocacy and policy change. APC helped build consortium members' capacity to visualize data and form working groups with key stakeholders and government officials. This enabled the consortium to promote policy change to support the increasing demand for HIV services.

// These tools help me create a policy advocacy action plan more thoroughly and think about partnerships with new people or groups to make the plan more powerful than ever."

— Kritsadakorn Sowtong, Technical Officer, Raks Thai

Sustainability

TECHNICAL BRIEF



[Civil Society Organizations Forge a Place within the Dominican Republic's HIV Response](#)

APC's HIV programs were rooted in a variety of sustainable options that can support countries' journey to self-reliance. These ranged from building skills such as financial management to helping organizations establish eligibility and apply for funding to enhancing use of social contracting to fund new partners through local governments.

In Guyana, APC worked with CSO partners to explore modes of resource mobilization and identify new funders. Two APC grant-ees collaborated with two other local CSOs on a proposal to get government funding. One CSO acquired 20 acres of land and technical assistance from the Government of Guyana for an income-generating farming project and accessed funding from multiple sources, including international organizations. APC also helped local organizations submit proposals to Guyana's newly introduced social contracting mechanism.

Several APC countries established social contracting as part of a sustainable funding strategy for NGOs and consortia. The LCI-supported consortium in Guyana received social contract funding from the government and a promise from the Minister of Health that additional funding for KPs would be forthcoming. In Kyrgyzstan, APC helped CSOs prepare for and get social contracting funding.

In 2015, faced with decreasing international funds and limited resources for service delivery and advocacy, INSALUD, an LCI grantee in the DR, and its consortium partners established a cooperative to serve as a savings and credit union. APC supported the process of registering the cooperative, which now provides its 135 members with financial services, collective purchasing, and other resources that help them operate cost-effectively. INSALUD and its partners also developed four micro-networks that met government requirements for providing primary health care services. This will fill critical gaps in the public health system and make it more responsive to the health needs of all citizens, including people affected by HIV. The micro-networks are in the pilot phase, but the government has made a verbal commitment to provide them with funds for KP health activities.



Cross-Cutting Theme **Capacity Building**



Joshua Yospyn/JSI

The National Coordination Coalition (NCC) provides funding, shared advocacy, and professional services for its NGO members

Capacity Building

- Improve expertise and competencies

Policy & Advocacy

- Improve services through evidence-driven data
- Create favorable regulatory environment

Resource Mobilization

- Access grants, technical assistance and effective monitoring

Oversight & Coordination

- Strengthen governance
- Collaborate with partners

Stronger Together—NGOs Coordinate to Pool Resources

In Guyana, more than 8,400 people live with HIV. In 2016, NGOs conducted 31 percent of the country's HIV testing and provided 50 percent of all services to PLHIV. Most of these NGOs are small, local, and have limited resources. To access additional support, many of them have joined the NCC, an umbrella organization that mobilizes funding, builds capacity, and helps members coordinate.

With a grant from APC, the NCC expanded its membership and is maximizing its collective power to advance key health and social issues in Guyana. The NCC has evolved as an independent organization capable of fundraising and has received direct funding from the Global Fund and USAID.

// Government has its work to do. Civil society, the private sector, have all got their parts to play, but NGOs are particularly vital because of their reach."

— Margaret Lawrence, Executive Officer, Merundoi



FMC
ROTHANEH BANA
MCHP

We Are Survivors

Post-Ebola Recovery

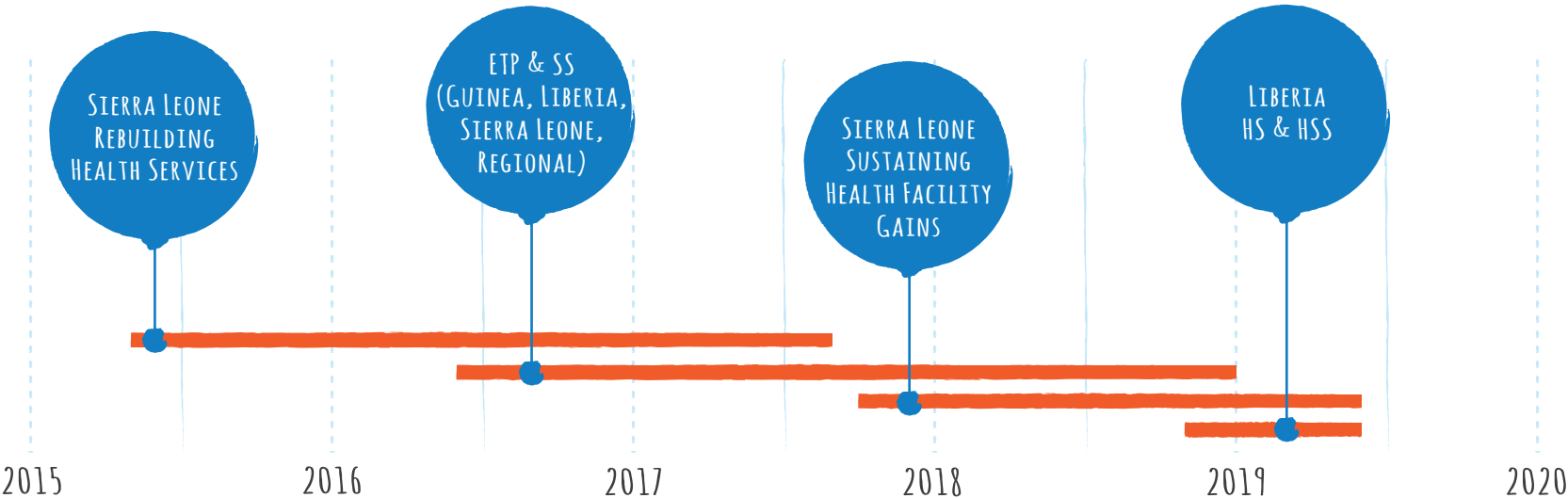
Background and Overview

The 2014–2016 Ebola outbreak in West Africa devastated the already fragile health systems in Guinea, Liberia, and Sierra Leone, where 28,616 Ebola virus disease (EVD) cases were reported and 11,310 people died from the disease. Because many people were infected during visits to health facilities in the early days of the outbreak, much of the population stopped seeking care at government health facilities for fear of contracting the virus. With support from the international community, the governments of Guinea, Liberia, and Sierra Leone established post-Ebola prevention and recovery plans to avoid new cases, rebuild trust between patients and health services, support survivors, and strengthen health services.

The outbreak left a survivor population of 7,000–10,000 men, women, and children. As survivors left treatment centers, it became clear that the Ebola virus was surviving in certain bodily fluids, especially semen, prompting a renewed effort by the international community and national governments to prevent viral transmission from survivors to family members and contacts. In addition to being traumatized by the loss of family members and stigmatized by their communities, many Ebola survivors suffered ongoing and sometimes debilitating health problems,² some of which required specialty services that were not readily available, particularly outside major cities.

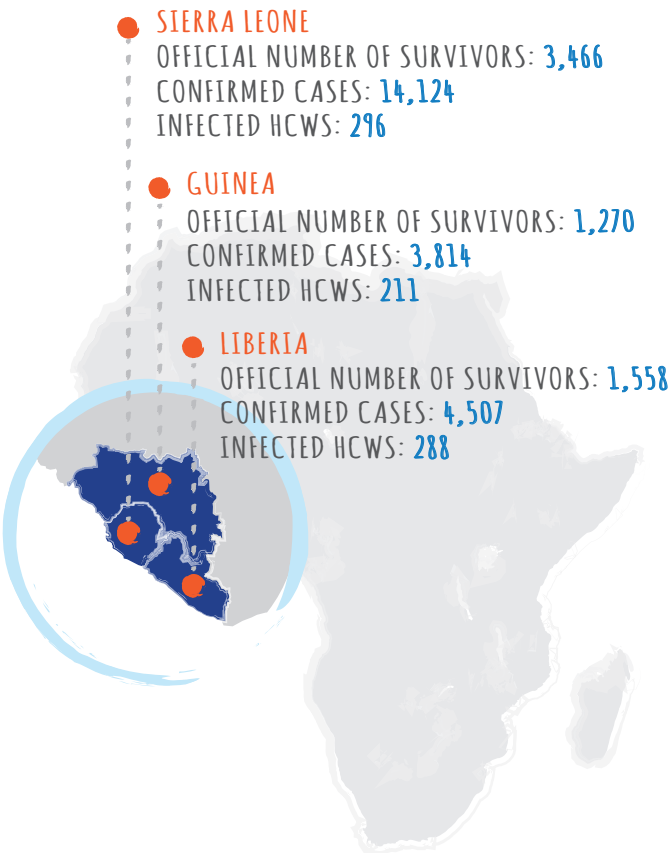
² Over time, it was also apparent that the epidemiology of the disease varied from place to place and by ethnic group, resulting in different needs and programmatic support.

POST-EBOLA RECOVERY PROGRAMS



WHERE WE WORKED

POST-EBOLA RECOVERY



Over four years, APC helped the governments in Guinea, Liberia, and Sierra Leone support survivors, strengthen health services, and rebuild health systems through seven programs that supported a range of objectives, including preventing future outbreaks, establishing post-Ebola health services, contributing to health systems recovery and resiliency, supporting access to care for survivors, rehabilitating physical facilities, and building local support for the maintenance of local health facilities. These programs also built the capacity of MOH, NGOs, FBOs, and other local organizations to meet survivors' needs and mitigate future outbreaks.

In Sierra Leone, the Post-Ebola Rebuilding Health Services (PERHS) program, implemented over a two-year period, improved health services and facilities in the districts hardest hit by Ebola, rebuilding infrastructure, replenishing minor medical equipment and furniture, and increasing health worker skills in maternal and child health care at the primary health level. At a time when rebuilding trust in the health system was paramount, PERHS made rapid and significant improvements in these hard-hit communities, supporting over 300 health posts serving more than 2 million people.

APC's Ebola Transmission Prevention & Survivor Services (ETP&SS) programs in Guinea, Liberia, and Sierra Leone supported survivor access to primary and specialty services, enabled the MOHs to monitor the health status of survivors through semen testing and surveillance programs, and strengthened specialty services, especially ophthalmology, rheumatology, neurology, and mental health. APC's programs complemented national post-Ebola care and recovery plans and bolstered public health systems with activities ranging from CHW training to national policy change and partnerships with local health care providers and hospitals.

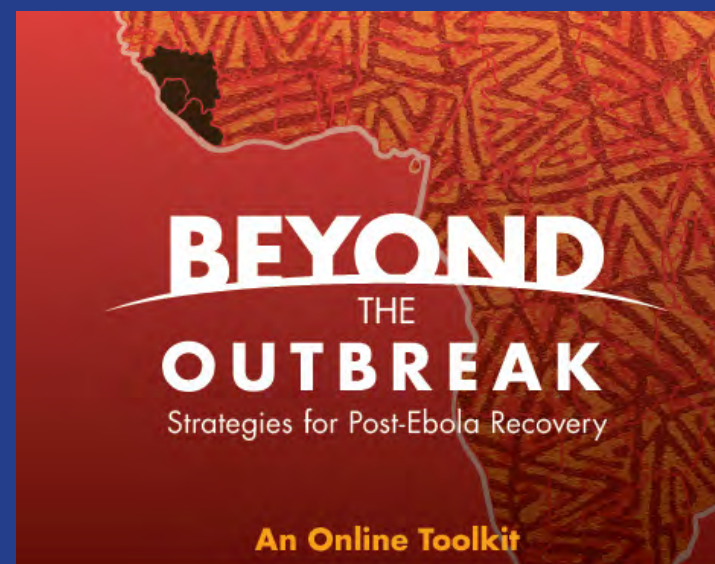
APC worked with international NGOs, FBOs, other local organizations, and private companies³ to leverage expertise and on-the-ground capacity, which ultimately enabled each of the programs to scale up quickly and achieve significant results within short timeframes. The comprehensive approach of APC's post-Ebola recovery programs benefited not only survivors but also the broader populations of these three countries, as health facilities and health workers are now better equipped and able to provide enhanced primary and specialty services.

A key component of the ETP&SS regional program was the global learning agenda for EVD in a post-outbreak environment. ETP&SS convened program leaders, researchers, survivor networks, and other stakeholders

³ Including local survey companies, construction contractors, well-drilling companies, and solar power installers.



Cross-Cutting Theme Learning and Dissemination



Contributing to the Knowledge Base for Post-Ebola Recovery

APC's Beyond the Outbreak toolkit can inform prevention and recovery from a major infectious disease outbreak, such as the 2014–2016 EVD epidemic in West Africa. The toolkit provides guidance and templates to help governments, donors, NGOs, implementing partners, and survivor groups support health systems and care for survivors. Its sections are Helping Survivors Recover, Helping Health Systems Recover, and Global Health Security.

Resources included in the online toolkit:

- Tools and training materials
- Stories and interventions
- National guidelines and policies
- Priorities and lessons
- Journal articles

www.advancingpartners.org/ebola-toolkit

COUNTRY SPOTLIGHT

SIERRA LEONE

// I am happy that the building has been renovated; there is a great difference now compared to before. We now have toilets both outside the facility and inside the delivery room, there is water, solar light, which makes deliveries safer especially at night."

— Doris Kargbo, MCH Aide and Facility-in-Charge



Abdul Samba Brima / JSI

Rebuilding Health Systems to Save Mothers and Children

In Sierra Leone, a country with one of the highest maternal and child death rates in the world, a fully functioning health facility can truly save lives. APC revitalized the Benguima Grassfeld Maternal and Child Health Post with infrastructure renovations, improved access to water, sanitation, and solar electricity, and built the capacity of its staff to deliver basic health services.







Doris Kargbo, a maternal and child health aide and Benguima Grassfeld facility in-charge, is excited because the renovations

and the additional skills she and her colleagues received allow her to care for her patients better. Safety at the facility is much improved, as they now have access to water 24 hours a day and can properly dispose of medical waste. Doris and her staff can now practice acceptable IPC procedures, which make her community more resilient in the event of a future outbreak, and contributes to global health security.



APC REVITALIZED 305
HEALTH FACILITIES SERVING
28% OF THE COUNTRY'S
POPULATION,
IMPROVING PRIMARY HEALTH
CARE FOR 2 MILLION
SIERRA LEONEANS

THESE 305 HEALTH FACILITIES RECEIVED EITHER ONE,
TWO, OR THREE TYPES OF SUPPORT FROM THE PROJECT:

# OF FACILITIES	TYPE OF SUPPORT			
110				
106				
89		CAPACITY BUILDING AND COMMUNITY ENGAGEMENT		
	MINOR MEDICAL EQUIPMENT			
			WASH/IPC INFRASTRUCTURE/ REHABILITATION	



from the three countries and the region to share experiences, best practices, and lessons. The semen testing programs in each country, cataract surgery programs in Liberia and Sierra Leone, and various other activities were key aspects of this agenda. To make these resources available to the global health community, the project developed Beyond the Outbreak, an online toolkit of Ebola recovery resources.

To maintain the gains brought about by APC's facility improvement programs, USAID provided additional funding in Sierra Leone for testing community-led maintenance of local health facilities, and in Liberia for strengthening mental health and rheumatology services at district hospitals in four additional USAID focus counties.

Strengthening Health Services and Building More Resilient Health Systems

TECHNICAL BRIEF



[Rehabilitating Peripheral Health Units to Save Lives](#)

In all three countries, APC made significant contributions to strengthen the public sector health system, including making service delivery stronger in hospitals and primary health facilities; enhancing referral mechanisms; and supporting relationships between communities and their local health facilities. While program interventions generally targeted areas and facilities that served a high volume of Ebola survivors, other interventions, such as the revision and implementation of Sierra Leone's CHW policy and development of the National Mental Health Policy (2018–2027), were national in scope. In Guinea, the ETP&SS program helped the MOH design and implement a “sentinel site” program to monitor the health status of each Ebola survivor in the country on a weekly basis.

