

NFPCIP RESOURCE, ACTIVITY AND RESULTS TRACKING

SAA I: CONTRACEPTIVE SECURITY / YR: July 2010 to June 2011

PLAN			
Strategic Activities	Brief description of the activity	Responsible Organization	Geographic coverage (District-Region)- <i>see codes</i>
Strategic Action 1. Ensure adequate supply of contraceptive methods at all levels	MOHSW logistics visits to MSD Zonal Offices. Support RCH Zonal Coordinators to organize contraceptive security meetings	EngenderHealth (ATP)	Central
	Conduct monthly facility visits with DRCHCo to review contraceptive stocks in 5 regions and selected districts in each region (only from Dec 2010)	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE; KIL - HI, KIL - ML, KIL - MN; (SH - KA, SH - SL, SH - SU only from December 2010)
	Facilitated the development a proposal for the Global Fund that included the purchase of contraceptives.	Pathfinder International	central
	Procurement of contraceptives	MoHSW	Tanzania Mainland
	Emergency procurement of contraceptives. Procured additional 350,000 vials of injectables (as third party procurement on behalf of the MoHSW)	UNFPA	National (Handed over to the ministry of health)
	Procurement of contraceptives for USAID & monitor commodity delivery to the country	JSI	National
	Contraceptive annual forecasting and quantification	JSI	
	Coordinating with RCHS to review current stock status tables to address the contraceptive needs and identify gaps	JSI	MT - MI; MT - NA; MT - TA
	Piloted "ILS Gateway" which is a system designed to collect facility level data on ILS functioning and contraceptive commodity monitoring in order to increase visibility and allow for informed decision making at all levels	JSI	National
	Procure and supply contraceptive Registration of Sino-Implant with TFDA	DSW, UMATI & TZ 4H Organisation FHI with Pharmaccess AFRICA	AR - AU, AR - AA, AR - KU, AR - MI, KIL - HI, KIL - MN, KIL - SE, TAN - KE, TAN - MA, TAN - TA Central

SAA II: Capacity Building / YR: July 2010 to June 2011

PLAN			
Strategic Activities	Brief description of the activity	Responsible Organization	Geographic coverage (District-Region) - <i>see codes</i>
Strategic Action 1. Increase availability and improve distribution of FP service providers Strategic Action 2. Implement task shifting to all levels of the health system	Conduct a demonstration evaluation to compare the performance of trained COs and AMOs on performing female surgical contraception	EngenderHealth (ATP)	KA-BN
	Finalize the 2009 assessment report to explore the potential for expanding method mix at ADDOs	FHI/CRTU	Central
Strategic Action 3. Improve provider capacity to deliver FP services	1. LAPM FP training provided to 30 Marie Stopes staff during 2010; 2. On the job training provided to LGA Doctors on BTL in Mara and in Mwanza region; 3. IP training provided to 30 Marie Stopes staff during 2010; 4. Funded a joint MST/MOHSW facilitated supervision visit to Lake Zone; 5. Jadelle training for MST staff in Lake Zone 2011	Marie Stopes	2. MAR-ML and MW-ML 4. National 5. Lake Zone
	Conduct LAPM trainings (Refresher, updates, central & OJT)	EngenderHealth (ATP)	MT-ML,MT-MI, AR-KU, SI-MI, TAN-KI, TAN-HI, TAN-PI, TAN-KE, TAN-TA, DO-MA, DO-DN, DO-CO, DO-KWA, KIL-SE, KIL-MN, KIL-HI, KIL-SA, AR-AA, SI-SN, AR-KU,
	Conduct in service trainee follow-up for LAPM service trainees		
	Assist CHMTs to conduct QJ, IP, COPE and QMT		
	Facilitate CHMTs to conduct training on FP counselling		
	Support Medical institutions to train pre-service Medical students on FP/LAPM		
	Conduct cPAC skills training for Service providers		
	Training of 74 service providers on short acting FP methods.	MoHSW, ADB	MTW and TAB
Contraceptive technology Updates Training	MoHSW, ADB	DOM	
Conduct CTU trainings for FP Providers health facilities	FHI/ROADS	DOM	
Conduct FP training to Drug shops	FHI/ROADS	DAR-TR, RUV-TA & IR-NE	
Conduct quarterly supportive supervision to the Health facilities with the MOH	FHI/ROADS	DAR-TR, RUV-TA & IR-NE	
Print X Procedure Manual & X Module I; Orient Zonal Training centers on Module I	FHI/PROGRESS	Central	1