Restoring Health Facilities

In Sierra Leone, the PERHS program's approach to health system strengthening included water, sanitation, and hygiene, infection prevention and control (IPC), and other infrastructure renovations; the procurement and distribution of minor medical equipment and furniture; community engagement; and training and mentoring on RMNCH skills for health post workers. Under PERHS, APC supported 305 peripheral health units⁴ that serve 2 million Sierra Leoneans (28 percent of the population). With new and restored water systems, health workers are able to practice effective IPC, which is also a critical component of outbreak preparedness. APC's provision of solar lighting, improved access to water, building upgrades, and waste management infrastructure have made facilities safer and more effective for staff and patients.

Under the ETP&SS program in Liberia, six hospitals in four counties, including an infectious disease outpatient clinic at the JFK National Referral Hospital, received significant rehabilitation. In Guinea, APC upgraded eight health facilities, provided equipment to 23 facilities, and added solar-powered lighting systems in three facilities to improve working conditions for staff and to enhance the service environment for patients. An important rehabilitation program in Guinea was for Ignace Dean National Hospital's Ophthalmology Department, which provides services to survivors and the general population.

4 'Peripheral health unit' is Sierra Leone's name for primary health care facilities within the public sector. It includes community health centers and community and maternal and child health posts.



Cross-Cutting Capacity Building



Liberia

640

Clinicians trained
or mentored in
sub-specialty care



Ophthalmology



Psychiatry



Rheumatology

Building Capacity in Specialized Clinical Care – Post-Ebola

Many EVD survivors exhibit a range of ophthalmic, psychiatric, and rheumatologic conditions, including uveitis (inflammation of the eye), post-traumatic stress disorder, and arthralgia (joint pain). Although most have access to basic health services and generalists, clinical specialists and advanced services are limited.

Through a grant from APC, the Liberia College of Physicians and Surgeons recruited four clinicians for long-term specialty care postings in ophthalmology, mental health/psychiatry, and rheumatology. These clinicians provided services to patients and built the capacity of local medical personnel to provide services and to know when they should refer cases to hospitals in Monrovia. While the grant emphasized EVD survivors, three of the four clinicians provided services to the general population as well.

“ We’ve never had a rheumatologist in Liberia before. Through funding from USAID, ETP&SS also provided basic equipment and actively worked to build the capacity of health workers in these facilities so that even after the program phases out, knowledge transfer will have occurred and services can continue.”

— Dr. Isabel Simbeye, Clinical Specialist Program Coordinator



Many health facilities in West Africa experience medical supply shortages, which impede the ability of staff to provide high-quality care. In the three countries, APC distributed medicines for the treatment of Ebola survivors, including those needed for high-priority specialty services such as eye care, joint pain, and mental health.

Empowering Health Workers

A significant aspect of APC's post-Ebola response was the development of tools and the provision of training to health workers who provide services at primary health facilities and hospitals. During the Ebola outbreak, almost 800 health workers died, and for months, many people were reluctant to visit local health facilities for fear of infection. Many Ebola survivors were stigmatized by health workers. It was essential to rebuild trust between health workers, Ebola survivors, and communities.

APC provided clinical training and mentorship in areas of sub-specialty care, in particular ophthalmology, rheumatology, neurology, and psychiatry, which directly related to the needs of survivors. In Guinea, Liberia, and Sierra Leone, APC trained 8,677 health workers to provide high-quality stigma-free specialty care and other services to EVD survivors.

In all three countries, APC improved and supported referral networks to help survivors and others navigate the health system to get appropriate care. In less than two years, in Sierra Leone, APC trained referral coordinators who worked at district hospitals and supported more than 2,500 referrals from primary to higher levels of care. Also in Sierra Leone, more than 1,300 CHW peer supervisors received training in mental health and other EVD survivor health focus areas. Follow-on cascade training, in which trainers are trained to teach other groups of health workers, resulted in nearly 14,000 CHWs learning to identify and refer EVD survivors to appropriate care. In Guinea and Liberia, health worker training on EVD clinical guidelines and survivor care included when and how to refer a survivor to higher levels.

Ebola survivors are disproportionately affected by mental health problems, but mental health services in these countries have been historically weak. In Liberia and Sierra Leone, APC trained health workers using the Mental Health Gap Action curriculum.⁵ The program supported a six-month mental health clinician training program for 60 nurses and other mid-level health workers at Liberia's Phebe School of Nursing's Rural Training Institute. APC worked with the Sierra Leone Nursing and Midwifery Board to support the accreditation of mental health nurses, and with the College of Medicines and Allied Health Sciences to develop a post-graduate mental health diploma course. APC also trained 524 Sierra Leonean primary health workers in psychological first aid as well as 19 nurses who were deployed to mental health clinics in the country's 14 district hospitals. Support for other specialty care services in the country included eye screenings, referrals to visiting cataract surgeons, and the provision of glasses.

In Liberia, faith-based hospitals have deep ties to the community and are often familiar to Ebola survivors because of their history and valuable contributions during the EVD outbreak. APC contracted with two faith-based hospitals, ELWA and St. Joseph's Catholic in Montserrado County, to provide comprehensive clinical care services for all EVD survivors, resulting in more than 1,600 facility visits. These partnerships enabled the hospitals to provide primary and secondary health care services, includ-

⁵ The World Health Organization's Mental Health Gap Action Program aims at scaling up services for mental, neurological, and substance use disorders, especially in low- and middle-income countries. The program asserts that with proper care, psychosocial assistance, and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy; prevented from suicide; and begin to lead normal lives, even where resources are scarce. https://www.who.int/mental_health/mhgap/en/



Cross-Cutting Theme Capacity Building



103



participants from Guinea attended 4 regional conferences co-organized by APC to address Ebola survivors' issues

BASELINE

ENDLINE

49%

66%



Survivors reported satisfaction with the work done by national network of Ebola survivors (RENASEG)

Capacity-building support to RENASEG

- Organizational capacity assessments
- General assembly meetings
- Office space and equipment
- Strategic and operational plans
- Official legal recognition
- Identified new sources of funding

Ebola Survivors Find Strength through the National Survivor Network

Dr. Mamadou Oury Diallo, an Ebola survivor, gave up his job as a surgeon to lead Guinea's network of Ebola survivor associations, Réseau National des Associations de Survivants d'Ebola de Guinée (RENASEG). RENASEG and its member associations give survivors a unified voice as they rebuild their lives.

APC and grantee International Medical Corps worked with RENASEG to build the capacity of its 23 member associations. This support enabled RENASEG's leadership to develop strategic and operational plans and to conduct advocacy, communications activities, and resource mobilization to help survivor associations across the country become more self-reliant.

// Survivors were fired from their jobs, some lost all of their resources."

— Dr. Mamadou Oury Diallo, President, RENASEG

COMMUNITY SUPPORT FOR HEALTH FACILITY MAINTENANCE

APC built the capacity of Facility Management Committees (FMCs) and communities to support basic maintenance of health facilities.



Involving communities to maintain their own health facilities created ownership, enhanced community cohesion, improved relationships between communities and health care workers, and led to self-reliance.

ing outpatient, medical, surgical, OB/GYN, dental, radiology, and laboratory services, to survivors free of charge.

APC worked with the Liberia and Sierra Leone MOH to shape and promote policies to strengthen services for EVD survivors as well as the general population. In Sierra Leone, APC collaborated with the WHO to strengthen the mental health policy framework and successfully advocated for the inclusion of EVD survivors into the Free Health Care Initiative and survivor service data into the Ministry of Health and Sanitation's health management information system. A revised national CHW policy is helping hard-to-reach patients access preventive care and other services. In Liberia, APC helped the MOH form the National EVD Survivor Secretariat, which played a key role in implementing the health components of the National Ebola Survivor Care and Support Policy.

Mobilizing Survivors and Local Communities

SUCCESS STORY



Ebola Survivors Become Leaders and Advocates in their Communities

APC worked with survivor networks and communities to reduce stigma and mobilize resources to help survivors reintegrate into their communities. With APC's help, the Ebola survivor associations in Guinea, Liberia, and Sierra Leone developed capacity centrally and within local chapters, enabling survivors to support each other and advocate for their collective needs. Local communities partook as supporters of health facilities and partners in outreach activities to reduce stigmatization.

Strengthening Ebola Survivor Networks

In all three countries, APC helped the Ebola survivor associations develop stronger organizational structures and conduct leadership elections at the national and local levels. In Liberia, APC conducted a mapping exercise to develop a more accurate list of survivors and helped the National Ebola Survivor Network of Liberia issue registration cards, which helped survivors access health and other services.

Capacity assessments indicated areas of organizational need, and association leaders learned strategic planning, coordination, project

COUNTRY SPOTLIGHT

SIERRA LEONE

// Only when the community healing meetings started was I able to talk about my concerns. Some of my family members were in the group—the same ones who stigmatized me.”

— Taiwa, Ebola survivor, Sierra Leone



Helping Ebola Survivors Reintegrate into Their Communities

Taiwa and her two children were shunned by their family and community after Ebola killed Taiwa’s husband. They were thrown out of the house because people were afraid they would spread the virus.

APC, in partnership with WHO and the Ministry of Health and Sanitation, introduced community healing dialogues (CHDs) to destigmatize Ebola and mental health problems. These gatherings allowed survivors like Taiwa to appeal to their communities, often including relatives who castigated them, in the presence of an educated and compassionate facilitator, who helped wary community members understand more about the disease and what survivors had gone through. Taiwa and her children are now back in her husband’s house, getting along well with his family and working on their farmland.



COUNTRY SPOTLIGHT

GUINEA

// If there is another outbreak...it wouldn't be like it was during Ebola. Because now, there is sensitization, sentinel sites, and other structures in place that we'd be able to use to fight against other outbreaks in the future."

— Fodé, Ebola survivor, community leader, and sentinel site committee member

Preventing Resurgence of Ebola with Community-based Surveillance

Every week, Ebola survivors met with health workers and other community members from the Kindia Region as part of the district's sentinel site committee, which monitored the health and well-being of the area's Ebola survivors.

APC helped establish 60 sentinel sites across Guinea, which enabled the MOH to monitor illness in the Ebola survivor community and their extended families. These sentinel sites facilitated early detection of health problems and rapid response to possible cases. The sentinel site teams also reached out to survivors and their extended families and communities to reduce stigma.



SENTINEL SITES



60

COMMUNITY-BASED SENTINEL SURVEILLANCE
SITES ESTABLISHED IN 6 REGIONS



98%

OF SENTINEL SITES REPORTED
WEEKLY DATA ON SURVIVOR
HEALTH EVENTS VIA CELL PHONE



100%

OF SENTINEL SITES RECEIVED
SUPPORTIVE SUPERVISION AND
MENTORING

management, and resource mobilization and advocacy for survivor-related issues at the national and local levels. APC's assistance also allowed network leaders to attend regional workshops and collaborate with the other survivor associations, sharing experiences and learning from each other's plans, strategies, and activities.

With APC's support, the Sierra Leone Association of Ebola Survivors developed a number of small projects to help members become more self-reliant. An adult literacy course helped almost 200 survivors gain basic skills in reading, and another 150 survivors received training and tools to set up income-generating activities.

Developing Community Support

The Ebola outbreak created widespread fear that generated reluctance to visit health facilities and led to stigmatization—and, in many communities, outright rejection—of survivors. By involving local communities in post-Ebola recovery activities and creating fora for people to help each other, APC helped reduce stigma and discrimination. In Sierra Leone, under ETP&SS, APC established community healing dialogues (CHDs) to help people identify resources and learn coping mechanisms for mental health and other psychosocial problems.

Under the PERHS program in Sierra Leone, in addition to renovating health facilities, APC established 214 FMCs to encourage community ownership of and support for local health facilities. Following the PERHS program, APC conducted a four-month pilot program for community-led health facility maintenance in 70 communities in three rural districts. The pilot showed that it was feasible for communities to mobilize in-kind and/or cash support for health facilities.

In Guinea, the MOH monitored the health status of EVD survivors on a weekly basis through 60 sentinel sites that the ETP&SS program helped to create. Health workers, survivors, and community and religious leaders met each week to discuss survivor-related health issues, improve understanding of EVD, and prevent transmission. APC and its sub-grantee trained 203 community and religious leaders on stigma reduction, reaching almost 26,000 people with messages on the acceptance of Ebola survivors through sensitization campaigns.

Preventing Transmission of Ebola Virus Disease

VIDEO



[The Cataract Surgery Program for Ebola Survivors in Liberia](#)

APC worked with the MOH and national survivor associations in Guinea and Sierra Leone to support surveillance and semen testing programs.⁶ The programs tracked the health status of Ebola survivors to reduce the risk of EVD transmission and give the countries the ability to respond to possible new cases rapidly. The semen testing programs helped men learn about transmission risk and how to protect partners, while contributing to knowledge on the largest Ebola outbreak ever recorded.

In Liberia in 2017, APC took part in a service delivery and research collaboration to give EVD survivors access to cataract surgery to regain sight lost from cataracts, while also helping to determine whether eye surgeons could conduct surgery on survivors without risk of contracting Ebola. The collaboration restored vision to 34 people, five of whom received surgery on both eyes. Pre-surgery testing⁷ found no Ebola virus present in the eyes of any of these survivors.

While each of the three countries had its own post-Ebola response, all contributed to the body of knowledge for post-epidemic response and recovery. APC convened regional and international stakeholders to discuss and compare various components of survivor support and the overall post-Ebola response. Findings indicated a need for ongoing support, testing, and treatment of survivors' health complications.

⁶ In Liberia, the National Institutes of Health and the MOH partnered on PREVAIL, a five-year research program that included regular semen testing.

⁷ Interior chamber "taps" of the eye.

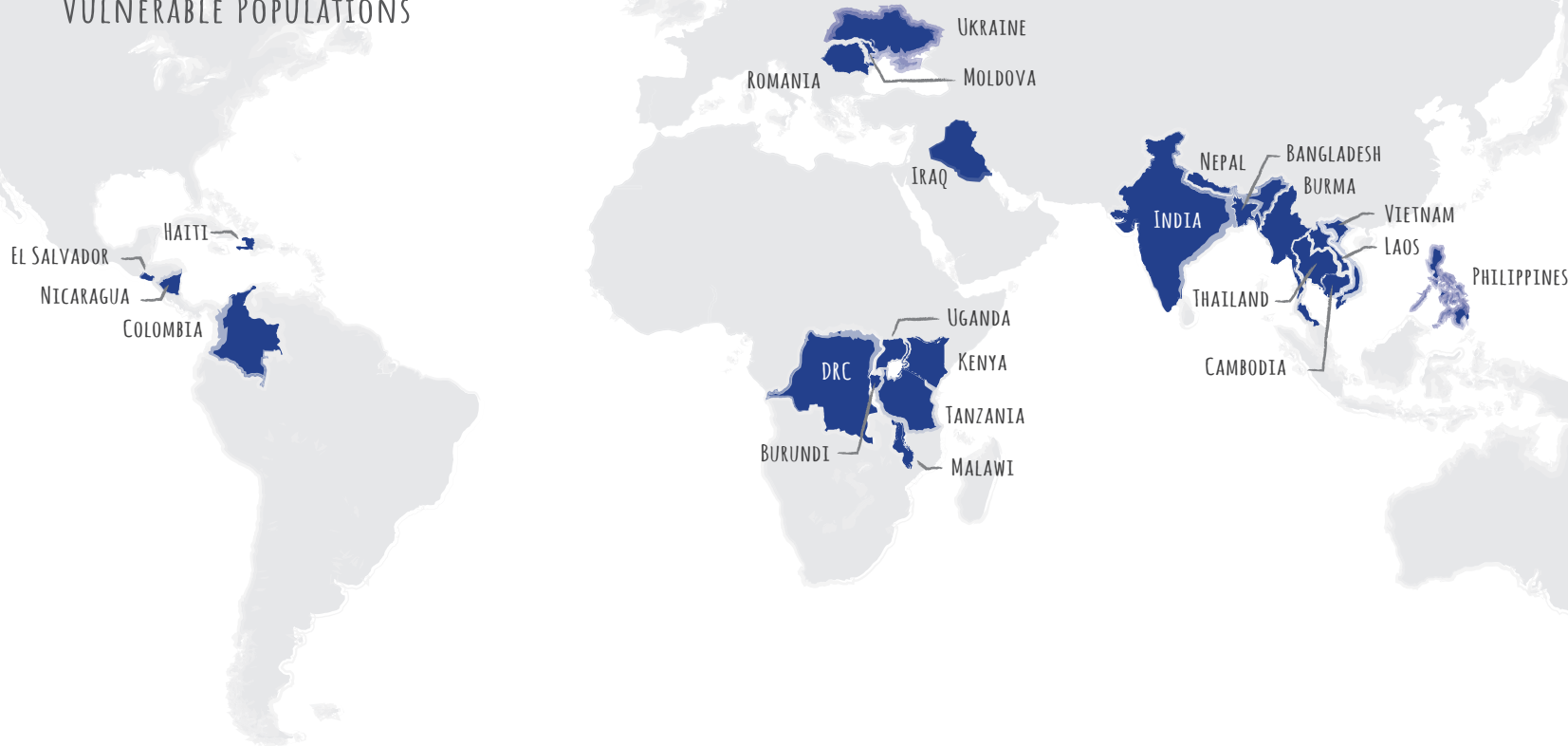


Hope Against All Odds

Vulnerable Populations

WHERE WE WORKED

VULNERABLE POPULATIONS



Background and Overview

APC supported some of the world's most vulnerable populations through grants to organizations that funded several hundred small, local NGOs. Most beneficiaries lived in poor or extremely poor post-crisis circumstances, with little access to rehabilitation, counseling, or health care. Many had mental or physical handicaps, requiring wheelchairs and other assistance, and/or suffered severe trauma resulting from war, torture, rape, and other violence; or were incarcerated under inhumane conditions. Almost all suffered stigma, loss of dignity and work, and were poorly if at all integrated into their communities.