	Revised Module II of the FP module	Pathfinder International	Central
Strategic Action 4. Retain retiring and rehire retired health workers			
Strategic Action 5. Include non-coercive FP indicators in pay-for-performance initiative			
Strategic Action 6. Build capacity for FP advocacy at regional and district levels	Capacity building of national champions workshop on "Engaging Champions to Reposition FP in Tanzania" held in Morogor	Pathfinder International	National
	AFP wil conduct advocacy & FP/RH training for FP coalition (local NGOs) – some serve at national & others at district level – to strengthen advocacy for increased FP funding, improved policy environment & increased visibility	JHU/CCP	National
	1. Member of the NGO stakeholder advocacy group 2. CIDA steering committee with RMO, DMO,s and Deds in 2010	Marie Stopes	1. National; 2. MW-MU, IR-KO, MW-KA, KIL-SE, KIL-RO, MAR-ML,AR-KU,AR-MU, AR-IL, MAR-RA, IR-NE, IR-IL, IR-IN
	Train CHMTs on planning and budgeting for FP the using the "National Package of the Essential Family Planning Interventions in the CCHP"	EngenderHealth (ATP)	TAN-LO, TAN-PI, TAN-KI, TAN-MNA, TAN-TA, TAN-KE, TAN-MA, DO-CO, DO-KWA, DO-DN, MA-SO, MA-BI, MA-KO, MA-MU, SI-MI, SI-SN, DO-MA, MA-HG, MO-MN
	Training of TOT on various advocacy activities e.g. FP champion, budgeting for FP, advocacy training etc.		
	Finalize and Print 200 copies of the Advocacy Package for FP Champions	FHI/PROGRESS	Central
OTHERS	Pay monthly allowances for 500 CBD providers	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE; KIL - HI, KIL - ML, KIL - MN; (SH – KA, SH – SL, SH – SU only from December 2010)

SAA III: Service Delivery / YR: July 2010 to June 2011

PLAN			
Strategic Activities	Brief description of the activity	Responsible Organization	Geographic coverage (District-Region) - <i>see codes</i>
Strategic Action 1. Strengthen systems, facilities, infrastructure to support FP services at	MOHSW printing of Client Record forms	EngenderHealth (ATP)	CENTRAL
	Renovate and equip Health facilities to improve quality of FP & cPAC service provision	EngenderHealth (ATP)	IR-MI, SH-MAR-TE, SH-MA
Strategic Action 2. Foster cost-effective integration and referral of FP with HIV, ANC,	Assessment of integration of FP, HIV and ANC in Iringa and Manyara	EngenderHealth (ATP)	IR-UR, MA-SO
	Disseminate operations research findings on a model to integrate FP into HIV/AIDS care and treatment services	FHI	Central
	Revise and print training curriculum and job aids on FP-CTC integration	FHI	Central
Strategic Action 3. Strengthen and increase availability of integrated CBS	Monthly CHBCP and CBD supervision of over 1000 providers at community level (SH – KA, SH – SL, SH – SU only from December 2010)	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE ; KIL - HI, KIL - ML, KIL - MN;
	Support the district to conduct supportive supervision of integrated FP/HIV services in 5 regions	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE ; KIL - HI, KIL - ML, KIL - MN;
	Support the ministry of health (FP unit, RHCS) to conduct the national CBD program assessment	UNFPA	Central and selected regions
	Train Community Home Based Care Providers in CBD	Pathfinder International	SH – KA, SH – SL, SH – SU
	Conduct refresher training to 500 CBD	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE KIL - HI, KIL - ML, KIL - MN;
	Conduct CBD TOT Training	FHI/ROADS	DAR - TE
	Training for CBD,S and Peer Educators	FHI/ROADS	DAR-TE, IR-NE; RUV-TA
	Monthly meetings with CBD's and Peer Educators	FHI/ROADS	DAR-TE, IR-NE; RUV-TA
	Host a technical meeting to develop a national strategy for CBS	FHI	Central
	Conduct study to assess women's ability to self-assess on contraindications to COCs in non-clinical settings	FHI	Ruvuma and Morogoro

	Develop and assess the acceptability of using an evidence-based mobile phone counseling and screening job aid for family planning service delivery by community health workers	FHI/PROGRESS	Central
Strategic Action 4. Increase awareness and acceptability of FP services by males	Undergoing a pilot project at the moment to look at engaging males in the FP process. C-change	Marie Stopes	MW-GA, MW-IA
Strategic Action 5. Increase availability of FP-related YFS	All service providers in our centres have been trained in youth friendly services.	Marie Stopes	AR-AA, AR-AU, AR-KU, DA-TE, DA-KI, IR-IN, MAR-MN, MB-MN, MW-IA, SH-KA,IR-NE
	Support CHMT to establish youth friendly FP services	EngenderHealth (ATP)	IR-IN
	Train public & private health service providers on provision of YF ASRH services	DSW, UMATI & TZ 4H Organisation	AR - AU, AR - AA , AR - KU; AR - MI, KIL - HI, KIL - MN; KIL - SE, TAN – KE, TAN – MA; TAN – TA
	1. Establish YF ASRH services incl. VCT services within public & private health provision system & referral system. 2.Counsel on & distribute modern contraceptives (including condoms)	DSW, UMATI & Tanzania 4H Organisation	
Strategic Action 6. Strengthen, expand FP through private sector (includes NGOs, FBOs,			
Strategic Action 7. Develop, promote, implement approaches to ensure increased access to FP for low-income and vulnerable groups	Support CHMTs to conduct outreaches & FP weeks in hard reach area facilities and communities lacking access to LAPM services Support CHMTs to conduct service days & routine FP services	EngenderHealth (ATP)	MW-KA, MW-MU, MW-GA, MAR-MN, MAR-SI, SH-KA, KA-KE, KA-BN, TA-IA, TA-TN, TA-NA, MB-MZI, IR-ME, IR-NE, RUV-SL, MT-NA, DA-TE, DA-KI, MO-ML, MO-MOLI-NA, LI-RA, PW-RI, PW-KHA, KIL-SE, AR-AA, MA-KO, SI-MI, KIL-MN, AR-KU
Strategic Action 8. Update/revise and disseminate the FP Provision Policy Guidelines	Hire a consultant to work on updating the Policy Guidelines & Standards 1994 document	FHI	Central
OTHERS	All outreach services including FP are free of charge. Outreach teams visit rural and remote locations to provide these services	Marie Stopes	MAR-RA, MAR-ML, MW-NA, KA-MA, KA-BO, KA-MI, KN-NA, MA-MU, MA-HG, MA-SO, SH-MU, SH-KU, SI-MI, SI-BI, SI-SN, AR-KU, AR-MU, AR-RI, AR-MI, KIL-SA, KIL-SE, PW-BO, PW-RI, MO-MC, MO-MO, MO-UA, MO-KO, DA-KI, DA-IA, DO-CO, DO-MA, MI-LI, MT-NU, MT-MN, MB-IE, MB-CD, MB-MZI, MB-RE, MB-MN, IR-MR, IR-LA, IR-IL, IR-IN, IR-NE, LI-RE, RUV-TU, RUV-NO