Working with USAID's Empowerment and Inclusion Division within the Bureau for Democracy, Conflict and Humanitarian Assistance, APC managed 15 sub-awards to 11 international and local NGOs, as well as universities. APC built the capacity of NGOs, and, to a lesser extent, provided technical support to the grantees, ultimately helping more than 260,000 individuals in more than 20 countries.

Rehabilitation and Access to Wheelchairs and Other Assistive Devices

VIDEO



[Celebrating Diversity: Enabling People with Disabilities to Attain Maximum Independence](#)

More than 70 million people around the world need wheelchairs for mobility. APC funding for international and local NGOs in Cambodia, Colombia, the Democratic Republic of Congo, El Salvador, India, Kenya, Laos, Nicaragua, Romania, and Ukraine helped people living with disabilities integrate into their communities and build better lives for themselves and their families. These NGOs provided medical and physical rehabilitation services, distributed mobility devices (prostheses, wheelchairs, walkers, etc.), and conducted economic empowerment programs in-

cluding employer sensitization, job placement, vocational training, and establishment of village savings and loan associations.

Grantees collaborated with government institutions and private and NGO partners to establish standards and guidelines; train and mentor rehabilitation personnel; train public officials, health professionals, and social workers to advocate for people with disabilities; and conduct social inclusion and awareness-raising activities.

In Kenya, stakeholder meetings held by the Accelerating Core Competencies for Effective Wheelchair Service and Support project led to the creation of a national wheelchair task force that reviewed the National Policy on Persons with Disability and mandated appropriate wheelchair provision.

APC funding also supported the International Society of Wheelchair Professionals, which trained and/or tested more than 4,600 service providers and advanced wheelchair-related education, product standards, evidence-based practice, advocacy, and information sharing. APC helped the UCP Wheels for Humanity's Consolidating Logistics for Assistive Technology Supply and Provision project establish a buyer-driven service-oriented distribution system in 30 countries that increased access to devices suited to the needs of people who have disabilities.

Child Blindness

Blindness and vision problems are particularly debilitating and often treatable. In Bangladesh, Cambodia, Myanmar, Nepal, Philippines, Thailand, and Vietnam, APC grants strengthened capacity to reduce the prevalence of childhood blindness and visual impairment through training in eye care and visual acuity screening for teachers, CHWs, health care providers in government and private facilities, and NGO staff.

By training teachers to identify children with visual disabilities, tens of thousands of children were screened and those with vision problems referred for treatment, such as provision of glasses and medical interventions, including surgery. Some NGOs raised awareness about eye health through leaflets, posters, billboards, and videos, or procured medical equipment for eye clinics. In some countries, grantees worked with colleges of optometry to train health care providers.

Health Care for Prison Populations

In Haiti, APC funded Health through Walls (HtW), an NGO focused on inmate health, to extend treatment and care to prisoners living with HIV and tuberculosis. HtW provided all new prisoners with medical exams

COUNTRY SPOTLIGHT

INDIA

// My life has changed with this tricycle – so many things have come with this tricycle!”

—Jashmine



Mobility Means Independence and Opportunities for Kids with Disabilities

Ten-year-old Jashmine's story is typical of thousands of people who have disabilities in India. She and her 16-year-old sister, Farhanas, were born with congenital limb deformity. Bright, creative children, they had to be carried to school by their father on a bicycle, taking him away from his hand-loom business for two hours a day. Jashmine and Farhanas were among the 1,300 Indians who received tricycles from APC grantee World Vision. The girls are now able to drive themselves to school and participate in new activities.

COUNTRY SPOTLIGHT

CAMBODIA



Preventing Blindness and Vision Problems in Children

In Cambodia's Siem Reap Province, APC grantee Seva trained 91 health center staff and 158 teachers in primary eye care and visual acuity screening. Health center staff now educate their communities about eye health and provide first aid to patients who have minor eye problems. The teachers screen and refer students in need to Ms. Channy, a refraction nurse at Angkor Hospital for Children (AHC).

The pediatric program at AHC has benefitted from APC-supported training, outreach, and equipment procurement. In the year following APC's interventions, AHC screened 22,947 children for eye care problems, and conducted 2,758 eye surgeries and 7,296 medical treatments, and provided 1,099 glasses to children.

and TB screening and counseling, and offered them HIV tests. Overall, 12,426 prisoners were screened for TB, and 12,555 were tested for HIV. HtW ensured that those in need received required follow-up testing and/or treatment. Recognizing the importance of continuity of care for infectious disease, HtW's discharge planners linked HIV- and TB-positive individuals to private and public health centers upon prisoner's release.

Displaced Children and Orphans

Violence, poverty, illness, and substance abuse are just some of the reasons that thousands of children end up on the streets or in institutional care each year. APC grants to NGOs in Moldova, Burundi, and Uganda reduced family separation and promoted deinstitutionalization of orphans and other vulnerable children.

The NGOs worked with government agencies and communities to revise policies and legal frameworks to protect children, including those who have disabilities, and conducted public awareness campaigns and capacity building that also improved child protection. The NGOs contributed to the development of primary social services to help families avoid separation and specialized services to place children in alternative family care.

In Moldova, APC helped 11 district authorities establish a range of family-based alternatives, such as foster care, that are fully sustained from local budgets. Advocacy and collaboration among government agencies motivated government stakeholders such as mayors to fulfil their mandates to protect child and family welfare. In all, APC support allowed more than 52,000 children to remain with their families.

In Burundi and Uganda, NGOs mobilized communities to monitor children's well-being and strengthen household economies and parents' skills. In Burundi, people in more than 11,000 vulnerable households gained access to savings and loans and received guidance on parenting practices. Through a grant to Columbia University, APC supported Cambodia's first national census of children living in residential care institutions. The study will serve as a baseline for efforts to reduce the number of children living in residential care.



Cross-Cutting Theme **Capacity Building**



Turning Prisoners into Health Advocates with Peer Education

Roseline was born into extreme poverty in 1984 in Cap Haitian. As a teenager, she moved to Port-au-Prince in search of a better life. However, she landed in the slums of Cite Soleil, where she got involved with an infamous gangster. Roseline was arrested and incarcerated at the Prison Civil de Petionville, where she became frequently ill. She tested positive for HIV and without counseling or support, fell into depression and attempted suicide.

In 2011, HtW began conducting peer education programs and HIV informational sessions at the prison. Roseline participated and her fatalistic view of HIV diminished and her self-esteem improved. She start-

ed motivating other PLHIVs to take their medication, and after she was released, helped other former inmates get health care services.

APC's support helped HtW comply with grant requirements, including review of invoices, accounting records, and financial reports; tracking expenditures; making payments; and monitoring financial and technical aspects of the awards. As HtW staffer Margaret Bury recalled, "One year [after APC support], we were making Excel spreadsheets and using data visualization. We also learned how to put more on our website, it was very positive."

COUNTRY SPOTLIGHT

IRAQ

// I am very grateful to [APC] and especially my case manager. I feel a big difference. I don't yell at my wife anymore and have coping mechanisms to help me deal with my anger."

— Ahmed, recipient of mental health and psychosocial services



Improving Health Services for Communities Affected by Conflict

Ahmed, who is 24 years old and married with three young children, lives in a village near Mosul that was occupied by ISIS for three years. He was unable to work during the occupation and ISIS stole his car. Yet after the area was liberated by Iraqi and Kurdish forces, Ahmed was accused of being an ISIS sympathizer. "I became angry from the littlest things," he acknowledges. "An outreach worker came to my home and explained the mental health services that were available. I was very angry and shouting at people and my family, so I decided to go to the clinic."

In Iraq's Ninewa Plains, APC helped improve health services, including reproductive, maternal, newborn, and child health, in six primary health care centers and one secondary facility in places where minorities and other conflict-affected Iraqi communities had limited access to services. The provision of health services engendered trust among displaced populations and helped persuade them to return to their former homes.

TOTAL BENEFICIARIES REACHED WITH INTEGRATED MESSAGES



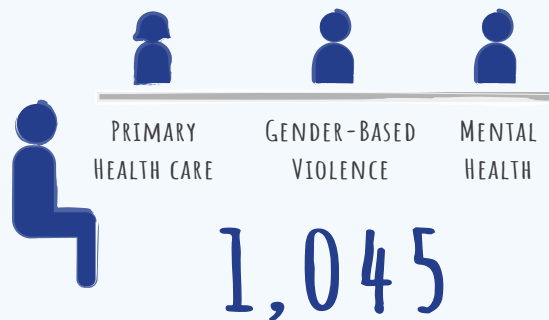
NUMBER OF COMMUNITY REFERRALS TO PHCCs AND MINISTRY OF HEALTH AND MENTAL HEALTH AND PSYCHOSOCIAL SERVICES (MHPSS)



NUMBER OF MHPSS CASE MANAGEMENT SESSIONS



NUMBER OF PEOPLE TRAINED



Support to Post-Conflict Populations

DASHBOARD



[Improving Health Services and Outcomes in the
Ninewa Plains, Iraq](#)

Northern Iraq only recently emerged from war, and security challenges and the effects of trauma and displacement are still widely evident. With funding from APC, International Medical Corps (IMC) worked through the Iraqi Department of Health to rehabilitate health facilities, train medical providers and CHWs, and ensure health care coverage and supplies.

The project also strengthened mental health/psychosocial services, post-traumatic treatment for children, and gender-based violence services in selected sites. APC support provided more than 115,000 primary health consultations to people, many of whom were members of religious or ethnic minorities and returned refugees.

APC also worked with post-conflict populations in Eastern Ukraine. Following the eruption of military conflict in 2014, APC funded IMC to improve mental health and psychosocial support. This included adoption of Inter-Agency Standing Committee Guidelines for Mental Health and Psychosocial Support in Emergency Settings within health facilities, academic institutions, and local organizations.



WHAT WE LEAVE BEHIND

Impact, Lessons, and What's Next

Over its seven years of implementation, APC expanded community-based health and family planning programs, while embracing other health interventions, including HIV and AIDS, post-Ebola recovery, and vulnerable populations support. Approaches and settings were diverse, but all interventions had the overall goal of accelerating countries' journeys to self-reliance, and focused on—

- improving access to and use of patient-centered care
- empowering clients
- building community capacity
- reaching the most vulnerable people.

The international development and public health landscape has been changing rapidly. The flexibility of the APC funding mechanism enabled financial and technical support through grants, central funding, and country programs. This, along with USAID Washington's technical direction, allowed USAID Missions and programs to respond to emerging needs quickly, and seize opportunities to advance health programs. USAID tapped into JSI and FHI 360's experience and expert technical assistance resources to initiate and administer new grants and programs with unusual speed and efficiency, as in still-fragile post-war Iraq, where APC delivered basic health services. APC leveraged organizational and individual capacity at all levels—in communities, within district and national health systems, and globally—to create programs that generated mutual learning and inspired local initiative. In each country and setting, APC tailored programs to context, cultivated partnerships to build the capacity of local NGOs, and fostered champions for change. APC's reach extended to hundreds of organizations and millions of people, most of whom are highly vulnerable. APC's leadership and support helped local groups (nongovernmental, faith-based, and civil society) progress from fragile to robust organizations that are now better equipped to advance health programs and continue their journey to self-reliance—a testament to APC's legacy.



COMMUNITY-BASED FAMILY PLANNING

In 22 countries, APC strengthened voluntary family planning by training health workers, building capacity within local NGOs, advocating for policy change, and introducing new methods desired by clients.

PROVIDED CONTRACEPTION TO WOMEN
AND MEN, EQUAL TO ALMOST
839,000 COUPLE-YEARS OF PROTECTION

A WIDE RANGE OF METHODS



CONDOMS

FERTILITY AWARENESS
METHODS



INJECTABLES

ORAL
CONTRACEPTIVES



IUDS

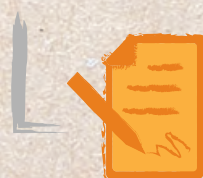
QUALITY COUNSELING ENSURED THAT
CLIENTS WERE FULLY INFORMED
ABOUT ALL METHODS

REACHED OVER **276,000**
NEW FAMILY PLANNING USERS



Trained over **17,000** health workers
and CHWs to deliver high-quality
counseling on contraceptives and
family planning

Strengthened the organizational and/or technical
capacity of **23** NGOs, **5** of them faith-based
organizations, to provide voluntary family planning



Assisted **9** countries to advance policies that
support community-based family planning

REACHED OVER **2.7 MILLION** COMMUNITY
MEMBERS WITH INFORMATION ABOUT A WIDE RANGE
OF FAMILY PLANNING METHODS





Community-Based Family Planning

An important theme of APC's work was the central role of CBFP and implementing partners in overall country-level health systems strengthening. The community is the bedrock of any sound health system. With this as a guiding principle, APC moved CBFP and health system strengthening forward in complementary ways.

APC's support to CBFP expanded and increased access to high-quality family planning counseling and contraceptive services for thousands of couples, many of whom had never used family planning. Through partnerships with community- and faith-based organizations, government institutions, and the private sector, APC introduced new products into local health systems and expanded family planning services through new delivery channels. The increased convenience for users also increased acceptability and continuation. Innovations, such as self-injection of DMPA-SC, expanded the options for women and couples. New delivery mechanisms (through task-shifting, private providers, drug shops, and self-care) also increased method choice and access options.

CBFP implementation invariably involved advocacy and outreach. APC found that this process opened dialogue and increased acceptance of family planning use in even very traditional communities. Some of APC's most encouraging successes, in fact, occurred in isolated, traditional, or "last-mile" communities. Partnering with local leadership, particularly faith and civil society, was a key component of success. Integrating family planning education and services into other programs enabled APC to reach new contraceptive users efficiently and with a high degree of trust and acceptance.

APC worked closely with the MOH and other ministries to strengthen national, regional, district, and community policies and health information systems. Advocacy led to the introduction of new contraceptive products and task-shifting that enabled CHWs to deliver additional family planning services. APC's capacity building of CHWs and health care providers improved connections between communities and their health facilities. It also strengthened NGOs and FBOs that support CBFP.

APC conducted research and generated and tested tools and resources, curricula, and communications materials that have been useful for partners and implementers beyond APC. One of these—the Community Health Systems Catalog—surveyed the CHS landscape for the first time and is a resource for advocates and decisionmakers worldwide. It allows policymakers to compare their CHW programs and policies with other countries, fostering task-shifting.

Lessons

- Holistic approaches to reaching last-mile communities with family planning are particularly effective because access and adoption of family planning are interconnected with broader health and social issues. Incorporating interventions designed to reduce GBV, engage boys and men, and help break the cycle of poverty hold promise for advancing CBFP.
- Integrating family planning into a variety of programs in health and other sectors (e.g., agriculture, environment) is a promising strategy for reaching new contraceptive users with family planning education and services. It can also support broader development goals when messaging and services are complementary and mutually reinforcing. Integrated programs can use scarce resources more effectively.
- For best results, family planning programs should be tailored to their sector (public, private, faith, etc.); level of the health system (facility, community); clients' socio-demographics and cultural context; and other interrelationships.
- Family planning task-shifting is a critical strategy for improving access to certain family planning methods because it enables more health workers to provide them and extends availability beyond health care facilities and pharmacies.
- Reaching youth is a priority. Involving young people in designing reproductive health/family planning policies and programs at the outset helps to identify their needs and how to reach them.



HIV and AIDS

In support of PEPFAR, APC's HIV and AIDS programs focused heavily on outreach and support to populations who are at highest risk of HIV infection. Through NGOs working with HIV and AIDS, APC expanded outreach and enabled hundreds of thousands of people to know their status. Innovative outreach through peer navigators generated trust within communities, which led more people to be tested and start treatment and patients lost to follow-up being re-enrolled.

APC engaged NGOs and private- and public-sector clinics to link people who tested positive for HIV to treatment immediately. APC built the capacity of NGO partner organizations to improve quality of services and ensure sustainability, and established model sites and QI teams that served as examples for other facilities.



HIV & AIDS

In **3** countries, APC supported more than **40** NGOs and public health facilities to expand testing and treatment of HIV and AIDS in an effort to reach the 90-90-90 goals and help end the AIDS epidemic by 2020.

PROVIDED HIV & AIDS SERVICES



- MORE THAN **351,000** PEOPLE TESTED FOR HIV

- **4%** TESTED POSITIVE FOR HIV



- OVER **3,400** DEFAULTERS FOUND AND RE-ENROLLED ON TREATMENT



LOCAL CAPACITY INITIATIVE

Supported NGOs in **13** countries with organizational capacity building and HIV policy and advocacy



SOCIAL CONTRACTING

In **2** countries, helped build the capacity of NGOs to successfully qualify for domestic government funding to continue HIV work



POST-EBOLA RECOVERY

In 3 West African countries, APC improved health services for Ebola survivors, strengthened health systems to prevent future outbreaks, and built capacity within NGOs, FBOs, ministries of health, and other local organizations.



Rehabilitated and/or provided medical equipment to **342** health facilities

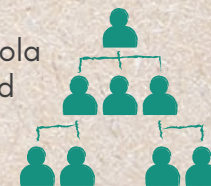
TRAINED MORE THAN **8,600** HEALTH WORKERS TO DELIVER BETTER HEALTH SERVICES



Trained or mentored almost **1,300** clinicians in sub-specialty care: ophthalmology, rheumatology, neurology, and mental health



Supported **3** national Ebola survivor organizations and **33** local chapters



MORE THAN **3** MILLION PATIENT VISITS TO PROJECT-SUPPORTED HEALTH FACILITIES



- ALMOST **3,000** PATIENTS WERE REFERRED TO HIGHER-LEVEL TREATMENT
- MORE THAN **8,000** SURVIVOR VISITS TO HEALTH FACILITIES

Through LCI, local CSOs received funding and technical assistance to enhance their ability to advocate for HIV prevention, care, and treatment services. In 10 countries and regions, APC helped CSOs develop key messages, create advocacy materials, and use data visualization. Many of these organizations are now advocating and elevating concerns related to HIV and KPs within government bodies.

Organizational capacity building and creation of consortia encouraged mutual support among NGOs, allowing smaller organizations to grow while advancing advocacy messages with a unified voice. These organizations are now able to apply for direct funding from USAID and other funders, and some have already obtained grants.

In two countries, APC helped NGOs secure country government commitment to fund HIV programs by building capacity for social contracting mechanisms that allow governments to contract with NGOs.

Lessons

- Improving access to and quality of HIV services for KPs requires strengthening activities in communities and health facilities and creating links between the two.
- A country-wide HIV prevention, care, and treatment strategy must strive to meet the needs of each unique group within KPs.
- Participation of KP peers through formal employment in the health sector is an excellent way to link communities and facilities. Any project targeting KPs must include these populations as outreach workers.
- Cultivating a data-use culture in HIV service organizations is essential to improving the quality and results of outreach, testing, treatment, retention, and policy activities.
- The scorecard methodology can be extremely effective in measuring and promoting improvements in the quality of services for KPs, but a project needs at least three years to develop staff and gather enough data to show clear trends in a sustainable way.



Post-Ebola Recovery

In three West African countries, APC rehabilitated health facilities, enhanced community engagement, supported service enhancements, and strengthened the skills of health care providers and CHWs at the primary care level. APC engaged communities to support health facility maintenance, proving that they were willing and able to establish action plans

and mobilize financial and in-kind resources to support facility repairs and upkeep.

APC trained health care providers and CHWs on safe clinical care for Ebola survivors and helped hospitals, health centers, and health care providers offer stigma-free, previously unavailable specialty services to EVD survivors and the general populations of the three countries. These specialty services supported many of the continuing health problems that survivors have post-Ebola, helping them regain their livelihoods and lead healthier lives.

Through APC's support to national survivor associations, Ebola survivors learned to advocate for themselves and take part in open dialogue with their governments and communities. This led to an increased understanding of post-Ebola challenges, reduced stigma, and helped survivors reintegrate into their communities. Through semen testing and surveillance programs supported by APC, MOHs were able to monitor the health status of survivors and avoid new Ebola cases caused by the transmission of the virus from survivors to close contacts.

APC contributed to the global learning agenda for the health of post-EVD survivors and health services and systems recovery following the largest Ebola outbreak ever recorded. The project developed tools, guidelines, and templates for post-crisis recovery situations, such as the Post-Ebola Recovery Toolkit, that continue to be available online.

Lessons

- When trust in the public health system collapses due to the transmission of disease in health facilities, governments and partners must assuage public anxiety and eliminate stigma in communities, health facilities, schools, and other public venues.
- Many Ebola survivors have a range of medical conditions that last months and years after recovery from the virus. They need access to medical and mental health services related to the loss of family members and livelihoods, ongoing health conditions, and societal stigma. Governments need to enhance the skills and knowledge of health workers to provide this care.
- Community discussions (healing dialogues) and sensitivity training for health care providers reduced stigma and discrimination toward survivors.
- During outbreaks and recovery, WHO, USAID, and other funders must provide clear, consistent, and frequent messages to survivors and partners about semen testing, transmission risks, and safe sex.



VULNERABLE POPULATIONS

In 12 countries, APC helped some of the world's most vulnerable populations through funding for small, local organizations that support orphans, children, and adults with mental or physical handicaps, or with severe trauma from war or violence.

HELPING THE MOST VULNERABLE

ASSISTED **260,000** INDIVIDUALS WITH LITTLE PREVIOUS ACCESS TO REHABILITATION, COUNSELING, OR HEALTH CARE

More than **58,000** children in adversity received support



More than **11,000** people received assistive devices, including wheelchairs



More than **50,000** people were trained to provide rehabilitative services or support to vulnerable populations

More than **70,000** primary health consultations for victims of war



MORE THAN **73,000** PEOPLE RECEIVED AN EYE SCREENING



MORE THAN **11,000** HEALTH WORKERS TRAINED ON PRIMARY EYE CARE



ALMOST **3,000** CHILDREN BENEFITED FROM EYE SURGERIES



ALMOST **7,000** PAIRS OF EYE GLASSES PROVIDED TO UNDERSERVED CHILDREN AND ADULTS

- Through local committees attached to health facilities, communities are willing and able to raise money and provide in-kind support for maintaining their local health facilities.



Vulnerable Populations

Through grants to international and local NGOs, APC reached some of the world's most vulnerable populations, providing them assistance and resources that give them a better chance at productive and dignified lives. APC helped governments and CSOs deinstitutionalize children and prevent family separation, and trained social service staff in skills and knowledge to guide children and families to the best possible outcome.

APC provided thousands of wheelchairs and other assistive devices to children and adults with disabilities, enabling them to be more independent and pursue opportunities that would otherwise be out of reach. By training providers of rehabilitation services and supporting individuals with disabilities to access these services, APC improved the lives of thousands of people.

In post-conflict zones, APC improved mental health services and helped rebuild primary health care services, including maternal and child health and family planning. These services helped communities meet basic health needs and heal from post-war trauma. Programs cannot afford to ignore mental health, yet countries are often reluctant to invest in these services, and few providers are trained in mental health counseling.

Lessons

- People who have disabilities need assistance that includes an expanded variety of mobility devices, assistive technologies, and techniques to improve mobility, function, and independence, as well as activities that increase self-sufficiency and social inclusion (e.g., peer support, sports and recreation activities, and employment opportunities).
- Use of citizen voice and action methodology, a social accountability approach that requires participation of public officials and community representatives, can improve health care access, respect for people's rights, and reduce barriers, resulting in greater solidarity with, understanding of, and support for people with disabilities.
- The conditions of incarceration contribute to a vicious cycle of exposure, transmission, infection, and progression of HIV and TB. Without a

fundamental change of incarceration conditions, it will be difficult to control infectious diseases.

- Continued support for de-institutionalization and community reintegration of orphans and vulnerable children is needed through a combination of efforts, including strengthening child welfare systems and integrating best practices, such as alternative care in a family structure, family tracing and reunification, identification of families at risk of separation, and cash support to vulnerable households.
- In conflict settings, limited space for health care providers, high staff turnover, and erratic availability of commodities and supplies can seriously hamper provision of health services, especially for women and girls.
- Many Bureau for Democracy, Conflict, and Humanitarian Assistance-funded activities documented a significant gap in mental health across all target regions. Health system must prioritize mental health assessment, treatment, follow-up, and evaluation, particularly in areas affected by conflict.

The Road to Self-reliance

APC successfully managed programs that reached large numbers of people and proved to be an effective vehicle for moving countries forward along the path to self-reliance. It did this by emphasizing local and national capacity building among partners, local decision-making, empowering clients by giving them choices, developing local champions, and using donor resources effectively while encouraging local resource-generation.

APC operated on the principle that communities are the foundation of national health systems and this philosophy helped focus resources and build capacity where contributions are lasting. APC was a learning project that empowered individuals and communities with enduring knowledge and tools, especially grant and program management support that enables local partners to seek their own funding.

APC accelerated implementation of health programs and enabled local organizations to grow and gain experience that will fuel future programs. Many NGOs supported by APC now have the ability to mobilize resources and some have obtained their own funding from USAID and other sources. Through social contracting mechanisms that APC helped develop, governments are committing resources to continue important health programs.



Lessons

- Working in partnership with central and local government counterparts is key to sustainability, ownership, and continuation after an activity ends. Partnerships should be founded on collaboration and joint planning with the long-term objective of transferring full implementation of activities to government partners.
- An experienced international NGO in-country can be a strong intermediary between USAID and local organizations, decreasing risk for USAID and increasing accessibility of funding for grantees. The NGO can help sub-grantees navigate USAID rules, processes, and regulations and provide support through people who understand the local context and language—and potentially help NGOs gain funding on their own.
- Managing data and information is important. Systematic baseline and endline surveys for all activities should be conducted and recorded carefully. The absence of reliable baseline data can make analysis difficult. Training partners in effective M&E and data for decision-making is important for sustainability.
- Twinning partnerships and best practice learning tours between lower- and higher-performing health facilities can motivate staff to perform better. Exposing partners to national and international best practices helps them to improve programming and management. Cross-program sharing is a good long-term investment.
- Dynamic adult learning methodologies are critical to effective capacity building. Flexible teaching methods that draw from participants' knowledge and experience help make training topics accessible to adult learners. Social, cultural, and technological barriers need to be accounted for, and both technologically innovative e-learning and low-tech teaching tools should be considered. Advancing e-technology at the community level is important, but approaches should be adapted to the needs of communities and clients.
- Grantee organizations need to be chosen carefully and considering integrity, capacity to grow, and overall motivation. Supporting grantees with technical and management capacity building helps them reach their goals and progress toward sustainability. Grantees with little or no USG-funding experience require substantial assistance to make this possible.

- Many small, local grantees have capable technical staff but few resources in financial and administrative areas. Low education levels can make it difficult to understand basic accounting, convert to electronic management systems, and administer complex funding requirements. Support for organizational capacity building and financial management enabled some grantees to become direct funding recipients.
- Teaching grantees to write proposals and mobilize funding improves sustainability. Working with governments and NGOs to initiate social contracting helps achieve longer-term sustainability. As the funding landscape evolves, local and international NGOs must be prepared to diversify their funding and seek sources that include local funds, private sector, and multilateral donors.

APC's Legacy and the Way Forward

APC's diverse experiences and learning are a resource for donors and local entities seeking to shape future development work. The following 10 recommendations reflect APC's rich, in-depth experience.

1) Continue to promote and strengthen harmonization of community health programs within the health system

While greater focus is being placed on community health programs, there is a lack of coordination with little alignment to national strategies, health information systems, and programs. This leads to fractured approaches, weak community ownership, and poor integration with the rest of the primary health care system. Extending preventive, promotional, and curative health services into communities is critical to ensuring access to high-quality primary care. Community health efforts can also provide a cost-effective platform for countries pursuing universal health coverage, especially given the potential of integrated community-level services to meet multiple health needs.

2) Improve community health services through sustained policy advocacy at multiple levels

Conducting strong advocacy is an essential step in the provision of community-level health services. Creating a cadre of local advocates enhances sustainability. In fact, ensuring available, accessible, acceptable, and equitable health services and products requires the buy-in and coordination of government health officials and administrators, program managers, providers, community leaders, and others. While short-term activities can strengthen the advocacy capacity of organizations, sustained advocacy capacity must be supported and measured over time.

3) Strengthen referral networks and supervision structures

Strong referral networks are essential for people to access health services, such as treatment for HIV and long-acting and permanent

family planning methods. Supervision structures must be in place to ensure high-quality services and consistent health worker performance. Special efforts and funding is needed to strengthen referral from the bottom of the system (i.e., self-care and CHWs) to primary and secondary levels. The best practices in referral and assisting clients to negotiate the health system are insufficiently developed, so more technical support and learning is required. This is especially important as clients increasingly choose provider-dependent family planning methods and countries prioritize assisted deliveries and postpartum family planning.

4) Enable greater use of community-led support for health facilities

In most developing countries, maintenance and ongoing support for health facilities by the communities is lacking or insufficient. APC's work has shown that it is feasible to generate community support for health facilities. Further testing of community ownership models should be pursued to overcome the challenges that national- and district-level governments have in this important area.

5) Continue to invest in data systems, human capacity, and experimentation with new methods for data collection, analysis, and use

Use traditional models of support—funding, care resources, and training—but also advanced solutions such as data science, machine learning, and artificial intelligence to aid CHWs. When trained, deployed, and managed effectively, CHWs can reduce child and maternal mortality, increase positive health behaviors (such as use of family planning) and the spread of infectious diseases. Digital solutions, such as telemedical interventions, outbreak prediction, and risk mitigation, can augment existing systems of health delivery.

6) Increase emphasis on changing social, cultural, and gender norms

In spite of years of investment in behavior change, positive and negative social, cultural, and gender norms continue to affect people's ability to receive health services significantly. This includes sensitive areas such as informed and voluntary use of modern contraception and access to HIV testing and treatment. Entrenched gender and socio-cultural barriers to adopting services are common in poor and isolated "last-mile" communities. Programs need to confront and mitigate harmful norms and practices, and encourage positive ones. Community-based interventions can affect behavior change when they consider and integrate approaches that respect the social environment.

7) Boost commitment to self-care at the global and country levels

Self-care is not a new concept, but new approaches have expanded it to health areas, including family planning and HIV, which have a high level of stigma and need for privacy. These approaches in-

clude home and self-injection of DMPA-SC, use of new formulations of ECPs, home and self-testing for HIV, and greater use of mobile applications. With shortages of health workers and increased use of technology, self-care is becoming critical to the future of high-quality health care and a feasible supplement to traditional health care.