SAA IV: Advocacy / YR: July 2010 to June 2011

PLAN			
Strategic Activities	Brief description of the activity	Responsible Organization	Geographic coverage (District-Region) - <i>see codes</i>
Strategic Action 1. Organize advocacy to prioritize FP with separate budget line for FP	Consultancy to organize significance of FP for national development and organizing advocacy meetings with MoHSW, MoFEA, POPC and other partners to highlight rationale for FP line in the MTEF	Futures Group	Central
	Conduct analysis of FP allocations in CCHPs for 40 districts in Tanzania	Engender health (ATP)	
	Disseminate CCHP analysis findings with various stakeholders from national to district level in view of advocating for increased budget allocation for FP	Engender health (ATP)	
	Engage in the FP budget advocacy task team, and advocate for the FP line item and target in the MTEF through TC-SWAP MNCH TWG	UNFPA	Central
	Conduct Health Budget Study to earmark FP budget line. The budget study acts as a reality check to governments' policies and commitments as well as serve as a backbone of advocacy campaigns. Its main thread is an analysis of a country's health services, by looking at government plans, budgets and their implementation. It will make use of information from the central government and through case studies to show how this is implemented in the focus districts.	DSW	AR- AU, KIL-HI, KIL-ML, TAN-KE

Strategic Action 2. Ensure inclusion of FP in major national policy documents, implementation plans that determine budget allocations, stressing significance of FP to	Consultancy for reviewing the National Medium Term Plan and Budget Guidelines to highlight significance of FP	Futures Group	Central
	Launching of a joint HIV/FP meeting in one region (new region to be selected for FY2011)	Pathfinder International	SH – KA, SH – SL, SH – SU
	Represent FP in the MKUKUTA review process	UNFPA	Central
	Advocacy meeting with Media House Editors to solicit support for FP coverage /visibility through the media, demonstrate strong linkages between FP &– MKUKUTA & MDGs Establishes a functioning dialogue between NSAs and at least 30 decision-makers in pro-poor health policy formulation, budgeting and implementation at regional, national and local level. The dialogue will allow NSAs to participate in relevant decision-making processes and take up their role as advocates and watchdogs	JHU/CCP DSW	AR- AU, KIL-HI, KIL-ML, TAN-KE, DA
Strategic Action 3. Conduct and sustain advocacy targeting development partners and donors to raise level of FP support	Support specific events for Medical Professional Associations (AGOTA, TAMA, MEWATA)	EngenderHealth (ATP)	CENTRAL
	Participate in National Population Day, White Ribbon Day and other national and international events		CENTRAL
	Assist MOHSW convene central FP/LAPM meeting with Partners		CENTRAL
	Engage in the TC-SWAP, contribute to basket funding, and advocate for increased resource allocation for contraceptives through DPG Health and MOHSW dialogue structure	UNFPA	Central
	Policy dialogue meeting with parliamentarians (heads of committees) and other policy makers on gaps in FP resources. MPs would advocate to government and development partners (joint activity with Futures Group)	JHU/CCP	
	Reach out to development partners and donors in order to increase RH/FP Budget allocations & disbursement, Monitor news, trends & policy developments affecting FP	DSW	DA
	Conduct mapping of development partners supporting FP	FHI	Central
Strategic Action 4. Reposition, reinstate Green Star logo as a National FP program			
Strategic Action 5. Conduct sustained national FP advocacy campaign to provide accurate information, address rumours/misconceptions,	1. During FP counselling MST provides clients with information about the different type of family planning options available to women and men.; 2. Through the EC police project use of peer education to advocate FP amongst police	Marie Stopes	2. DSM-IA, DSM-KI, DSM-TE, IR-IL, IR-IN, IRKO, IRLA, IR-ME,IR-MI, IRNE, MB-CA,MB-IE, MB-MI, MB-ML, MB-MN, MB-MZI, MB-RE
	Design and evaluate a new system for delivering family planning information and referrals via text messages on mobile phones (Mobile4RH)	FHI	DAR, AR, KIL, TA, SHI, Tunduma, SHY-KA,MW,RU,RUV,ZAN,MA,IR, MB, Cost & DO.
	Educate the public on LAPM through BCC & IEC materials	EngenderHealth (ATP)	TA-PI, TAN-HI, AR-AU, MW-MI, SH-SU, SH-KA
	Monitoring of FP information in news media		
	Train teachers & students on prevention of early pregnancy & FP services (with WAMA)		
	Strengthen the capacity of media champions to give to provide accurate & quality FP/LAPM information		
	Engage community in support of FP/LAPM		
	Engage communities to address unsafe abortion and miscarriage, and barriers in accessing cPAC services		
	Support the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), of which FP is one of the major focus	UNFPA	Central
	Distribution of (42,500)IEC materials to the community	FHI/ROADS	Temeke(Dar es salaam), Makambako (Iringa), Tundum(Ruvuma).
	Liaise with parliamentarian and government networks. Use the advocacy materials to increase commitment for health.	DSW	
Strategic Action 6. Establish a network of community-level champions (community leaders, religious leaders, politicians) to reassure the population of the acceptability and	Engage champions in repositioning of family planning in Tanzania	EngenderHealth (ATP)	TAN-LO, TAN-PI, TAN-KI, TAN-MNA, TAN-TA, TAN-KE, TAN-MA, DO-CO, DO-KWA, DO-DN, MA-SO, MA-BI, MA-KO, MA-MU, SI-MI, SI-SN, DO-MA, MA-HG,