8) Prioritize adolescents, youth, and vulnerable populations

Adolescents and youth are a large proportion of the world's population with increasingly greater relevance for human development. Involving them in health program development can improve prevention and treatment outcomes. Vulnerable populations are similarly important. Development partners must include all segments of these populations in the design and implementation of health solutions for themselves, their families, and their communities. Using HCD and other social and behavior change approaches can help. It is also important to develop measurable indicators of youth involvement.

9) Engage traditionally under-used partners

In the past, donors have focused on provision of health services through the public health or government sector. Working with a large and diverse group of for- and nonprofit entities can increase points of access. FBOs and longstanding local CBOs are among the most under-used resources for transforming social norms and positively influencing community-based health programming. Many of these organizations have significant experience and capacity to manage resources and work with new partners. Giving more direct funding to FBOs and CBOs of all sizes could be a cost-effective investment if they have adequate financial and monitoring systems, and/or back-up support. Ensuring outreach to the multitude of faith denominations is particularly critical because they have the trust of communities.

10) Consider the next generation of grant-giving and financing

APC gave a wide range of grants to international and local organizations. The use of small and medium-sized grants was particularly effective for piloting small-scale initiatives, building technical and organizational capacity, and facilitating longer-term scale up. In the future, donors should expand the use of grants to leverage a combination of country-led domestic resource mobilization, expanded emphasis on the private sector, and ongoing funding (bilateral, multilateral, and foundational) as part of a holistic approach to financing. When considering whether to give a grant to a local organization, conduct a thorough review to ensure that it can manage and sustain the funding. Consortia or NGO umbrella organizations can cut costs by sharing resources and providing a forum for learning and exchanging ideas.

Over the life of the project, APC supported a wide array of activities and programs in different sectors. The project's success was rooted in the competent leadership and management of JSI and FHI 360, engagement of partners and communities, guidance from USAID, commitment of country governments, and a consistent focus on the unifying values of APC's work: improving services for those most in need; supporting local agency and self-determination; developing strong capacity, especially at the local level; and a belief that self-reliance and effective health systems are built on the bedrock of communities.

Annex I: List of Publications

Publications Covering More Than One Country

Stories and Interventions

- [Community Health Matters on the Journey to Self-Reliance](#)
- [Community Health Systems Catalog: 2017 Updates](#)
- [In support of community-based emergency contraception](#)
- [Reaching Underserved Women with Voluntary Family Planning](#)
- [The 2017 Community Health Systems Catalog: A One-Stop Shop for Community Health](#)
- [Bouncing Back: Resiliency and Community Health Systems – Liberia, Nepal and Pakistan](#)
- [The Last Quarter of the Last Mile: Reaching Forgotten Communities in Countries that are Family Planning Success Stories](#)
- [What is ACCESS?](#)

Tools, Training Materials, and Guidance

- [Post-Ebola Recovery Toolkit](#)
- [Advancing Partners & Communities Brochure](#)
- [Community Health Systems Catalog Dataset](#)
- [Community Health Systems Catalog Codebook](#)
- [User Guide for the Community Health Systems Catalog Dataset](#)
- [Community Health Systems Catalog Survey Tool](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Introduction \(English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Introduction \(French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Provision of Injectable Contraceptives by Community Health Workers \(English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Provision of Injectable Contraceptives by Community Health Workers \(French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Initiation and Continuation of Injectable Contraceptives by Community Health Workers \(English\)](#)

- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Initiation and Continuation of Injectable Contraceptives by Community Health Workers \(French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Community-Based Access to Injectable Contraception: Radical Common Sense \(English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Community-Based Access to Injectable Contraception: Radical Common Sense \(French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – WHO Optimize MNH Guidance: Recommendations on CHW Provision of Injectable Contraceptives \(2012, English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – WHO Optimize MNH Guidance: Recommendations on CHW Provision of Injectable Contraceptives \(2012, French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Conclusions from the WHO Technical Consultation on Expanding Access to Injectable Contraception \(2009, English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Conclusions from the WHO Technical Consultation on Expanding Access to Injectable Contraception \(2009, French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Guide to Resources in the Online CBA2I Toolkit \(English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Guide to Resources in the Online CBA2I Toolkit \(French\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Key Actions for CBA2I Advocacy \(English\)](#)
- [Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy – Key Actions for CBA2I Advocacy \(French\)](#)
- [Community Scorecard Toolkit: Empowering Communities and Health Care Providers to Lead Change Toolkit](#)
- [Community Scorecard Toolkit: Empowering Communities and Health Care Providers to Lead Change Scorecard Facilitator Training](#)
- [Dashboard on Youth Sexual & Reproductive Health: Asia and Middle East](#)
- [Family Planning Compliance Monitoring Plan for Subaward Recipients](#)
- [Family Planning Compliance Monitoring Plan for Subaward Recipients \(French\)](#)

- [Family Planning/HIV Integration Quality Assurance Tool \[printable paper-based version\]](#)
- [Family Planning/HIV Integration Quality Assurance Tool \[interactive Excel-based version\]](#)
- [Grantee Guidance Package: Subawardee Guidance for Start-Up and Workplanning \(English\)](#)
- [Grantee Guidance Package: Subawardee Guidance for Start-Up and Workplanning \(French\)](#)
- [Grantee Guidance Package: Co-Branding Strategy and Marketing Plan Guidance for Subaward Recipients \(English\)](#)
- [Grantee Guidance Package: Co-Branding Strategy and Marketing Plan Guidance for Subaward Recipients \(French\)](#)
- [Grantee Guidance Package: Subawardee Guidance for the Performance Monitoring Plan \(English\)](#)
- [Grantee Guidance Package: Subawardee Guidance for the Performance Monitoring Plan \(French\)](#)
- [Grantee Guidance Package: Family Planning Compliance Monitoring Plan for Subaward Recipients \(English\)](#)
- [Grantee Guidance Package: Family Planning Compliance Monitoring Plan for Subaward Recipients \(French\)](#)
- [Grantee Guidance Package: Subawardee Guidance for USAID Gender Compliance \(English\)](#)
- [Grantee Guidance Package: Subawardee Guidance for USAID Gender Compliance \(French\)](#)
- [Grantee Guidance Package: USAID Environmental Compliance Guidance for Subaward Recipients \(English\)](#)
- [Grantee Guidance Package: USAID Environmental Compliance Guidance for Subaward Recipients \(French\)](#)
- [Local Capacity Initiative Facilitated Discussion and Capacity Assessment Tool: Facilitator's Manual](#)
- [Organizational Capacity Assessment Tool](#)
- [Organizational Capacity Assessment Tool: Organizational Development Terms](#)
- [Organizational Capacity Assessment Tool: Action Plan Template](#)
- [Outil d'évaluation de la capacité organisationnelle](#)
- [The Local Capacity Initiative](#)
- [Tip Sheets: Responding to Funding Opportunities](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Facilitator's Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session I Opening Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session I Opening Slides](#)

- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session 2 Key Concepts and Definitions Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session 2 Key Concepts and Definitions Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session 3. The Policy Development Process Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies – Session 3. The Policy Development Process Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 4. Overview of Steps in Advocacy Strategy Development Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 4. Overview of Steps in Advocacy Strategy Development Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 5. Define the Issue and Identify a Policy Solution Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 5. Define the Issue and Identify a Policy Solution Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 6. Set Goals and Objectives Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 6. Set Goals and Objectives Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 7. Identify Target Audiences: Decision-makers and Influencers Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 7. Identify Target Audiences: Decision-makers and Influencers Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 8. Engage in Partnerships Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 8. Engage in Partnerships Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 9. Create Effective Advocacy Communication Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 9. Create Effective Advocacy Communication Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 10. Plan Advocacy Activities Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 10. Plan Advocacy Activities Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 11. Assess Resources Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 11. Assess Resources Slides](#)

- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 12. Monitor and Evaluate Policy Advocacy Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 12. Monitor and Evaluate Policy Advocacy Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 13. Draft the Advocacy Strategy Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 13. Draft the Advocacy Strategy Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 14. Present Advocacy Strategies Manual](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 14. Present Advocacy Strategies Slides](#)
- [Workshop Curriculum: Developing Policy Advocacy Strategies - Session 15. Closing](#)
- [APC Youth Activities](#)
- [Family Planning Checklist App: Pregnancy](#)
- [Family Planning Checklist App: Implant](#)
- [Family Planning Checklist App: DMPA](#)
- [Family Planning Checklist App: IUD](#)
- [Family Planning Checklist App: COC](#)
- Digital Accelerator Kit: Family Planning A community-level companion guide

Technical Briefs

- [Creating Global Resources for Developing Mobile Family Planning Applications for Community Health Workers](#)
- [Drug Shops & Pharmacies](#)
- [Faith Matters: A Christian Approach to Engaging Youth in Family Planning](#)
- [Guidance for Integrating the Provision of Injectable Contraceptives by Community Health Workers into Family Planning/ Sexual and Reproductive Health Policy \(English\)](#)
- [Guidance for Integrating the Provision of Injectable Contraceptives by Community Health Workers into Family Planning/ Sexual and Reproductive Health Policy \(French\)](#)
- [Provision of Injectable Contraceptives within Drug Shops: A Promising Approach for Increasing Access and Method Choice \(English\)](#)
- [Provision of Injectable Contraceptives within Drug Shops: A Promising Approach for Increasing Access and Method Choice \(French\)](#)

- [The Added Value of Gender Integration: Promising Practices from the Advancing Partners & Communities Project](#)
- [The Added Value of Integrating Family Planning into Community-based Services: Learning from Implementation](#)
- [Toward Harmonization: Community Health Policy and Program Trends Data from the Community Health Systems Catalog](#)

Reports

- [Local Capacity Initiative Final Report](#)
- [Faith Matters: International Family Planning from a Christian Perspective](#)
- [Missed opportunities for family planning: an analysis of pregnancy risk and contraceptive method use among postpartum women in 21 low- and middle-income countries](#)
- [Situation Analysis of Community-Based Referrals for Family Planning - July 2015](#)

Infographics

- [Community Health Systems Framework](#)
- [Family Planning and HIV Integration: Important Contributions to the Global HIV Goals](#)
- [Policy Map of Community-based Access to Injectables in sub-Saharan Africa](#)

Videos

- [Community Health Policy Matters](#)
- [Expanding Contraceptive Choice: Webinar on Tubal Ligation](#)
- [Expanding Contraceptive Choice: Webinar on Vasectomy](#)
- [Expanding Contraceptive Choice: Webinar on Family Planning Methods Implants](#)
- [Expanding Contraceptive Choice: Webinar on Family Planning Methods Fertility Awareness Met](#)
- [Expanding Contraceptive Choice: Webinar on Family Planning Methods Injectable Contraceptives](#)
- [Expanding Contraceptive Choice: Webinar on Family Planning Methods Intrauterine Devices](#)

E-Learning

- [RHIS Basic Concepts E-Learning Course](#)

Afghanistan

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Afghanistan](#)

Bangladesh

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Bangladesh](#)

Benin

Stories and Interventions

- [Accomplissements du projet APC Bénin](#)
- [Helping Local Organizations Maximize a Computer Program Increases Efficiency and Improves Outcomes](#)
- [Photo Journal: Améliorer la santé communautaire au Bénin](#)
- [Photo Journal: Improving Community Health in Benin](#)
- [Success Stories from Benin](#)
- [Success Stories from Benin \(French\)](#)
- [APC Community Health Work in Benin Touches the Hearts of the Local People](#)
- [Improving Community Health in Benin](#)
- [From “Non” to “Oui”: How Community Health Workers are Revolutionizing Contraceptive Access, Use in Benin](#)
- [The Contraceptive Revolution](#)
- [Launching a Revolution: Sayana Press Introduction in Benin](#)

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Benin](#)

Technical Briefs

- [Assessment of a pilot project to introduce community-based provision of injectables in Benin](#)
- [Benin's Community-Based Access to Injectable Contraceptives Pilot Project](#)
- [Introduction of Community-Based Provision of Subcutaneous Depot Medroxyprogesterone Acetate \(DMPA-SC\) in Benin: Programmatic Results](#)
- [Projet pilote de l'accès à base communautaire des contraceptifs injectables au Bénin](#)

Reports

- [Country Program in Review: Benin](#)
- [Country Program in Review: Benin \(French\)](#)

Infographics

- [Bringing Family Planning to the Community in Benin](#)
- [Renforcement du système de sante communautaire au Bénin](#)
- [Strengthening Community Health Systems in Benin](#)
- [Apporter la planification familiale au niveau des communautés](#)

Videos

- [Supporting Community Health and Family Planning in Benin](#)

Botswana

Reports

- [Country Program in Review: Botswana](#)

Colombia

Stories and Interventions

- [Enabling Progress In Children With Disabilities](#)

Videos

- [Health Worker Interview: Dr. Jose Ignacio Zapata, World Vision](#)

Democratic Republic of Congo

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Democratic Republic of the Congo](#)

Dominican Republic

Stories and Interventions

- [Quality Improvement Collaborative](#)
- [Quality Improvement Collaborative Newsletter - A Before and After in the Dominican Republic](#)
- [Treatment for All in the Dominican Republic](#)
- [Test and Start in the Dominican Republic Benefits Key Populations](#)
- [“Twinning” Improves HIV Services In The Dominican Republic](#)
- [Compassion Complements Clinical Care in the Dominican Republic](#)
- [Quality Management Essential to Test and START in the Dominican Republic](#)
- [Health Worker Spotlight: Fighting for the Rights of the LGBTI Community and People Living with HIV](#)
- [Dismantling Stigma and Discrimination in Health Services in the Dominican Republic](#)
- [Ensuring 100% Enrollment In Care of People Newly Diagnosed with HIV](#)
- [From a Beneficiary to a Provider, a Life Transformed](#)
- [Inclusion, Not Exclusion](#)
- [Scaling Up the HIV Response in the Dominican Republic](#)

Technical Briefs

- [Civil Society Organizations Forge a Place within the Dominican Republic's HIV Response](#)

Reports

- [Country Program in Review: Dominican Republic](#)
- [Piloteaje RIE República Dominicana](#)
- [Diagnóstico De Las Necesidades De Salud De Las Poblaciones Trans De La República Dominicana](#)

Infographics

- [Dominican Republic Results: October 2015 to March 2016](#)

Ethiopia

Stories and Interventions

- [Health Facilities In Ethiopia Connect To A World Of Resources](#)
- [HMIS Scale-Up Project Fact Sheet](#)
- [HMIS Scale-Up Project Brochure](#)
- [A Woman-Led Small Business Brings Jobs to a Community in Ethiopia](#)
- [Innovations in Information Systems Inform Decision Making at the Community Level in Ethiopia](#)

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Ethiopia](#)

Reports

- [Health Management Information System Scale-Up Project in Ethiopia: A Five-Year Journey to Better Health Information Systems](#)

Infographics

- [HMIS Ethiopia Infographic](#)
- [Improving Health through Information Revolution in Ethiopia](#)

Ghana

Stories and Interventions

- [Trust, Capacity, and Innovation Help Local Organizations Reach Last-Mile Communities](#)
- [Health Worker Spotlight: Peace Hene, HealthKeepers Network](#)
- [Health Worker Spotlight: Francis Amenuve, HealthKeepers Network](#)
- [Health Worker Spotlight: Amina Amidu, HealthKeepers Network](#)
- [Health Worker Spotlight: Peace Kpodo, HealthKeepers Network](#)

- [Health Worker Spotlight: Believe Semakor, HealthKeepers Network](#)

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Ghana](#)

Guinea

Stories and Interventions

- [Amélioration Des Services De Santé Au Centre Médical Communal Flamboyants en Guinée](#)
- [Building Resilient Health Systems: Support to Ebola Survivors and the National Health System Keeps Guinea Safe from Resurgence](#)
- [Deux années de prévention de la transmission d'Ébola dans la période post-Ébola : utilisation de sites sentinelles pour la surveillance à base communautaire en Guinée](#)
- [Ebola Transmission Prevention & Survivor Services Program Overview: Guinea](#)
- [Ebola Transmission Prevention Two Years into the Post-Ebola Period: Use of Sentinel Sites for Community-Based Surveillance in Guinea](#)
- [Finding Strength Together](#)
- [Trouver la Force Ensemble](#)
- [Improving Health Services at Flamboyants Community Health Center in Guinea: Photo Journal](#)
- [Overcoming the Fear of Ebola](#)
- [Surmonter la Peur D'ébola](#)
- [Program Overview: Sierra Leone, Liberia & Guinea](#)
- [Programme de prevention de la transmission d'ébola et de renforcement des services pour les guéris d'ébola Aperçu du programme: Guinée](#)
- [Programme de Prévention de la Transmission d'Ebola et de Renforcement des Services pour les Guéris d'Ebola en Guinée: Rapport de l'Enquete de Finale sur les Gueriz d'Ebola \(Juin, 2018\)](#)
- [Programme de Prévention de la Transmission d'Ebola et de Renforcement des Services pour les Guéris d'Ebola en Guinée: Rapport de l'Enquete de Base sur les Gueriz d'Ebola \(Aout, 2017\)](#)
- [Renforcement des réseaux nationaux des survivants : les succès et les défis](#)

- [Strengthening National Ebola Survivor Networks: Success and Challenges](#)
- [Surveillance de la persistance virale chez les guéris d'ébola in Guinée](#)

Technical Briefs

- [Monitoring Viral Persistence in Ebola Survivors in Guinea](#)
- [Strengthening Guinea's Health System Post-Ebola](#)
- [Renforcement du système sanitaire de Guinée dans la période post-Ébola](#)
- [Prévenir la résurgence de la maladie à virus Ébola grâce à la surveillance communautaire](#)
- [Preventing the Resurgence of Ebola through Community-Based Surveillance](#)
- [L'importance de la traduction d'une langue à l'autre dans la prévention d'une résurgence du virus Ebola au niveau régional](#)
- [The Importance of Cross-Lingual Translation in Preventing a Regional Ebola Resurgence](#)

Reports

- [Ebola Transmission Prevention & Survivor Services: Country Program in Review Guinea](#)

Infographics

- [Fonctionnement de site sentinelle Sa-ceint en Guinée](#)
- [Guinea Results Infographic](#)
- [Surmonter la Peur D'ébola](#)

Videos

- [Interview with Dr Sakoba Keita, Director of the National Agency for Health Security ANSS in Guinea- Long Version](#)
- [Interview with Dr Sakoba Keita, Director of the National Agency for Health Security ANSS in Guinea- Short Version](#)
- [Interview with Guinea's Director of National Health Security Agency On Post-Ebola Response Strategy](#)
- [Ebola Survivors Find Strength through the National Survivor Network](#)
- [Preventing the Resurgence of Ebola through Community-Based Surveillance](#)
- [Renovating and Equipping Key Health Facilities to Improve Patient Care](#)

Guyana

Stories and Interventions

- [Advancing Minds and Opening Hearts](#)
- [Compassion Makes all the Difference](#)
- [Health Worker Spotlight: Antonio Paul, Client Advocate Associate](#)
- [Health Worker Spotlight: Elizabeth Mc Almont, Client Advocate Associate](#)
- [Health Worker Spotlight: Shane Paul, Client Advocate Associate](#)
- [Helping Orphans and Vulnerable Children Achieve Academic Success](#)
- [Providing Hope And Support For People Living With Disabilities And HIV](#)
- [Saving Lives Through Peer Counselors](#)
- [Support to Vulnerable Children Helps. It's a FACT](#)
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- [Guyana Gender-Based Violence Services Resource Directory](#)
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- [Public Service Announcement about HIV Testing for Partners and Sexual Contacts in Guyana](#)
- [Public Service Announcement about Adherence to HIV and AIDS Treatment in Guyana](#)
- [Helping NGOs Support Guyana's National Agenda for Health and Social Issues](#)
- [Helping NGOs Support Guyana's National Agenda for Health and Social Issues Extended version](#)
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- [Hope For All](#)

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- [The Important Nuances of Offering Help: Building Capacity of Haitian Organizations](#)

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- [Community Health Systems Catalog Country Profile: Haiti](#)

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- [Country Program in Review: Haiti](#)

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Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: India](#)

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- [Healthy Timing and Spacing of Pregnancies and Family Planning: Successful Approaches and Community Voices from Garba Tulla, Kenya](#)
- [Population, Health, and Environment Efforts in the Lake Victoria Basin: The Next Phase - April 2019](#)
- [Community And Mobility For A Girl And Her Mother](#)
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- [Restoring Girls' and Women's Dignity](#)
- [Making Health Systems Work through Integration](#)

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- [Enkola Edh'endhawulo Edh'okwetegekera Eizaire](#)
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- [Health Worker Spotlight: Recognizing the Importance of Occupational Therapy](#)

- [Health Worker Spotlight: Champion of Rehabilitation Medicine in Lao PDR](#)
- [Health Worker Spotlight: Helping Patients Rediscover Their Voice](#)
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- [Ebola Transmission and Prevention Services Program Overview: Liberia](#)
- [Mental Health Services Come to Liberia](#)
- [Photo Journal: A Brighter Future: After Cataract Surgeries, Ebola Survivors in Liberia Regain Sight](#)
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- [The Positive Impact of Infrastructure Interventions on Public Health Services](#)
- [Success Stories: From Response to Resilience—Strengthening Health Systems Post-Ebola](#)
- [Building Capacity in Specialized Clinical Care Post-Ebola](#)
- [Women Survivors Leading Post-Ebola Recovery in West Africa](#)
- [Ebola Survivors Become Leaders and Advocates in their Communities](#)
- [Restoring Vision for Ebola Survivors](#)
- [A Brighter Future – After Cataract Surgeries, Ebola Survivors in Liberia Regain Sight](#)
- [Post-Ebola: What about the Survivors?](#)
- [Life after Ebola: Survivors Restore Hope in Liberia](#)

Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Liberia](#)
- [Facility Assessment Tool](#)
- [Stigma Reduction Training - Community Healing Dialogue Training](#)
- [Mentorship tool for EVD Clinical Care Guidance: For CHT/DHTs](#)
- [Mentorship tool for EVD Clinical Care Guidance: Patient Exit Interview](#)
- [Mentorship tool for EVD Clinical Care Guidance: Clinicians](#)
- [Mentorship tool for EVD Clinical Care Guidance: Materials Check](#)
- [EVD Survivor Clinical Guidelines Training Curriculum](#)
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- [Access to Care: Improving access to medical and mental health services for Ebola virus disease \(EVD\) survivors in Liberia](#)
- [Ebola Survivor Assessment Findings: Access and Barriers to Care in Liberia](#)
- [Faith-Based Work: Providing comprehensive health care services to the Ebola survivor community](#)

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- [The Cataract Surgery Program for Ebola Survivors in Liberia](#)
- [Creating a Workforce of Mental Health Clinicians in Liberia](#)
- [Interview with Liberia's National Coordinator for the EVD Survivor Secretariat](#)
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- [Community Health Systems Catalog Country Profile: Madagascar](#)

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- [Working Together: Population, Health, and Environment in Madagascar](#)

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Stories and Interventions

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- [Self-Injection of DMPA-SC Leads to Improved Continuation Rates](#)
- [Advancing Partners & Communities: Sayana® Press Evaluation](#)

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- [DMPA self-administration can improve contraceptive access, continuation, and autonomy](#)
- [Malawi's Community-based Health System Model: Structure, Strategies, and Learning](#)

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- [Community Health Systems Catalog Country Profile: Mali](#)

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Tools, Training Materials, and Guidance

- [Community Health Systems Catalog Country Profile: Mozambique](#)

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- [Female Community Health Volunteer \(FCHV\)](#)

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- [Community Health Systems Catalog Country Profile: Nepal](#)

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- [Provision of Injectable Contraceptives within Drug Shops: A Promising Approach for Increasing Access and Method Choice](#)
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- [Providing Vision Screening Services in Remote Areas of the Philippines](#)

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Stories and Interventions

- [Peer Group Training Changes A Participant's Outlook Forever](#)

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- [Community Health Systems Catalog Country Profile: Rwanda](#)

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- [Local People of Various Ages and Professions Trained to Promote Family Planning in Senegal](#)

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- [Building Resilient Health Systems: Focus on Stronger Health Systems Improves Services for the Most Vulnerable: Pregnant Women, Children Under-5, Lactating Mothers, and Ebola Survivors in Sierra Leone](#)
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- [Voices of Resilience and Recovery: Stories of Survival from Sierra Leone](#)
- [Photo Journal: Mentorship Increases Confidence in Health Care Workers in Sierra Leone](#)
- [Health Worker Spotlight: Sorie Samura, King's Sierra Leone Partnership](#)
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- [Support to the Policy and Regulatory Framework for Improving Community Health Systems in Sierra Leone](#)
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- [Rebuilding Health Systems to Save Mothers and Children](#)

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- [Life after Ebola: Mothers Return to Health Facilities in Sierra Leone](#)

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- [Facility Management Committee Training Manual and Tools](#)
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- [Comprehensive Program for Ebola Survivors \(CPES\): Baseline Report \(April 2017\)](#)
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- [Daddy Hassan Kamara, Ebola Spokesman of Sierra Leone Association of Ebola Survivors](#)
- [Interview with Dr. Kwame Oneill, Manager, Ministry of Health and Sanitation, Sierra Leone](#)
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- [Survivor Association Empowers Members through Support Groups and Adult Literacy Classes](#)
- [Upgraded Health Facilities Create Healthier Communities](#)
- [Yusuf Kabba, President of the Sierra Leone Association of Ebola Survivors](#)
- [Dr. Sylvia Blyden, Honorable Minister of Social Welfare, Gender and Children's Affairs](#)
- [Better Referral Pathways and Clinical Training Systems Lead to Improved Care for Ebola Survivor](#)

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- [Health Worker Spotlight: Winfrida Visulo, Mbozi District, Tanzania](#)
- [Health Worker Spotlight: Tumpe Mwakasungula, Masukulu District, Tanzania](#)
- [Health Worker Spotlight: Edson Timothy Mwakanyamale, Busokelo District, Tanzania](#)
- [Health Worker Spotlight: Leah Mwakinyuke, Kyela District, Tanzania](#)
- [End-of-term Review of the 2010-2015 National Family Planning Costed Implementation Plan](#)

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- [Community Health Systems Catalog Country Profile: South Sudan](#)

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- [A New and Convenient Way for Ugandan Women to Control their Fertility Saves Time for Community Health Workers](#)
- [Advancing Partners & Communities: Emergency Contraception in Uganda](#)
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- [Training Religious Leaders as Family Planning Advocates](#)
- [Community Health Workers Bring Emergency Contraceptive Pills Closer to Those in Need](#)
- [Salvation Army Integration Family Planning Project Addressing Misconceptions and Unmet Need for Family Planning](#)
- [World Vision Study Tour](#)

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- [Session Plan for Community Health Worker \(CHW\) Counseling Tool Orientation](#)
- [Plan de la session pour l'orientation des outils de counseling pour les agents de santé communautaires \(ASC\)](#)
- [Answers to Frequently Asked Questions about Family Planning and HIV/AIDS Service Integration](#)
- [What Clients Need to Know about Emergency Contraceptive Pills \(ECPs\) – A Job-Aid for Community Health Workers](#)
- [Sayana® Press: A Guide for Trainers of Providers](#)
- [WellShare International Development and Implementation of Referral Systems: Experience from the Uganda Child Spacing Program](#)

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- [Strengthening Community-based Family Planning Systems through Collaborative Improvement in Busia District, Uganda](#)
- [Managing the policy advocacy process: Drug shops' provision of injectable contraception in Uganda](#)
- [Delivery of Injectable Contraception by Drug Shop Operators in Uganda: Research and Recommendations](#)
- [Applying a Quality Improvement Model to Strengthen Community-based Family Planning Services in Busia District, Uganda](#)
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Stories and Interventions

- [Giving Back to the Community in the Face of Adversity](#)

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Stories and Interventions

- [Billboard Campaign in Zambia Makes it Easier for Women to Get Family Planning Information](#)

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- [Community Health Systems Catalog Country Profile: Zambia](#)
- [How to self-inject with DMPA-SC, a new-generation all-in-one contraceptive](#)

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Zimbabwe

Stories and Interventions

- [How Data is Strengthening Community Health Systems in Zimbabwe](#)

Annex 2: Summary of Indicators

Community-Based Family Planning

Benin



Benin Field Support Program
September 2012 – April 2019

Table 1. Health workers and community members trained

Indicator	Total
CHWs and/or other health providers trained in FP counseling/services for CHWs	1,164
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	331

Table 2. People reached with family planning messages

Indicator	Total
Number of local elected officials oriented to raise awareness about FP	683
Number of traditional and religious leaders sensitized to raise awareness about FP	719

Table 3. Family planning referrals, counseling, and services

Indicator	Total
Number of clients of reproductive age receiving family planning counseling	35,000

Table 4. First time users of modern contraception

Method	Total
Oral contraceptive pills	-
IUD	-
Injectables IM	450
Injectables SC	3,111
Implants	-
Male condom	-
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Table 5. Couple-years of protection

Method	Total
Oral contraceptive pills	-
IUD	-
Injectables	275
Implants	-
Male condom	-
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Current users of modern contraception not reported.

Ethiopia



Global Team for Local Initiatives
July 2014 - December 2016

Table 1. Health workers and community members trained

Indicator	Total
CHWs and/or other health providers trained in administration/management	11
CHWs and/or other health providers trained in FP counseling/services for CHWs	67
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	-

Table 2. People reached with family planning messages

Indicator	Total
Number of community members reached with FP messages by CHWs	2,565
Number of community members reached with FP messages by other service providers in health facilities	-

Table 3. Family planning referrals, counseling, and services

Indicator	Total
Number of referrals made for FP methods	214

Table 4. First time users of modern contraception

Method	Total
Oral contraceptive pills	-
IUD	-
Injectables IM	87
Injectables SC	-
Implants	34
Male condom	-
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Table 5. Current users of modern contraception

Method	Total
Oral contraceptive pills	-
IUD	3
Injectables IM	439
Injectables SC	-
Implants	309
Male condom	-
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

CYP not reported.



Table 1. Health workers and community members trained

Last Ten Kilometers Project
October 2012 – December 2017

Indicator	Total
Number of providers trained on BEmONC	836
Number of midwives trained on mentoring skills	255
Number of HEWs trained on iCCM	4,112
Number of HEWs trained on CBNC	1,944
Number of health workers trained on IMNCI	990
Number of health workers trained on CBNC orientation	438
Number of health workers trained on BEmONC	128
Number of HEWs trained on EPI/IRT refresher training	2,721
Number of people trained on Immunization in Practice (IIP)	1,450

Ghana



HealthKeepers Network
June 2013 – March 2019

Precision Development Xpert
December 2013 – February 2016

Hen Mpoano
October 2018 – July 2019

Table 1. Health workers and community members trained

Indicator	HealthKeepers Network	Precision Development Xperts	Total
Number of persons trained with USG funds	3,750	1,038	4,788
Number of peer educators trained and deployed to reach their peers with FP-related and adolescent reproductive health messages	–	156	156
Number of licensed chemical sellers trained to stock and sell FP commodities	–	695	695
Number of non-traditional outlet operators trained to also sell FP	–	220	220
Number of health top-up vendors trained and deployed to help increase the reach of FP messages and commodities at the community level	–	229	229
Number of community leaders sensitized to become FP advocates	–	1,402	1,402

Table 2. People reached with family planning messages

Indicator	HealthKeepers Network	Precision Development Xperts	Total
Number of community members reached with FP messages	94,713	923,500	1,018,213

Table 3. Family planning referrals, counseling, and services

Indicator	HealthKeepers Network	Precision Development Xperts	Hen Mpoano	Total
Number of counseling visits for FP as a result of USG assistance	23,017	-	-	23,017
Number of people who have been referred for family planning services by PHE staff (program staff and volunteers)	-	-	226	0

Table 4. Couple-years of protection

Indicator	HealthKeepers Network	Precision Development Xperts	Total
Oral contraceptive pills	316,753	3,865	320,618
IUDs	-	-	0
Injectables	-	-	0
Implants	-	-	0
Male condoms	132,382	2,932	135,313
Female condoms	-	94	94
Male sterilization	-	-	0
Female sterilization	-	-	0
Emergency contraception	-	-	0
Standard days method	-	-	0

First time users of modern contraception and current users of modern contraception not reported.