	Reach out to parliamentarians and policy and decision and convince them that FP as a tool for sustainable development with demonstrable dividends in terms of health, socio-economic development and environment	DSW	
Strategic Action 7. Establish a network of national-level champions to reassure the population of the acceptability and benefits of FP	Mapping of new Parliament for spotting potential FP Champions	Futures Group	
	AFP FP champions are the members of the Local Advisory Group that provides technical guidance to the project. LAG members are from government and private sector and will be facilitated to dialogue with policy makers	JHU/CCP	
	Convincing decision makers by reaching out to their networks. Liaise with parliamentarians networks and use the advocacy materials to increase commitment for health	DSW	

PLAN			
Strategic Activities	Brief description of the activity	Responsible Organization	Geographic coverage (District-Region) - <i>see codes</i>
Strategic Action 1. Strengthen leadership and management capacity at RCHS at all levels	Planned capacity building for RCHS to improve advocacy skills on FP resources mobilization	Futures Group	Central
	Provide limited support to MOHSW RCHS for staff salaries, Office equipments and operating costs	EngenderHealth (ATP)	CENTRAL
	Strengthen district capacity to collect, record and report accurate FP MTUHA data	EngenderHealth (ATP)	TAN-MNA, TAN-KE, DO-KA, MA-KO, MA-BI, MA-MU, MO-MN
	Build Zonal & Regional capacity to use data for decision making		
	Support Zonal and Regional facilitative and supportive supervision		
	Support the MOHSW to conduct RHCS assessment (Dec 2010 - on going)	UNFPA	National (with representative sample of 6 zones; 2 regions in each zone and 1 district per each region)
Strategic Action 2. Develop, maintain, coordinate, implement an M&E system aligning inputs to outputs at all levels, national through district	Setting pilot system for monitoring FP activities at district level through RCHS	Futures Group	DO - DL, DO - DN, DO - KA, DO - KWA, DO - MA, DO - CO
	To enhance the health information management system by providing monthly reporting of FP services and quarterly feedback at the regional, district and ward level	Pathfinder International	AR - AU, AR - AA; DA - IA, DA - KI, DA - TE ; KIL - HI, KIL - ML, KIL - MN; (SH - KA, SH - SL, SH - SU only from December 2010)
	Improve data quality submitted to USAID and to the MOHSW at National level	EngenderHealth (ATP)	TAN-LO, TAN-TA, TAN-MA, TAN-KE, TAN-PI, TAN-MNA, TAN-KI, TAN-HI;
	Strengthen data transmission from health facilities to District level		
	Conduct FP Rapid Assessment at the selected health facilities, community and drug shops	FHI/ROADS	Temeke(Dar es salaam), Makambako (Iringa) and Tunduma(Ruvuma).
	Develop, implement executive dashboard to monitor FP Program, NFPCIP Implementation	FHI	Central
Strategic Action 3. Strengthen forums on FP to facilitate exchange of information, leverage resources, synchronize activities, and share lessons	1. Attend the NFPTWG 2. Co-funded two zonal meetings to discuss RCH issues (including FP)	Marie Stopes	
	Facilitate semi-annual LAPM performance review with CHMTs	EngenderHealth (ATP)	
	AFP to facilitate two meetings of the FP Working Group, and share documented case studies on FP-related issues eg maternal mortality, CPR, - towards promoting policy dialogue	JHU/CCP	
	Establish northern circuit forums for CSOs dealing with youth development programmes especially on SRHR.	DSW	AR- AU, KIL-HI, KIL-ML, TAN-KE
	Support the development of the RCHS Website	FHI	Central
Strategic Action 4. Establish existing funding levels and applications (public and private sectors) as a basis for resource mobilization	Assessment of skills among CSOs and capacity building\skills training on resource mobilisation	DSW	AR- AU, KIL-HI, KIL-ML, TAN-KE
	Develop a GIS Map of FP Activities	FHI	Central