Guinea



Save the Children
July 2014 – June 2015

Table 1. Health workers and community members trained

Indicator	Total
CHWs and/or other health providers trained in administration/management	90
CHWs and/or other health providers trained in FP counseling/services for CHWs	90
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	0

Table 2. People reached with family planning messages

Indicator	Total
Number of community members reached with FP messages by CHWs	8,471
Number of community members reached with FP messages by service providers in health facilities	7,561

Table 3. First time users of modern contraception

Method	Total
Oral contraceptive pills	2,431
IUD	33
Injectables IM	1,175
Injectables SC	-
Implants	63
Male condom	2,586
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard Days Method	5

Table 4. Current users of modern contraception

Method	Total
Oral contraceptive pills	3,399
IUD	24
Injectables IM	1,359
Injectables SC	-
Implants	24
Male condom	3,180
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	5

Table 5. Couple-years of protection

Method	Total
Oral contraceptive pills	556
IUD	152
Injectables	557
Implants	
Male condom	168
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Kenya



World Vision

July 2014 - June 2019

HealthRight International

July 2014 - June 2015

Table 1. Health workers and community members trained

Indicator	World Vision	HealthRight International	Total
CHWs and/or other health providers trained in administration/ management	-	18	18
CHWs and/or other health providers trained in FP counseling/services for CHWs	1,934	496	2,430
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	244	37	281

Table 2. People reached with family planning messages

Indicator	World Vision	HealthRight International	Total
Number of community members reached with FP messages by CHWs	24,063	7,708	31,771
Number of community members reached with FP messages by other service providers in health facilities	9,513	20,895	30,408

Table 3. Family planning referrals, counseling, and services

Indicator	World Vision	HealthRight International	Total
Number of clients of reproductive age receiving FP counseling	42,615	2,969	45,584

Table 4. First time users of modern contraception

Method	HealthRight International	Total
Oral contraceptive pills	289	289
IUD	107	107
Injectables IM	1,328	1,328
Injectables SC	-	-
Implants	541	541
Male condom	114	114
Female condom	-	-
Male sterilization	-	-
Female sterilization	-	-
Emergency contraception	-	-
Lactational amenorrhea	-	-
Standard days method	-	-

Table 5. Current users of modern contraception

Method	World Vision	HealthRight International	Total
Oral contraceptive pills	2,169	834	3,003
IUD	275	102	377
Injectables IM	5,036	3,499	8,535
Injectables SC	-	-	-
Implants	290	566	856
Male condom	18,670	98	18,768
Female condom	2	-	2
Male sterilization	-	-	-
Female sterilization	-	-	-
Emergency contraception	371	-	371
Lactational amenorrhea	2,101	-	2,101
Standard days method	7,910	-	7,910

CYP not reported.

Madagascar



Table 1. Health workers and community members trained

PHE-FP Integration Activity - Mahefa Miaraka
October 2017 – July 2019

Indicator	Total
Number of CHWs and other health providers trained in FP counseling/services	5,065

Table 2. People reached with family planning messages

Indicator	Total
Number of community members reached with FP messages by CHWs	1,446,259

CYP, first time users of modern contraception, and current users of modern contraception not reported.

Nepal



ADRA

July 2014 – June 2015

Table 1. Health workers and community members trained

Indicator	Total
CHWs and/or other health providers trained in administration/ management	-
CHWs and/or other health providers trained in FP counseling/services for CHWs	251
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	884

Table 2. People reached with family planning messages

Indicator	Total
Number of community members reached with FP messages by CHWs	50,943
Number of community members reached with FP messages by other service providers in health facilities	47

Table 3. Family planning referrals, counseling, and services

Indicator	Total
Number of clients of reproductive age receiving family planning counseling	1,557

CYP, first time users of modern contraception, and current users of modern contraception not reported.

Tanzania



Table 1. Health workers and community members trained

Pathfinder International
July 2014 – June 2019

Indicator	Total
CHWs and/or other health providers trained in administration/management	58
CHWs and/or other health providers trained in FP counseling/services for CHWs	109
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	16

Table 2. Family planning referrals, counseling, and services

Indicator	Total
Number of referrals made for FP methods	527
Number of clients of reproductive age receiving family planning counseling	2,969

Table 3. First time users of modern contraception

Method	Total
Oral contraceptive pills	2,930
IUD	65
Injectables IM	1,890
Injectables SC	-
Implants	1,008
Male condom	1,678
Female condom	165
Male sterilization	1
Female sterilization	39
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Table 4. Couple-years of protection

Method	Total
Oral contraceptive pills	542
IUD	92
Injectables	476
Implants	1,610
Male condom	585
Female condom	20
Male sterilization	10
Female sterilization	390
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Current users of modern contraception not reported.

Uganda



WellShare APC-GM-0041

July 2014 - June 2019

WellShare APC-GM-0047

July 2014 - December 2015

Salvation Army

July 2014 - December 2015

Uganda Protestant Medical Bureau

December 2017 - November 2018

Field Support Program

2018 - 2019

Table 1. Health workers and community members trained

Indicator	WellShare APC-GM-0041	WellShare APC-GM-0047	Salvation Army	Uganda Protestant Medical Bureau	Field Support Program	Total
CHWs and/or other health providers trained in administration/management	10	-	-	-	-	10
CHWs and/or other health providers trained in FP counseling/services for CHWs	364	370	1,261	-	-	1,995
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	82	94	15	12		203
Number of religious leaders trained as trainers in FP message dissemination techniques	-	-	-	20	-	20
Number of religious and cultural leaders trained to constructively lead transformation of social norms that impact demand and use of modern contraceptives	-	-	-	-	260	260
Number of health care workers who successfully completed an in-service FP training program	-	-	-	-	65	65

Table 2. People reached with family planning messages

Indicator	WellShare APC- GM-0041	WellShare APC- GM-0047	Salvation Army	Uganda Protestant Medical Bureau	Field Support Program	Total
Number of community members reached with FP messages by CHWs	-	11,960	30,849	-	-	42,809
Number of community members reached with FP messages by other service providers in health facilities	-	-	-	-	-	-
Number of community members reached with FP messages by trained church leaders	-	-	-	4,421	-	4,421
Number of youth reached with RH information through APC-supported platforms					24,860	24,860

Table 3. Family planning referrals, counseling, and services

Indicator	WellShare APC- GM-0041	WellShare APC- GM-0047	Salvation Army	Uganda Protestant Medical Bureau	Field Support Program	Total
Number of FP referrals	-	120	7,592	219	-	7,931
Number of FP referrals made by religious and cultural leaders in APC-supported catchments	-	-	-	-	1,169	1,169
Number of clients of reproductive age receiving FP counseling	-	-	8,422	-	-	8,422
Number of clients provided with FP services	-	-	-	-	19,144	19,144
Number of people reached with FP services through community-led service delivery interventions	-	-	-	-	28,841	28,841

Table 4. First time users of modern contraception

Method	WellShare APC-GM-0041	WellShare APC-GM-0047	Salvation Army	Uganda Protestant Medical Bureau	Total
Oral contraceptive pills	10,155	4,172	193	47	14,567
IUD	5,685	5,402	126	235	11,448
Injectables IM	53,594	10,771	3,685	252	68,302
Injectables SC	1,062	-	-	0	1,062
Implants	19,879	7,294	-	326	27,499
Male condom	56,174	-	1,339	-	57,513
Female condom	3,010	23,412	165	-	26,587
Male sterilization	115	99	-	796	1,010
Female sterilization	1,735	162	137	841	2,875
Emergency contraception	346	2,317	24	-	2,687
Lactational amenorrhea	1,088	-	25	-	1,113
Standard days method	1,076	25	106	61	1,268

Table 5. Current users of modern contraception

Method	WellShare APC-GM-0041	WellShare APC-GM-0047	Salvation Army	Uganda Protestant Medical Bureau	Total
Oral contraceptive pills	12,818	4,425	4,425	314	21,982
IUD	5,852	4,698	4,698	324	15,572
Injectables IM	75,203	87,528	87,528	841	251,100
Injectables SC	15,319	-	-	-	15,319
Implants	18,776	8,613	8,613	589	36,591
Male condom	80,348	476,586	5,876	796	563,606
Female condom	2,443	23,412	862	-	26,717
Male sterilization	-	-	-	-	-
Female sterilization	-	-	-	-	-
Emergency contraception	48	2,317	26	-	2,391
Lactational amenorrhea	615	-	-	-	615
Standard days method	-	4,425	-	60	4,485

Table 6. Couple-years of protection

Method	WellShare APC-GM-0041	WellShare APC-GM-0047	Salvation Army	Total
Oral contraceptive pills	3,206	1,160	58	4,424
IUDs	39,647	50,973	1,035	91,655
Injectables	72,087	31,086	915	104,089
3-year implants	81,493	11,155	2,578	95,225
4-year implants	-	-	54	54
5-year implants	3,732	-	2,136	5,867
Male condoms	25,251	5,137	762	31,149
Female condoms	298	340	22	660
Male sterilization	1,150	990	-	2,140
Female sterilization	17,350	1,620	1,370	20,340
Emergency contraception	184	142	-	326
Lactational amenorrhea	-	-	-	-
Standard days method	-	-	93	93

Zambia



Table 1. Health workers and community members trained

ChildFund
July 2014 – June 2019

Indicator	Total
CHWs and/or other health providers trained in administration/ management	-
CHWs and/or other health providers trained in FP counseling/services for CHWs	714
CHWs and/or other health providers trained in FP counseling/services for other providers working in health facilities	89

Table 2. People reached with family planning messages

Indicator	Total
Number of community members reached with FP messages by CHWs	113,115
Number of community members reached with FP messages by other service providers in health facilities	22,114

Table 3. Family planning referrals, counseling, and services

Indicator	Total
Number of people referred/ referrals made for FP methods	5,140

Table 4. First time users of modern contraception

Method	Total
Oral contraceptive pills	7,702
IUD	-
Injectables IM	12,744
Injectables SC	921
Implants	-
Male condom	20,804
Female condom	36
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Table 5. Current users of modern contraception

Method	Total
Oral contraceptive pills	17,992
IUD	-
Injectables IM	31,904
Injectables SC	21,514
Implants	-
Male condom	19,838
Female condom	69
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

Table 6. Couple-years of protection

Method	Total
Oral contraceptive pills	2,782
IUD	17,515
Injectables IM	1,507
Injectables SC	2
Implants	-
Male condom	-
Female condom	-
Male sterilization	-
Female sterilization	-
Emergency contraception	-
Lactational amenorrhea	-
Standard days method	-

HIV and Work with Key Populations

Botswana

Botswana Field Support Program
October 2015 – March 2019

Indicator	Total
Number of people tested for HIV	162,039
Number of people who tested positive for HIV	7,006
Number of young women initiated on pre-exposure prophylaxis	173
Number of individuals reached with gender norms messages	19,877
Number of individuals reached with HIV prevention messages	60,769
Number of adults reached with community HIV care services	59,597
Number of children reached with community HIV care services	7,911
Number of male condoms distributed	748,868
Number of female condoms distributed	3,679
Number of individuals supported on community directly observed therapy short course	1,172
Number of individuals provided with post-gender-based violence services	2,396
Number of community health workers trained	758

Dominican Republic

Dominican Republic Field Support Program
October 2017 – June 2019

Indicator	Total
Number of people tested for HIV	159,360
Number of people who tested positive for HIV	6,749
Number of defaulters who were reenrolled on ART	2,752
Number of people who initiated ART for the first time	4,600
Number of male condoms distributed	3,262,880
Number of lubricants distributed	1,911,549
Number of people from key populations referred for STI treatment	33,021
Number of people from key populations reached with prevention	130,761
Number of facilitators trained to disseminate anti-stigma and anti-discrimination guidelines within their facilities	53

Ghana

Ghana Field Support Program
October 2013 – July 2015

Indicator	Total
Number of male condoms distributed	18,703,280
Number of no-logo lubricant sachets distributed	576,000
Number of cycles of Secure oral contraceptive pills distributed	4,425,740
Number of vials of Famplan injectable contraceptives distributed	1,424,570
Number of community peer educators trained	1,120
Number of new outlets acquired to sell contraceptive products	5,381
Number of youth reached with family planning messages	245,017

Guyana

Guyana Field Support Program
October 2017 – June 2019

Indicator	Total
Number of people tested for HIV	30,062
Number of people who tested positive for HIV	424
Defaulters found and reenrolled on ART	663
Number of people reached with HIV and other prevention	29,312
Services provided to children living with HIV, or orphaned and/or made vulnerable by HIV	2,153

Haiti

Haiti Field Support Program
September 2015 – June 2018

Indicator	Total
Number of prisoners screened for TB upon intake	12,426
Number of prisoners screened for TB that started treatment	928
Number of people tested for HIV and Rapid Plasma Reagin (RPR)	16,167
Number of prisoners sensitized in prevention of STIs, including HIV and AIDS	13,635
Number of prisoners sensitized by health promoters or peer educators on TB symptoms and transmission	16,018
Number of prison personnel sensitized in prevention of HIV and AIDS	2,432
Number of prison personnel educated in recognition of TB symptoms and transmission	1,726
Number of prisoners who took the HIV test (pre-test)	12,555

Tanzania

Tanzania Field Support Program
March 2015 – February 2019

Indicator	Total
Number of people living with HIV who were enrolled in Community Health Fund Membership through their own payment	31,200
Direct beneficiaries enrolled in Community Health Fund Membership through Elton John AIDS Foundation fund	17,933

Uganda

Salvation Army World Service Office
May 2014 – May 2016

Indicator	Total
Number of people who benefitted from HIV counseling and testing	712
Number of people counseled on FP (vulnerable households, including OVC caregivers and HIV positive individuals)	7,937

Post-Ebola Response

Guinea

Ebola Transmission Prevention and Survivor Services
June 2016 - January 2019

Indicator	Total
Number of health care workers trained or mentored to provide appropriate and safe clinical services needed by Ebola survivors, including stigma reduction	166
Number of referrals issued at primary care sites for secondary and tertiary care services at secondary and tertiary health care facilities	323
Number of community members trained or mentored in stigma reduction	203
Number of total visits for secondary and tertiary clinical care services at program-supported secondary and tertiary health care facilities	77,318
Number of visits by Ebola survivors for secondary and tertiary clinical care services at supported secondary and tertiary health care facilities	2,222
Number of survivor organizations and/or local chapters supported	23
Percentage of registered male survivors age 15+ who submitted semen sample for testing at least once in a three-month period	89.5%

Liberia

Ebola Transmission Prevention and Survivor Services June 2016 – January 2019

Indicator	Total
Number of health care workers trained or mentored to provide appropriate and safe clinical services needed by Ebola survivors, including stigma reduction	1,611
Number of patient visits to ETP&SS-supported sub-specialists	4,128
Number of visits by Ebola survivors for secondary and tertiary clinical care services at supported secondary and tertiary health care facilities	2,214
Number of survivor organizations and/or local chapters supported	12

Health Services & Health Systems Strengthening November 2018 – June 2019

Indicator	Total
Number of health care providers trained in mental health care	110
Number of health care providers trained in stigma reduction (EVD survivor clinical care guidelines)	152
Number of health facilities in target counties with improved infrastructure or equipped with medical equipment and/or supplies to enhance quality of services.	6
Number of health care providers trained/mentored in specialty care services (psychiatry and rheumatology)	272
Number of health facility staff who received mentorship/coaching from clinical best practice activity	61

Sierra Leone

Post-Ebola Rebuilding Health Services May 2015 – September 2017

Indicator	Total
Number of CHW and health workers trained in quality RMNCH skills and services	2,106
Number of outpatient visits at program-supported health facilities	2,076,581
Number of health posts equipped with minor medical equipment to support the provision of quality RMNCH services	305

Ebola Transmission Prevention and Survivor Service June 2016 – January 2019

Indicator	Total
Number of health workers trained or mentored to provide appropriate and safe clinical services needed by Ebola survivors, including stigma reduction	4,532
Number of referral visits actualized by Ebola survivors for specialized clinical care services at secondary and tertiary health care facilities	2,495
Number of community members trained or mentored in stigma reduction	838
Number of visits for primary clinical care services at program-supported primary health care facilities	963,659
Number of visits by Ebola survivors for primary clinical care services at supported primary health care facilities	3,916
Number of survivor organizations and/or local chapters supported	1

Sustaining Health Service Gains
October 2017 – June 2019

Indicator	Total
Number of health posts with protected and functional water source	49 (70%)
Number of health posts with a functional latrine, flush toilet, or both	69 (99%)
Number of health posts with a functional (good or fair condition) incinerator	62 (89%)
Number of health posts with at least two functional waste pits in a fenced area	70 (100%)
Number of health posts having a functional solar-powered lighting system	66 (94%)
Number of program-supported health facilities in which the Facility Management Committee has kept the facility improvement action plan up to date	64 (91%)
Number of FMCs that were able to mobilize at least one type of local resource (human, in-kind, or financial)	60 (86%)

Vulnerable Populations

Iraq

Iraq Field Support Program
July 2018 – July 2019

Table 1. Support to Post-Conflict Populations

Grantee	Total
Number of health workers supported	143
Number of health facilities supported	74
Number of primary health consultations	78,969
Number of total referrals	783
Number of total referrals for maternal and child health	718
Number of deliveries at health facilities	465
Number of maternal and child health/FP consultations	20,604

Displaced Children and Orphans

Table 1. Children receiving support

Grantee	Total	Time Period
P4EC Moldova	56,830	January 2014 – December 2017
IRC Burundi	378	January 2014 – June 2017
ChildFund Uganda	1,743	July 2014 – December 2017
Total	58,951	

Rehabilitation and Access to Wheelchairs and Other Assistive Devices

Table 1. People trained to provide rehabilitative services or support to vulnerable populations

Grantee	Total	Time Period
P4EC Moldova	25,064	January 2014 – December 2017
IRC Burundi	5,365	January 2014 – June 2017
ChildFund Uganda	13,984	July 2014 – December 2017
World Vision Colombia	1,945	July 2014 – June 2017
Humanity and Inclusion DRC	1,114	July 2014 – December 2017
World Education Laos	2,800	July 2014 – September 2017
World Vision ACCESS	1,127	October 2017 – June 2019
Total	51,399	

Table 2. People who received wheel chairs or assistive devices

Grantee	Total	Time Period
World Vision Colombia	924	July 2014 – June 2017
Humanity and Inclusion DRC	773	July 2014 – December 2017
World Education Laos	1,000	July 2014 – September 2017
UCP Wheels for Humanity Ukraine	612	September 2015 – June 2019
World Vision ACCESS	7,255	October 2017 – June 2019
UCP Wheels for Humanity Procurement Project	1,266	September 2014 – July 2017
Total	11,830	

Child Blindness

Child Blindness Grants
July 2013 – August 2014

Table 1. Number of people who received eye screening

Indicator	Total
HKI Vietnam	15,369
PfP Philippines	2,362
Seva Cambodia	22,947
RfB Philippines	32,719
IRC Thailand	14,698
Total	88,095

Table 2. Number of eye glasses provided

Indicator	Total
HKI Vietnam	1,331
PfP Philippines	4,513
Seva Nepal	1,099
Total	6,943

Table 3. Number of health center staff trained on primary eye care

Indicator	Total
Seva Cambodia	91
Seva Nepal	799
RfB Philippines	10,460
Total	11,350

Table 4. Children benefiting from eye surgery and medical treatment

Indicator	Total
Seva Cambodia	10,054
RfB Philippines	169
HKI Vietnam	44
Total	10,267

Annex 3: Index of Grantees

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
1	Program for Appropriate Technology in Health	Africa	3/18/13	6/30/16	Family Planning	GH/PRH
2	The National Academies of Science, Engineering, & Medicine	North America	10/1/13	12/31/18	Health Systems Strengthening, Gender	GH/HIDN, GH/PRH, E3
3	HealthKeepers Network	Africa	6/1/13	6/30/19	Family Planning	USAID/Ghana
4	Precision Development Xperts	Africa	12/1/13	11/30/15	Family Planning	USAID/Ghana
5	DKT International Ghana	Africa	10/1/13	7/31/15	Family Planning, HIV and AIDS	USAID/Ghana
6	Institut Bioforce Developpement (Bioforce)	Europe and Eurasia	4/1/13	12/31/13	Supply Chain Management	GH/OHA
7	The International Center	Asia	6/10/13	5/31/15	Wheelchairs, Prosthetics, and Orthotics	DCHA (LWVF)
8	Sonke Gender Justice Network	Africa	7/1/13	9/30/16	Family Planning, Gender	GH/PRH
9	University of Nairobi	Africa	10/1/13	1/31/17	Gender	GH/PRH
10	Sightsavers	Asia	7/1/13	2/28/15	Child Blindness	GH/HIDN
11	Helen Keller International	Asia	7/1/13	8/31/14	Child Blindness	GH/HIDN
12	Physicians for Peace	Asia	7/1/13	8/31/14	Child Blindness	GH/HIDN
13	Seva Foundation	Asia	7/1/13	8/31/14	Child Blindness	GH/HIDN
14	Resources for the Blind, Inc.	Asia	7/1/13	8/31/14	Child Blindness	GH/HIDN
15	International Rescue Committee	Asia	7/1/13	8/31/14	Child Blindness	GH/HIDN
16	Artistes in Direct Support	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
17	Agape Network	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
18	Comforting Hearts NGO	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
19	Family Awareness Consciousness Togetherness	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
20	Hope For All	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
21	Hope Foundation	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
22	Lifeline Counseling Services	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
23	Linden Care Foundation	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
24	United Bricklayers	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
25	Youth Challenge Guyana	LAC	9/1/13	1/31/14	HIV and AIDS	USAID/Guyana
26	Cooperative for Assistance and Relief Everywhere, Inc.	North America	7/1/13	6/30/14	Gender	GH/PRH
27	International Center for Research on Women	LAC	9/1/13	3/31/17	HIV and AIDS	USAID/Guyana
28	Partnerships for Every Child	Europe and Eurasia	1/1/14	12/31/17	Orphans and Vulnerable Children (non-HIV related)	DCHA (DCOF)
29	World Vision	Africa, Europe, Asia, LAC	1/1/14	9/30/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (Wheelchairs)
30	International Rescue Committee	Africa	1/1/14	6/30/17	Orphans and Vulnerable Children (non-HIV related)	DCHA (DCOF)
31	ChildFund International	Africa	7/1/14	12/31/17	Orphans and Vulnerable Children (non-HIV related)	DCHA (DCOF)
32	Centro de Promocion y Solidaridad Humana	LAC	1/1/14	9/30/16	HIV and AIDS	USAID/Dominican Republic
33	RED Dominicana de Personas Viviendo con VIH	LAC	1/1/14	9/30/16	HIV and AIDS	USAID/Dominican Republic
34	Centro de Orentacion e Investigacion Integral	LAC	2/1/14	9/30/16	HIV and AIDS	USAID/Dominican Republic
35	Asociacion Dominicana de Planificacion Familiar	LAC	2/1/14	9/30/16	HIV and AIDS	USAID/Dominican Republic
36	Instituto Dermatologico y Ciugia de Piel Dr. Huberto Bogaert Diaz	LAC	7/1/14	3/31/16	HIV and AIDS	USAID/Dominican Republic
37	Foundation for the National Institutes of Health, Inc.	North America	2/1/14	7/31/15	Maternal and Child Health	GH/HIDN
38	ChildFund International	Africa	1/1/14	6/30/19	Family Planning	GH/PRH

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
39	Save the Children Federation, Inc.	Africa	1/1/14	2/29/16	Family Planning	GH/PRH
40	International Rescue Committee	Africa	1/1/14	1/31/17	Family Planning	GH/PRH
41	WellShare International	Africa	1/1/14	6/30/19	Family Planning	GH/PRH
42	Adventist Development and Relief Agency International	Asia	2/1/14	1/31/16	Family Planning; Economic Development and Livelihoods	GH/PRH
43	Global Team for Local Initiatives	Africa	3/1/14	12/31/16	Family Planning; Water, Sanitation, and Hygiene	GH/PRH
44	HealthRight International	Africa	2/1/14	3/30/16	Family Planning; Maternal and Child Health	GH/PRH
45	Pathfinder International	Africa	2/1/14	1/31/16	Family Planning; Population, Health, and Environment	GH/PRH
46	Salvation Army World Service Office	Africa	5/1/14	5/31/16	Family Planning; HIV and AIDS	GH/PRH
47	WellShare International	Africa	2/1/14	10/31/15	Family Planning; HIV and AIDS	GH/PRH
48	World Vision	Africa	3/1/14	6/30/19	Family Planning; Maternal and Child Health	GH/PRH
49	Agape Network	LAC	2/1/14	6/30/15	HIV and AIDS	USAID/Guyana
50	Artistes in Direct Support	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
51	Comforting Hearts NGO	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
52	Family Awareness Consciousness Togetherness	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
53	The Network of Guyanese Living With and Affected by HIV/AIDS	LAC	2/1/14	9/30/14	HIV and AIDS	USAID/Guyana
54	Hope For All	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
55	Hope Foundation	LAC	2/1/14	6/30/15	HIV and AIDS	USAID/Guyana
56	Lifeline Counseling Services	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
57	Linden Care Foundation	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
58	United Bricklayers	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
59	Youth Challenge Guyana	LAC	2/1/14	9/30/15	HIV and AIDS	USAID/Guyana
60	The Trustees of Columbia University in the City of New York	Asia	7/1/14	12/31/15	Orphans and Vulnerable Children (non-HIV related)	DCHA (CECA)
61	World Vision	LAC	7/1/14	6/30/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (LWVF)
62	Handicap International	Africa	7/1/14	12/31/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (LWVF)
63	World Education, Inc.	Asia	7/1/14	9/30/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (LWVF)
64	Centre International de Développement et de Recherche	Africa	3/1/15	2/28/19	Health Systems Strengthening; HIV and AIDS	USAID/Tanzania
65	Christian Connections for International Health	Africa	7/1/14	9/30/19	Family Planning	GH/PRH
66	Nyanza Reproductive Health Society	Africa	9/1/14	5/31/16	Family Planning; Population, Health, and Environment	GH/PRH
67	The Network of Guyanese Living With and Affected by HIV/AIDS	LAC	8/1/14	9/30/14	HIV and AIDS	USAID/Guyana
68	University of Pittsburgh	North America	8/1/14	8/31/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (Wheelchairs)
69	Cooperative for Assistance and Relief Everywhere, Inc.	North America	9/1/14	8/31/15	Gender	GH/PRH
70	Wheels for Humanity, Inc.	North America	9/1/14	7/31/17	Wheelchairs, Prosthetics, and Orthotics	DCHA (Wheelchairs)
71	Instituto Nacional de la Salud	LAC	3/1/15	9/30/16	HIV and AIDS	USAID/Dominican Republic
72	Amigos Siempre Amigos	LAC	5/1/15	9/30/16	HIV and AIDS	USAID/Dominican Republic
73	Save the Children Federation, Inc.	North America	8/1/15	7/31/16	Orphans and Vulnerable Children (HIV and non-HIV related)	GH/OHA
74	Health through Walls, Inc.	LAC	9/1/15	6/30/18	HIV and AIDS; Tuberculosis	USAID/Haiti
75	Wheels for Humanity, Inc.	Europe and Eurasia	9/1/15	6/30/19	Wheelchairs, Prosthetics, and Orthotics	DCHA (LWVF)

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
76	International Medical Corps	Europe and Eurasia	9/1/15	10/31/17	Mental Health; Orphans and Vulnerable Children (non-HIV related)	DCHA (VOT)
77	Cooperative for Assistance and Relief Everywhere, Inc.	North America	9/1/15	8/31/16	Gender	GH/PRH
78	International Rescue Committee	Africa	12/1/15	3/31/17	Health Systems Strengthening	GHET
79	Artistes in Direct Support	LAC	10/1/15	7/31/19	HIV and AIDS	USAID/Guyana
80	Comforting Hearts NGO	LAC	10/1/15	7/31/17	HIV and AIDS	USAID/Guyana
81	Family Awareness Consciousness Togetherness	LAC	10/1/15	7/31/17	HIV and AIDS	USAID/Guyana
82	Guyana Trans United	LAC	10/1/15	7/31/19	HIV and AIDS	USAID/Guyana
83	Hope For All	LAC	10/1/15	4/30/16	HIV and AIDS	USAID/Guyana
84	Lifeline Counseling Services	LAC	10/1/15	7/31/17	HIV and AIDS	USAID/Guyana
85	Linden Care Foundation	LAC	10/1/15	7/31/16	HIV and AIDS	USAID/Guyana
86	Society Against Sexual Orientation Discrimination	LAC	10/1/15	7/31/16	HIV and AIDS	USAID/Guyana
87	Adventist Development and Relief Agency International	Africa	12/1/15	5/31/17	Health Systems Strengthening; Water, Sanitation, and Hygiene	GHET
88	International Medical Corps	Africa	12/1/15	12/31/16	Health Systems Strengthening; Water, Sanitation, and Hygiene	GHET
89	Save the Children Federation, Inc.	Africa	12/1/15	6/30/17	Health Systems Strengthening; Water, Sanitation, and Hygiene	GHET
90	GOAL	Africa	12/1/15	8/31/17	Health Systems Strengthening; Water, Sanitation, and Hygiene	GHET
91	Action Contre la Faim	Africa	12/1/15	6/30/17	Health Systems Strengthening; Water, Sanitation, and Hygiene	GHET
92	The Rotary Foundation of Rotary International	North America	7/1/16	6/30/18	Water, Sanitation, and Hygiene	GH/MCHN
93	Clinica de Familia	LAC	10/1/16	7/31/19	HIV and AIDS	USAID/Dominican Republic

	Grantee	Region(s)	Start Date	End Date	Program Area(s)	Funding Source(s)
94	Centro de Promocion y Solidaridad Humana	LAC	10/1/16	7/31/19	HIV and AIDS	USAID/Dominican Republic
95	Instituto Dominicano de Estudios Viroológicos	LAC	10/1/16	7/31/19	HIV and AIDS	USAID/Dominican Republic
96	RED Dominicana de Personas Viviendo con VIH	LAC	10/1/16	7/31/19	HIV and AIDS	USAID/Dominican Republic
97	Grupo de Apoyo Este Amor	LAC	10/1/16	7/31/19	HIV and AIDS	USAID/Dominican Republic
98	King's College London	Africa	11/1/16	8/31/18	Health Systems Strengthening	GHET
99	Partners in Health	Africa	3/1/17	5/31/18	Health Systems Strengthening	GHET
100	World Vision	North America	10/1/17	6/30/19	Wheelchairs, Prosthetics, and Orthotics	DCHA (Wheelchairs)
101	Program for Appropriate Technology in Health	North America	4/1/17	7/31/17	Family Planning	GH/PRH
102	Save the Children Federation, Inc.	Africa	5/1/17	5/31/18	Health Systems Strengthening	GHET
103	GOAL	Africa	4/1/17	7/31/18	Health Systems Strengthening	GHET
104	International Medical Corps	Africa	5/1/17	6/30/18	Health Systems Strengthening	GHET
105	Uganda Protestant Medical Bureau	Africa	12/1/17	6/30/19	Family Planning	GH/PRH
106	International Rescue Committee	Africa	5/1/18	4/30/19	Health Systems Strengthening	GHET
107	University of Pittsburgh	North America	4/1/18	12/31/18	Wheelchairs, Prosthetics, and Orthotics	DCHA (Wheelchairs)
108	International Medical Corps	Middle East	7/1/18	7/31/19	Family Planning; Health Systems Strengthening	USAID Iraq
109	Cooperative for Assistance and Relief Everywhere, Inc.	Africa	8/1/18	5/31/19	Health Systems Strengthening; Water, Sanitation, and Hygiene	GH/PRH (managed by GHET)
110	Hen Mpoano	Africa	9/1/18	7/31/19	Family Planning; Population, Health, and Environment	GH/PRH
111	Activo 20-30	LAC	12/1/18	7/31/19	HIV and AIDS	USAID/Dominican Republic