	IMPLEMENTATION		
Results (Q1 & Q2) - <i>To the extent possible, please record as per indicator in NFPCIP</i>	Q1: Funds spent since July - Sept FY2010-2011	Q2: Funds spent since Oct - Dec FY2010-2011	Q3: Funds committed from January - March FY2010-2011
Four meetings organised in Western Zone and Northern Zone	55,225	1,674	9,100
	XXXX	XXXX	XXXX
	\$6,000		
What was procured/amounts?	7,580,779		2,199,580
Contraceptives procured at the central level (Implanon 30,000; Injectables 400,000). Additional 350,000 vials of injectables	N/A	1,000,000	600,000 USD from UNFPA core resources; 850,000 USD from JP2)
Which commodities/amounts?	12,572	1,320,829	2,311,431
	XXXX	XXXX	XXXX
			21,507
			269,726
Procured and distributed: Familia IUCD Carton 270; Implants Carton 60; Familia OC Carton 251; Depoclovera/Injectables Carton 82.5; Familia Condom Carton 225; Care (female condom) Carton 225	17052		8511
	0	0	0

	IMPLEMENTATION		
Results (Q1 & Q2) - <i>To the extent possible, please record as per indicator in NFPCIP</i>	Q1: Funds spent since July - September FY2010-2011	Q2: Funds spent since Oct - December FY2010-2011	Q3: Funds committed from January - March FY2010-2011
Demonstration proposal submitted to NIMRI for ethical clearance, facility audit done, and dissemination to local authorities in Kagera	5,000		8,500
	-	-	0
LAPM - 30 providers; IP - 30 providers	17,000	17,000	5,000
780 service providers trained on LAPM (309 on IUCD, 296 Implanon, 18 NSV and 157 on Minlap)			
COPE introduced in 72 health facilities			
40 tutors have been trained - in turn 400 AMOs from 4 institution have been trained			
335 service providers trained on cPAC	65,640	49,825	84,703
74 providers trained on SAM		45,212	
How many were trained???		46,876	
20	6,534	-	11,253
30	5,000	-	0
3	-	-	26
How many were printed???	-	-	28,500

How many to be printed???	\$15,000	\$5,000	
23 Regional and 9 Zonal RCH Coordinators and 15 participants from Civil Society Organizations were trained	\$22,000		
			6,667
2. 24,199,600 (please clarify what is this??)			
96 CHMT trained in preparation of the 2011/12 CCHP	20,523	1,982	30,137
	8,862	753	3,435
	\$20,000	\$22,177	\$22,500

	IMPLEMENTATION		
Results (Q 1 & Q2) - To the extent possible, please record as per indicator in NFPCIP	Q1: Funds spent since July - September FY2010-2011	Q2: Funds spent since Oct - December FY2010-2011	Q3: Funds committed from January - March FY2010-2011
100,000 client record forms printed	69,173		69,033
7 health facilities renovated	230,852	30,944	88,442
Conducted an assesment of FP/HIV integration in Manyara and Iringa regions	18,263		
Report	12,248	0	N/A
	0	0	2,400
amou	\$6,000	\$6,000	\$6,000
	\$3,000	\$3,000	\$3,000
Final draft report of the assessment compiled. Dissemination meeting in Dodoma is planned for final inputs towards finalization.	(JP2)		
Trained 51 Community Home Based Care Providers in CBD		\$15,000	
10	-	4280(Temeke)	0
80	-	18,796(Temeke)	0
12	-	0	2,375
	0	0	5,000
	76,898	???	???

	N/A	N/A	98,468
Status	amount??		
YFS introduced in 5 HFs, 88 health staff trained on YFS	158		269
18 health service providers trained and tasked to train others in their duty station on provision of youth friendly services	5910		
			123,881
66,641 LAPM clients served though outreach (23,710 ML, 32 Vasectomy, 9,287 IUCD and 31,058 Implanon)			
36,174 clients served through routine ad service days	82,605	147,679	251,054
	0	0	5000
	303,325	303,325	303,325

	IMPLEMENTATION		
Results (Q 1 & Q2) - To the extent possible, please record as per indicator in NFPCIP	Q1: Funds spent since July - September FY2010-2011	Q2: Funds spent since Oct - December FY2010-2011	Q3: Funds committed from January - March FY2010-2011
Number of National Policies and implementation plans including FP (Renewed & New) & Description	6,000	10,000	15,000
Budget analysis report available	37,896.00		
	XXXX	XXXX	XXXX
In progress	N/A	N/A	N/A
Reports describing budget development and resource allocation systems		\$7,500	

Number of National Policies and implementation plans including FP (Renewed & New) & Description			5,000
	\$3,000	\$15,000	
Population issues are captured as one of the national development goals in MKUKUTA. Implementation and advocacy in progress.	N/A	N/A	N/A
			2,000
Functional dialogue between NSAs and decision makers in pro-poor health policy formulation, budgeting and implementation at local and national level established			\$5,000
Supported TAMA and AGOTA meetings			
	16,113.00		27,392
	6,536.00		
On going	N/A	N/A	N/A
			3,333
Resource allocation from development partners for family planing increases	\$2,500		
	0	0	0
	2,800		
	1875	2125	5,500
Distributed 50,000 leaflets, 5,900T-shirts, 835 posters and 2,500 green star logo	51,252	11,419	86,910
Conducted a study to determine number of people recived FP messages throuh mass media			
100 teachers and 20 students trained on adolescent SRH			
5 articles on FP writen by media champions			
3 meetings organised involving 68 community based leaders			
16 community sensization groups oriented on cPAC			
In preparation	(JP2)	(JP2)	N/A
28,333	0	500	4588
RH/FP champions recruited and TRO developed		\$3,500	
52 champions recruited, 98 CHMT oriented on FP champion initiative	3,874	20,904	35,537

Functional dialogue between NSAs and decision makers in pro-poor health policy formulation, budgeting and implementation at local and national level established			\$7,000
Number of National Policies and implementation plans including FP (Renewed & New) & Description	0		18,000
			3,333
Strengthened partnerships, collaborative networks and coalitions, resulting in increased collaboration, information sharing and coordination.		\$3,500	

	IMPLEMENTATION		
Results (Q 1 & Q2) - <i>To the extent possible, please record as per indicator in NFPCIP</i>	Q1: Funds spent since July - September FY2010-2011	Q2: Funds spent since Oct - December FY2010-2011	Q3: Funds committed from January - March FY2010-2011
			10,000
2 staff salaries paid, 1 desktop and 1 table purchased	6,560	2,737	4,652
4 supportive supervision conducted	7,913	13,834	23,518
In progress	N/A	32,667	58,333
		5,000	
	\$8,000	\$8,000	\$10,000
Coducted Data Quality assement in Mwanza and Iringa	6,934	5,892	10,016
Oragnised data sharing meeting with 7 CHMTs in Tanga		2,487	7,800
gaps identified at FP and MNH	3,500	-	5,000
	0	0	6,955
	1500		
Provided FP performance feedback with 8 CHMTs in Mbeya	1,175		10,050
			667
CSO networking meetings held and discuss FP issues			\$1,000
	0	0	\$0
Strengthened resource mobilisation capacity and financial basis of health NSAs to develop and implement advocacy campaigns for pro-poor health services.			\$10,000
	0	0	0

\$60,000

\$38,000	
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\$22,500	\$80,000
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\$6,000	\$12,000
\$3,000	\$24,000

\$30,000	\$84,000
\$67,000	\$84,000

	<i>\$15,000</i>
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<i>\$10,000</i>	<i>\$32,000</i>
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